

Toqeer Aslam

Welcome House - The Chestnuts

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was carried out on 25 April 2017, and was an unannounced inspection.

Welcome House - The Chestnuts is registered to provide accommodation and personal care for up to 15 people with mental health needs who do not require nursing care. The people who used the service lived with mental health disorders and needed support to understand their particular conditions; identify triggers for relapse; and learn coping strategies. At the time of our inspection, nine people lived in the home. They were fairly independent therefore required minimal support with their personal care needs.

At the last Care Quality Commission (CQC) inspection in 14 July 2015, the service was rated Good in all domains.

At this inspection, we found the service remained Good.

People continued to be safe at Welcome House - The Chestnuts. People were protected against the risk of abuse. People felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for. Medicines were managed safely and people received them as prescribed.

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services. Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff had extremely good relationships with the people who lived at the home. People understood that staff would support them during difficult times and could rely on staff to always be there for them, providing guidance when needed. People were empowered to make their own decisions and to take responsibility for them. Staff maintained people's privacy and dignity ensuring that any care or discussions about their care were carried out in private. Interactions between staff and people were caring and respectful, with staff being consistently patient, kind and compassionate.

The registered manager ensured the complaints procedure was made available to people to enable them to make a complaint if they needed to. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was outstanding in providing caring staff to support people.

People had developed strong and positive relationships with staff that worked at the service.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the service and staff. People were extremely happy with the support they received from the staff.

Staff had a very good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Welcome House - The Chestnuts

Detailed findings

Background to this inspection

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

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 25 April 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. The expert by experience had personal experience of using similar services, working with people who have a mental health and caring for older family members.

Before the inspection, we asked the provider to complete 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with four people who used the service. We spoke with two support workers, the registered manager and the visiting operations manager. We also requested information by email from healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP.

We looked at the provider's records. These included three people's care records, which included mental health care plans, health records, risk assessments and daily care records. We looked at two staff files, a

sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, which was the training record. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People consistently told us that they felt safe living at Welcome House – The Chestnuts. When asked if people felt safe living in the home and with staff, people said, "Yes, I do very much" and "Yes, they are friendly." We observed that people felt safe in the service and were at ease with staff.

People continued to be protected from abuse or harm. Since our last inspection all staff had received refresher training in safeguarding adult in 2016. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff also had access to the updated multi-agency safeguarding adult policy, protocol and practitioner guidance dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns. The provider also had information about whistleblowing on a notice board for people who used the service, and staff. There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed. One person recently had a safeguarding assessment carried out by the local authority after the registered manager referred them for further support for a particular area of need.

People continued to be protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and had a good understanding of people's different behaviours. Staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's support plans. Risk assessments were specific to each person and had been reviewed in April 2017.

The risk assessments continued to promote and protect people's safety in a positive way. Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as self-neglect, social isolation and substance/alcohol abuse. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

People told us that they were able to go out alone. We observed this during our inspection. One person told us that they had asked for more support due to increased levels of anxiety. They told us that staff had responded immediately and that this had been added to their care plan.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. All staff we spoke with told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the service in detail, and we found evidence in people's support plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. We observed when people were in the service, staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the service and staff were not rushed.

The registered manager and provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. Since our last inspection on 14 July 2015, the provider had installed medication cabinets in people's rooms to ensure medicines were given in the privacy of people's rooms and stored safely. All staff had received training in medication administration with plan in place for a refresher in 2017.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. People told us that they knew that they had to take medicine and why they had to take this. They confirmed what time they took their medicines. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. When medicine had been administered there were additional checks carried out by a second staff member to make sure that all medicines had been administered. Each person who used the service had an assessment carried out to determine the support they need with medicine and a medication administration record to record what medicine the person took. Where someone had a 'PRN' medicine (as at when necessary), we saw that a protocol had been written so that staff knew when this could be taken. PRN medicines are prescribed to be taken only when they are required. We saw that there was guidance in place to tell people what homely remedies they could safely take that would not interact with their medicine. These had been reviewed by the GP. We looked at the records relating to medicine and found these had been completed correctly.

The service continued to have plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. The service also had an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. Risks associated with the premises continued to be assessed and relevant equipment and checks on gas and electrical installations were documented and up to date.

Is the service effective?

Our findings

People said, "Food is very nice. We get two choices of the food every time. It's different every time" and "Staff understands my needs. If there's anything that's worrying us they help us out. They're very helpful and friendly, and if there's anything that's worrying you they help you."

Since our last inspection, records showed staff had undertaken mandatory training and refresher trainings in topics and subjects relevant to their roles. The provider had also implemented the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. This also helped staff keep their knowledge and skills up to date. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of each staff members work performance. Staff told us they felt well supported by the registered manager.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 in place.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. The registered manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that there were no restrictions on people's freedom. They were free to come and go as they wished and had choices on how they wanted to spend their day.

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes. Food looked fresh and appetising. During the inspection, it was clear that individual meals were made for each client at their request. People were encouraged to follow particular diets either for health or well-being. People who had type 2 diabetes, had their diabetes managed by diet, which was working for them. The kitchen was accessible at any point of the day and staff were available to support people with making snacks. One staff member told us, "It's their home, they can have food and drinks whenever they like."

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People told us that they could see health care professionals as needed. We saw from people's notes that regular physical health checks took place. People had detailed information regarding their past and current medical needs recorded within their care file. People told us they could see a GP when needed. One person said "I go to the doctor quite a lot and they check me out." Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

Is the service caring?

Our findings

The service had a person centred culture focused on the promotion of people's rights to make choices and live a fulfilled life as independently as possible. People were exceptionally well cared for and were consistently positive about the staff team. People said, "The staff and I go back a long way and get on really well", "Staff are very kind and very helpful" and "The staff are very nice and very supportive."

Since our last inspection, on 14 July 2015, all the staff had excelled in practices that ensured people were treated with care, compassion and great kindness. Staff had an empowering and empathetic attitude to support people and their personal development. Staff had excellent detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance. The attitude and motivation of staff to see people flourish was shared by a team approach which genuinely put people at the heart of everything they did. This strong commitment to providing people with person centred care and support was evident in every aspect of care provided by the staff, and it was evident from care records that this attitude and the efforts staff went to was maintained at all times. For example, whilst people required additional mental health support, at all times of the day and night, staff were available to support them and frequently pre-empted when this may be required so additional resources were put in place to provide the support people required. Staff often commented that their role was "More than just a job" and this was evident in the warmth, endearment and commitment staff showed to people who used the service.

Without exception since our last inspection, there was now an excellent person centred approach to everything the service offered and people were treated with dignity and respect. People unanimously told us that they were treated with dignity and respect. One person said, "I feel respected here. I'm not judged. I can't express how much I love it here." We observed this throughout our visit. All interactions between staff and people were caring and respectful, with staff being consistently patient, kind and compassionate. Staff made sure people were able to spend private time alone in their bedroom, and to have one to one time alone with staff as appropriate for each person. Staff told us, "We respect people's privacy and give people time when they need it." Staff skilfully worked with people who had created an attachment to staff and plans were in place to support them to become more independent and to reduce their reliance on certain staff members. For example, one person always wanted staff to support them with going out to for shopping. Staff put a program in place, which reduced their dependence on staff by shadowing the person to local shops in the area. This eventually promoted the person's independence. During our visit, this person confidently told us that they had been going to the local shop on their own. People were involved in deciding appropriate boundaries for example, one person had been involved in deciding a system to help support them not to visit a specific location that might lead to exploitation. This led to the person understanding how they might be exploited and requested for more support from the provider, which was put in place. Instead of visiting the location that might put them at risk, the person now controls the risk within their own environment. All support was personalised to reflect the needs of each person. The service provided outstanding care and support to people to enable them to live fulfilled and meaningful lives.

Staff and the management team went the extra mile to make people feel happy and valued. We spoke with

one person who proudly showed us some make up that had been bought for them by staff when they were feeling down. The staff team had an understanding how important the person's personal appearance was to them and told us they had seized the opportunity to cheer the person up and boost their self-esteem.

The staff and management team had a good understanding of what mattered to people and had been creative in overcoming obstacles in the pursuit of this. For instance, one person who used the service was a huge sports fan. However, the restrictions of the sports ground environment caused them to become highly anxious and put them and others at risk. Instead, the team incorporated the person's passion for sports and shopping and supported the person to attend the sports ground memorabilia shop regularly to buy items of interest, as well as watching matches on TV. In another instance, another person was known to like visiting certain locations in the area. However, due to the high risk they might be putting themselves and others in, the team worked with healthcare professionals and relatives to minimise these risks. They worked with the person by enabling the person to fulfil their desire in the privacy of their room to their satisfaction. This thoughtful support meant they were able to do something that was important to people living at The Chestnut House in the safest possible way, thereby ensuring their individual needs were met.

People continued to feel listened to and were encouraged to express their views and to make their own choices, using methods that were appropriate for each individual. Staff used innovative methods for people to be able to do this. For example, one person was provided with a colour chart to help communicate their feelings and when they needed additional support from staff but felt unable to verbally express their emotions. We saw records, which showed that this innovative method helped the person to communicate their feelings. Staff provided people with sufficient information for people to make their own decisions and empowered them to do so. One member of staff explained that the staff deliberately and frequently took a passive role in decision making as part of the process to help people become independent and make adult decisions. People consistently commented that they felt empowered and in control of the support they received, but staff understood when people may be struggling to make wise decisions and offered appropriate support to each situation. People were praised for making sensible or difficult decisions, for example, regarding how to manage their own budgets, or ask for additional support when they were unable to cope. People's care plan's had information about the support people needed around making decisions, about promoting independence and this was followed by, and strengthened by staff.

Staff showed admirable genuine interest and concern in people's lives and their health and wellbeing. People valued their relationships with the staff team and often referred to the service as a nurturing family environment. People were relaxed and confident around staff and expressed the fondness they had for each other. Staff chatted and joked with people in a friendly and informal way and the service had a friendly and homely atmosphere. People were pleased to see staff that had been on leave and staff were pleased to be at the service. Staff were highly motivated to provide the best care each person required and this was clearly visible throughout the service. Staff frequently went above and beyond the required expectations. For example, staff frequently stayed on duty beyond their shift times to provide support for people as they needed it. The registered manager confirmed, "The staff often stay on shift when they don't have to, just to help people if they're having a difficult time. Staff like to stay on duty if there has been an incident to keep consistency for people." Staff also volunteered at the service if they had spare time to take people out on additional activities.

People's individuality was respected and encouraged. People had their own individual styles and lifestyles and this was recognised and facilitated by staff. For example, making education or employment choices and how people spent their time. People were encouraged to style and decorate their bedrooms how they wished and staff supported people to purchase items to make their room feel like home when they arrived. The registered manager explained this was part of the process of helping people to feel relaxed, and going

shopping provided staff with another opportunity to get to know people away from the home environment.

The team at The Chestnut were proactive in supporting people through difficult periods in their life. There was a process in place to enable people to identify salient dates and events and this was used to anticipate people needs and adapt support accordingly. As a result of this process one person had identified a specific date that was associated with bereavement, additional staff were deployed during this period to enable the person to access support and reassurance.

Reflection and learning from experience was seen as an important aspect of people's recovery journey and was central to the ethos of the service. The management team were passionate about enabling people to express themselves and had explored innovative ways of enabling people to do so. A project had recently been introduced to enhance communication and reflection. This was a set of simple questions that staff asked people on a daily basis; Are you OK? Have you had a good day? Is there anything I can do to help you? These intentional conversations had enabled people to express short and long term needs ranging from 'I'd like a cigarette,' to 'I want to move back into the community.' People were also invited to complete a weekly reflective diary. This enabled people to spend structured time with staff discussing the highs and lows of the previous week and identifying any goals for the coming week. For example, one person had identified that they wished to make contact with their family, records showed that staff had supported the person to do this. The registered manager confirmed that this was an on-going activity plan for people who lived in the home.

Relatives and visitors were welcomed at any time at the home. One person told us, "I can have friends over if I want but we respect other people in the house and there may be times if someone is having a difficult time when this might not be appropriate." Healthcare professionals visiting the service explained they were able to meet in quiet areas if they needed privacy and always felt welcome.

People had access to an advocate to support their choice, independence and control of their care. The registered manager arranged for an advocate to come to the service to explain the support they could provide for people that used the service. People understood, and were empowered to make contact with an advocate when or if they needed to and were not reliant on staff to access this service. The registered manager displayed the contact details of the advocate within the home for people to access independently if they wished to.

Is the service responsive?

Our findings

People overwhelmingly told us that they were engaged in a lot of activities. Comments included, "I go to Chatham every day with my bus pass. I also do some reading and doing puzzle books"; "I did exercise earlier as you saw and played a game. I like to keep fit, it keeps you toned up. I go to the group in Strood and the library and we go for a meal in a restaurant in Strood on a Thursday morning" and "I do activities like exercise and day out on outings, like to the seaside or to the cinema by myself. But if it's far away, staff come with us and help us."

People remained active and participated in a variety of activities and events that met their social and physical needs. People were supported to go on holidays, eat out and outings to the places of their choice. People were also supported to pursue personal interests such as attending art and craft classes, colleges, walks, club or to go swimming. The registered manager told us that three people now worked one day a week as a voluntary worker in a cancer charity shop locally. During our inspection, people went out for their varied activities as stated in their weekly plan. Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

Care plans were reviewed annually or whenever needed with people. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. Both staff spoken with said they always read the care plan in case people needs have changed.

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to gain feedback on the quality of the service from the people who used the service. Relatives were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, relatives and those who worked with people were satisfied with the care and support provided. A healthcare professional commented in the completed questionnaire, 'I feel that people are being looked after well and their needs met'.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made available in the service and used pictures and simple language to help people state who and/or what had made them unhappy and why. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Is the service well-led?

Our findings

People who used the service and staff we spoke with spoke positively about the management of the service. All people told us that they felt comfortable raising queries with staff and found all staff to be approachable.

Healthcare professionals we contacted told us that they had no concerns about the service. A healthcare professional commented, 'Well run and friendly home. Manager is always approachable'.

Our observation showed that people knew who the registered manager was. For example, people freely walked into the registered manager's office to have discussions with them. This demonstrated that people felt confident and comfortable to approach the registered manager in their office. We observed people engaging with the registered manager in a relaxed and comfortable manner.

There continued to be a management team at Welcome House - The Chestnuts. This included the registered manager and operations manager. 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. Support was provided to the registered manager by the operations manager in order to support the service and the staff. The operations manager visited the service monthly or as and when necessary to support the registered manager. For example, we met the operations manager at the home when we arrived conducting their monthly supervision of the registered manager.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that they could approach the registered manager and operations manager at any time. Members of staff said, "She is a good manager. She is there for you and the operations manager too" and "The manager is pretty good. The manager helps me. I can approach her at any time." We observed this practice during our inspection.

The registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or as and when required to ensure that the service runs smoothly. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. For example, the provider attained 'Investors in People', Social Care Commitment with Skills for Care and a member of Kent Integrated Care Alliance.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.