Care Quality Commission

Foxglove Care Limited

Foxglove Care Limited - 32 Rivelin Park

Inspection report

32 Rivelin Park
Kingswood
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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

Overall summary

32 Rivelin Park is situated in one of the Kingswood housing developments just to the north of Kingston Upon Hull. The house is a three-storey property with a utility room, a small cloak/toilet and a small office and lounge on the ground floor. There is a lounge and a dining room on the first floor, and two single bedrooms [one with en-suite shower and toilet] and a bathroom and bedroom on the second floor. There is a garden to the rear of the house. It is registered with the Care Quality Commission [CQC] for a maximum of two people.

We undertook this inspection on 23 and 24 March 2015 and the inspection was unannounced, which meant the

Summary of findings

registered provider did not know we would be visiting the service. The service was last inspected on 13 November 2013 and was meeting all the regulations assessed during the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since August 2010. A registered manager is a person who has registered with the Care Quality Commission to manager the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

Personalised programmes of care enabled people to learn to live as independently as possible with the minimum of support.

Staffing levels were structured to meet the individual needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs. Staff received training and support to enable them to carry out their work in a skilled and confident way.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People were able to discuss their health needs with staff and had contact with their GP, attend routine health checks and access other health professionals as required. The service made appropriate and timely referrals to healthcare professionals and their recommendations were followed.

People's nutritional and dietary needs had been assessed and people were supported to plan, shop for ingredients and prepare their own meals. The people we spoke with told us the choice and quality of food available was very good.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had good understanding about these and when these should be applied. Documentation in people's care plans showed that when decisions had been made about a person's care, when they lacked capacity, decisions had been made in the person's best interests.

People who used the service were supported to make decisions about aspects of their daily lives.

Each person had an activity plan which had been discussed and arranged with them at their weekly meetings. Activities undertaken included; holidays, day trips, shopping, gardening, going to discos and the cinema.

People lived in a safe environment. Staff knew how to protect people from abuse and they ensured equipment used in the service was regularly checked and maintained. Risk assessments were carried out and staff took steps to minimise risks without taking away people's rights to make decisions.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse and for the safe handling of medicines. Medicines were ordered, stored administered and disposed of safely. Only member of staff who had received training in the safe handling of medicines was involved in the administration of medicines.

Care plans had been developed to provide guidance for staff to support the positive management of behaviours that may challenge the service and others. This guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

People who used the service spoke positively about the care they received. They told us, comments and complaints were responded to appropriately and there were systems in place to seek feedback from them and their relatives about the service provided. A complaints policy was in place which was also available in easy read format to make it more accessible for the people who used the service. We saw that when complaints had been made, appropriate action had been taken to resolve these.

A quality monitoring system was in place that consisted of stakeholder surveys, reviews, assessments and audits.

Summary of findings

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 registered provider had systems in place to manage risks and for the safe handling of medicines. People told us they felt safe and the service was good.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise abuse and keep people safe from harm.

There were sufficient numbers of staff, with the right competencies and skills available to meet the needs of the people who used the service.

Is the service effective?

Good

The service was effective. Staff received appropriate up to date training and support.

Systems were in place to ensure people who lacked capacity were protected under the Mental Capacity Act 2005.

People's nutritional needs were assessed and met and people told us they were happy with the meals provided.

People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring. People who used the service told us they felt supported and well cared for.

People who used the service were supported to maintain relationships. We observed positive interactions between staff and people who used the service on both days of our inspection.

People were encouraged to be as independent as possible, with appropriate support by staff. Their individual needs were understood by the staff.

Is the service responsive?

Good

The service was responsive to people's needs and a range of planned activities were available to people who used the service and visitors were made welcome.

Care and support needs were kept under review and responded to quickly when people's needs changed.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good

The service was well led. The service was well organised which enabled staff to respond to people's needs in a planned and proactive way.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

The premises and the environment were regularly checked to ensure the safety of the people who lived and worked there.

Care Quality Commission

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 unannounced inspection was carried out by one adult social care inspector took place on 23 and 24 March 2015.

Before the inspection we contacted the local authority commissioning and safeguarding teams for information about the registered service. They told us there were no on-going safeguarding investigations and they had no current concerns.

We spoke with two people who used the service, two members of staff, a team leader and the registered manager.

We looked at how the service used the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS] to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at premises, including bedrooms [after seeking people's permission], bathrooms, communal areas, laundry facilities, and the kitchen and outside areas.

The care plans for two people who used the service were reviewed in order to track their care and support. Management records were also looked at; including three staff files, policies and procedures, audits, accident and incident reports, complaints, training records, staff rotas and quality assurance documents.

Good

Is the service safe?

Our findings

We spoke with the two people who used the service and their relatives, they told us, “Yes, they are safe. The staff understands them fully and are aware of the risks that may be presented and plan for this. This has led to [name] learning to cope better with unpredictable situations and leading a fuller life. “and “[name] is safe and well looked after”.

People who used the service told us, “Yes, I like living here and I am safe. The staff are kind and look after me.” and “I like it better here, I feel safe here and there are lots of staff to look after me.”

Family members also told us they felt the staff knew their relative and understood them. They considered there was enough staff on duty to meet people’s needs. Comments included, “There are plenty of staff available to support them to do the things they want to, safely. “and “I can ring up at any time if we are having a bad weekend at home and we can talk things through. They are fantastic.”

In discussions with staff members, they demonstrated a good understanding of safeguarding procedures. They were aware of the different types of abuse and the action they would take if they suspected anyone had been abused, or was considered to be at risk of abuse. Staff described the vulnerability of the people who used the service and the things they would look for, that may indicate someone had been abused. Staff told us they would not hesitate to report anything they were concerned about, but had not had any reason for concerns about the way people at the service were supported.

Staff told us they had attended safeguarding training and this was regularly reviewed and updated.

The training matrix confirmed this and they also completed accredited training on non-violent interventions.

Staff were also aware of the registered provider’s whistleblowing policy and that if they raised any concerns that were not being dealt with, where they could go to report these further.

We saw the registered provider had taken steps to protect people from staff who may not be fit or safe to work with vulnerable people. Before staff were employed, the registered provider requested criminal records checks through the Government Disclosure and Barring Service [DBS] as part of its recruitment process. We looked at the recruitment files for three staff and these showed all relevant police and references checks had been obtained prior to employment and were satisfactory.

There was enough staff on duty to meet people’s individual needs. The duty rotas for the previous month were looked at and showed the required number of staff had been on duty. Staff we spoke with told us there was sufficient staff on duty at all times and on the odd occasion additional staff were required to cover sickness for example, the service had their own pool of bank staff they could use.

Risks to the environment had been considered and planned for to protect people from unnecessary harm. External doors and windows were secure and people were asked to show their identity and sign into the service. Fire equipment was regularly checked and serviced. Further checks on utility systems and equipment in the service were also in place to ensure risks were minimised.

We saw the local authority’s safeguarding matrix was used to ensure accidents and incidents were reported as required. Accidents and incidents that took place within the service were investigated and action taken to prevent re-occurrence.

However, during this process we saw that on two separate occasions staff had sustained minor burns, when taking hot items out of the oven and a record of the action taken had not been made. When we spoke to the registered manager about this she told us it had been discussed with staff at the time and additional pairs of oven gloves obtained to ensure these were always available. The registered manager assured us that all actions would be recorded for any future incidents including those for members staff. These actions were later confirmed by staff during discussion..

People’s care records showed risks to their safety and welfare had been assessed and planned for. Individual management plans were seen to be in place for areas such as fire evacuation, activities participation, accessing the local community and the use of public transport. The risk assessments clearly identified what action staff were expected to take in each situation and were based on least restrictive practice and positive proactive care, reducing the need for restrictive interventions. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

Good

Is the service safe?

Staff were aware of people's individual risks and what action was required of them to manage these risks and gave clear examples of strategies that had been put in place.

Medicines were stored in a lockable cabinet in the office. The service used a Monitored Dosage System [MDS] prepared by the supplying pharmacy. MDS is a medication storage device designed to simplify the administration of medication and contains all of the medication a person needs each day. The registered manager told us that no one's behaviour was controlled by the use of medicines.

Staff told us for any person who required an 'as and when required 'medicine, an individual protocol was in place for staff to follow, with detailed guidance on steps to be taken prior to a decision being made to administer the medicine.

People who used the service were unable to manage or administer their own medicines, without the support from staff. All staff had received medication training and their competency was reassessed every six months. We checked the medicines in the service against people's records, which confirmed they were receiving medicines as prescribed by their GP.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Good

Is the service effective?

Our findings

People who used the service told us they liked the staff. Comments included, "I like the staff and they like me, they help me to do things" and "Yes they are kind to me and help me to sort out any problems." and "I like the meals, I can choose what to eat and the staff will help me to cook it."

We asked relatives if they felt the staff were suitably qualified to meet their family member's needs. They told us, "The staff knows and understands them. It takes time to get to know them and they don't always present themselves fully, so you don't get a full picture. The staff do know them well and understand this and make allowances, rather than setting them up to fail." and "Medical wise – this terminology does not read well, everything seems fine, they deal with everything the right way and get an appointment for them when they need one."

We saw people who used the service had health action plans in place that gave an overview of people's health needs, how they communicated their needs and identified areas of support the individual required with this. The document described what actions professionals and others could take to help and support the individual in their approach and what was not helpful to them.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Staff we spoke with told us how they supported people who used the service to see their GP when they were unwell and attend appointments with other professionals when this was required such as: neurologist, dentist, optician and members of the community learning disability team. Care records seen showed people's health needs were planned, monitored and their changing needs responded to quickly.

Staff told us they had experienced situations where they had supported someone to attend a health check, then after arriving at the surgery the person had then declined to have the procedure done. They were fully aware they could not give consent on the person's behalf, and they had returned to the service. Staff then spent time speaking to the person to try to establish why they had changed their mind and the importance of having the procedure carried out. Once this had been determined they were able to put the necessary changes in to place in order to support the person with having the procedure carried out in a way that was acceptable to them.

Staff we spoke with were able to demonstrate their understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. Records showed the registered manager and staff had received training on this subject.

When we spoke with staff, they told us people who used the service had the capacity to make everyday decisions for themselves. We observed this in practice during our inspection and saw staff obtain consent from people before care and support was provided. Best interests meetings were seen to have been held when people lacked the capacity to make the informed decision themselves.

The registered manager and staff we spoke with understood the importance and the need to involve family and professional representatives if a person was unable to make a decision for themselves. Care records showed assessment forms had been completed and were in place to establish if a person had capacity to make decisions for themselves.

During discussion with the registered manager, they told us they worked closely with the local authority adult safeguarding team to identify any potential deprivation of people's liberty. At the time of our inspection one person was subject to a DoLS authorisation.

The registered manager and team leader told us, that following their appointment, all new staff completed a week of induction which covered training which the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months. Further more specialised training was also made available to them during this time including, training about epilepsy and autism.

Good

Is the service effective?

Staff told us they completed an induction programme based on nationally recognised standards. One member of staff told us, "We have fab training. It is recognised here that it is needed and is important to the service we deliver."

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included NAPPI [British Institute of Learning Disabilities accredited non abusive psychological and physical intervention training], epilepsy, autism, safeguarding of vulnerable adults, first aid, health and safety, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS]. The majority of the staff had also completed an NVQ [National Vocational Qualification in Health and Social Care].

Staff we spoke with told us, "I have worked at other places but the quality of life here for people, is no comparison to where I have worked before, it is so much better here. I love it; I can see myself staying here until I retire." and "We all get on together, we are a team. I enjoy coming to work." They told us they had regular support and supervision with the registered manager or team leader and were able to discuss their personal development and work practice.

Staff were further supported through regular team meetings which were used to discuss any number of topics including; changes in practice, care plans, rotas and training.

The registered manager told us weekly meetings were held with each of the people who used the service where they were enabled to make choices about their menus and activities. Following this, pictorial menus were developed with people's preferred choices for each day. Records detailed the information discussed and how decisions had been made by each person. When we spoke to staff about this process they were able to describe the different types of support provided to each person in the decision making process.

We observed the people who used the service go out to do their shopping and later return to prepare their chosen meal. Menus were displayed on a notice board in both written and pictorial format and showed a selection of well balanced and nutritious meals planned for each of the people who used the service.

We looked at the environment and found this had been designed to promote people's wellbeing and safety. Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms.

Good

Is the service caring?

Our findings

People who used the service told us staff were very kind and caring. One person told us the staff respected their privacy and they were able to make decisions about their care. Comments included, "If I want to be on my own I can be and staff will respect this. "and "They always knock before they come in and tell me who it is."

Relatives spoke positively about the care provided and staff being approachable and accessible to them. They told us "[Name] rings me up a couple of times a week, but the staff communicate really well. They love what they do and they really do care." and "I am loving it every day, I pinch myself we are so lucky for them to have this service." Another told us "Yes we know what is in their care plan and we are involved with them [their relative] in discussions about this regularly, or if something is not working we will look at it sooner."

Care plans seen, provided staff with good information about how people who used the service wished to be treated, particularly in relation to behaviours that may challenge the service and others, so their dignity and privacy was maintained.

We saw information in care records was available in a variety of formats to assist people to make decisions and choices. We saw that where people had particular preferences in how information should be presented to them, in order to support them in the decision making process, this was provided.

Staff and people who used the service, told us told us they were able to choose what time they got up or went to bed. We saw care plans provided staff with information about people's likes, dislikes and preferred routines.

Records seen showed annual reviews were held with commissioners, social workers, the registered manager, the person, their relatives and keyworkers. Goals and objectives set at the previous meeting were reviewed. People who used the service were involved in discussions about their future plans and aspirations and how staff could support them to plan for and help them achieve this. Records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

We observed the relationships between the people who used the service and the staff team and found them to be positive and staff to be kind, caring and patient in their approach and interactions. People who used the service approached the staff confidently and on occasions sought reassurance from them for example; discussing plans for appointments and activities, checking times with them and that the plan for this remained the same. Staff responded kindly, to people gently reminding them of previous discussions they had had together and what they had discussed and planned during this process.

Throughout the inspection we observed a calm and relaxed atmosphere within the service. During discussions, staff demonstrated they had a good understanding of the needs and personalities of the people they supported. For example; when the inspector asked to speak with the people who used the service, the staff gave clear information and support about the best way to approach this and what would be most acceptable for each individual.

Staff were able to describe to us how they were able to recognise when people were anxious or unsure of situations and how they supported them in these situations. This meant staff had developed a good understanding of the people they supported and how to interact and support them in different situations.

People who used the service were supported to be as independent as they were able to be. Staff encouraged people to plan for and prepare their own meals and drinks, bake, do their own laundry, choose their preferred activities, look after and care for their three pet cats and help with the cleaning of the house and their own personal space. During our inspection we saw people had asked to buy plants for the garden. We observed them return from shopping with their selected plants, then after making a coffee, they spend time with staff in the garden planting.

Staff ensured people had their privacy and dignity maintained. For example, when one person began talking about personal issues, staff quickly reminded them that it was a 'private' matter and gently encouraged them to go to another area where they could speak in private without being overheard.

We saw the people who used the service were well presented, their clothing was age appropriate and in keeping with their own personal tastes and preferences.

Good

Is the service caring?

Staff told us, “When they want to buy new clothes we usually plan a trip out and have a girly day where they can try on new clothes and have a good look around the shops to find what they are looking for.”

Good

Is the service responsive?

Our findings

People who used the service told us they were involved in the planning of all aspects of their care, comments included, "Yes I have meetings to talk about everything and my mum comes to it too. I would like a job so we talked about it and [name] took me for an interview, but it was not right for me." and "I wanted to go on holiday and I am, soon." Staff and relatives confirmed a holiday had been agreed and planned for both people at their request.

Relatives told us they were involved with the planning of their relatives care. They told us, "We are always welcome to discuss anything and we have the opportunity to do this." and "It is like ringing up your family you can speak to them about anything." and "[Name] has learned to cope with unpredictability and they are leading the life they should be for someone of their own age. They have a social life, they eat healthily, they cook for themselves and they contribute to running their own home. The service really does balance well, managing risk without putting people in danger. I am so proud of her." A house with two people, 'that is normal' two people living together, that is the magic ingredient."

Social and health care professionals told us that the staff worked effectively with the people who used the service. Any changes that needed to be implemented were acknowledged and implemented quickly and there was open communication with the registered manager and staff.

People were encouraged to develop new relationships and the service was working towards developing a social network with other registered providers to enable people to meet up at planned events; for example sports competitions and disco's.

Staff supported people to maintain relationships with their families and support them with home visits. People who used the service were seen to visit their families on a regular basis and spent nights away from the service.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes where this was required.

We looked at the care files for each of the two people who used the service. We found these to be well organised, easy to follow and person centred. Sections of the care file was found to be in a pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan. Handwritten notes from people who used the service were also included in their personal care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. They also contained details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad, their personal attributes and their health and communication needs; for example, their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way.

We saw evidence to confirm people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews.

We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. People's care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the person.

Staff told us there was more than enough information in people's care plans to describe their care needs and how they wished to be supported. When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community.

During the two days of our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with cooking, shopping gardening, caring for their pet cats, using their computers, walks in the local

Is the service responsive?

community, watching television and going out for coffee. Activity records showed other activities people had participated in which included; baking, disco's, meeting up with friend, swimming, going to the gym and day trips.

Staff we spoke with described the progress and achievements of the people who used the service a member of staff said, "When they first came to the service they were quite anxious and needed a lot of support and encouragement to try anything slightly different. They are very different now, you wouldn't recognise them; it is them coming to us now, wanting to try new things."

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. We saw that few complaints had been received, but where suggestions had been made to improve the service these had been acknowledged and action had been taken. The registered manager told us, "If we felt someone had been treated unfairly we would support them to make a complaint or raise a concern. We have supported someone at the service recently to raise a concern." Records seen confirmed this.

Good

Is the service well-led?

Our findings

During our inspection we saw that people who used the service knew the registered manager and called them by their Christian name. They were seen to be comfortable in their presence and approach them confidently with queries or just for a chat. People we spoke with told us, "Yes [name] is nice, she is my friend."

Relatives we spoke with told us, "My relative has made lots of achievements, I cannot rate the staff and service highly enough, it is wonderful." "I am not frightened to ring them up at any time to discuss something; they are approachable and will get things done."

Staff we spoke with told us, they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us they felt well supported and valued by the manager and senior staff at the service and comments included," You can go to [name] or [name] at any time, they are so understanding." and " They are really approachable, they would always help where they could and they always listen, their door is always open to us."

The staff team were aware of their responsibilities and told us they received support and guidance through training, feedback from senior staff, handovers, assessments of their skills, staff meetings and supervision.

There was was an experienced registered manager in place who, worked in the care sector in senior posts for a number of years, prior to their current appointment. The service was one of two the registered manager had responsibility for. A team leader worked with the registered manager and shared some of the management responsibilities on a day to day basis for example; supervision for some of the staff and completing checks and audits of the environment.

When we spoke with the registered manager about their management style, they told us; "I think that I am supportive of my team and would be thought of as fair. I have an open door policy and staff can come to me at any time with any queries. The staff need to be supported, to make sure that everyone is confident and comfortable in their role. We want things to be the best they can be for the people living here, this is their home. They deserve the best care possible and it is our job to make sure that happens." They told us they felt well supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

The registered manager showed us a copy of the monthly quality audits completed within the service. These included: medication, health and safety, the environment, fire checks and care records. In addition to this care records, and risk assessments were reviewed monthly.

A quality assurance system was in place at the service which involved the use of stakeholder surveys, reviews and assessments. People who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the results from the annual review and found that information from external professionals had been collated for the whole of the organisation and although actions had been taken where this had been identified, it would have been more beneficial to the service to know what responses related to it specifically. When we spoke to the registered manager about this they told us it had been raised at the time by registered managers and following this, the registered provider was working with a consultancy agency and the current quality assurance systems were being reviewed. New audits were being implemented to ensure the robustness of the system was improved.

Records showed that accidents and incidents were recorded and immediate appropriate action taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and risks in order to reduce the risk of any further incidents.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

We sampled a selection of key policies and procedures including medicines, safeguarding vulnerable adults, consent, social inclusion and infection control. We found these reflected current good practice.