

## South Coast Nursing Homes Limited

# Rookwood Residential Home

### Inspection report

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Tel: 01444 232215

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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

The inspection took place on the 14 May 2015 and was unannounced.

Rookwood Residential Home is registered to provide residential care for up to 25 older persons. On the day of our inspection there were 23 people using the service with a range of support needs. The home is a large detached property spread over two floors with a large well maintained garden and patio.

The home had a registered 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.

The experiences of people were very positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We observed people at lunchtime and through the day and found people to be in a positive mood with warm and supportive staff interactions.

Staff supported people to eat and they were given the time to eat at their own pace. The home met people's nutritional needs and people reported that they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had

# Summary of findings

access to and could choose suitable leisure and social activities in line with their individual interests and hobbies. These included trips to local garden centres, singing, painting and arts and crafts.

The home considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People felt safe living at the home. There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff at the home they followed safe recruitment practices.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed. People had sufficient to eat and drink throughout the day.

There were clear lines of accountability. The home had good leadership and direction from the management team. Staff felt fully supported by management to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs of people living at the home.

Resident and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. Staff and people told us they liked having regular meetings and felt them to be beneficial, the provider took action in response to feedback received. Feedback was sought by the registered manager via surveys which were sent to people at the home and relatives. Surveys results were positive and any issues identified acted upon. People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken

# 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?

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Good



### Is the service effective?

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Good



### Is the service caring?

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Good



### Is the service responsive?

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Good



### Is the service well-led?

The service was well-led.

There was a positive and open working atmosphere at the home. People, staff and relatives found the management team approachable and professional.

Good



# Summary of findings

The registered manager and operations director carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

# Rookwood Residential Home

## 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.

The inspection took place on the 12 May 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert had experience in older people's services.

On this occasion we did not ask 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.

Before the inspection we checked the information that we held about the service and the service provider. This

included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people living at the home and two relatives/visitors, three care staff, the activity coordinator, registered manager, deputy manager and operations director.

We reviewed records related to people's care and other records related to the management of the home. These included the care records for five people, medicine administration record (MAR) sheets, five staff training records, support and employment records, quality assurance audits and incident reports and other records relating to the management of the service. We observed care and support in the communal lounges and dining room during the day and spoke with people in their rooms. We spent time observing the lunchtime experience people had and observed the administering medicines.

The home was last inspected 23 October 2013 with no concerns.

# Is the service safe?

## Our findings

People told us they felt safe at the home. One person told us “I feel safe and my daughter says she knows I’m safe here, she can go away on holiday and not worry”. Another told us “Very safe, yes I am. It’s the personal safety that impresses me. If you leave your handbag about someone will bring it to you”. One relative said “Yes my relative is safe here”. Each person told us they could speak with someone to get help if they felt unsafe or had any concerns.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate

agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People felt there was enough staff to meet their needs. One person told us “There are enough staff around, they’re there if you need them”. Another told us “When I press my alarm bell they’ve been here straight away”. On the day of inspection call bells were answered without any undue delay. Staff rotas showed staffing levels were consistent over time. Staff confirmed that they felt there was enough staff to meet people’s needs. The provider used a dependency assessment tool. This enabled staff to look at people’s assessed care needs and adjust the number of staff on duty based on the needs of the number of people using the service.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding skin integrity, clear measures were in place on how to promote their skin integrity or to reduce the risk of it

breaking down further. Staff could tell us the measures required to maintain good skin integrity. One member of staff told us, “People need to be comfortable, we would apply creams when they are prescribed and ensure people have access to water and record their fluid intake”. In this way, clear measures were in place along with input from relevant healthcare professionals.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. Medicines were safely administered by trained staff. All medicines were stored securely in a locked medicine cabinet and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. We spoke with the registered manager who described how they completed the medication administration records (MAR) and we witnessed this while the lunchtime medicines were being administered. Medicines were stored in a locked trolley which was not left unattended when open. The registered manager was polite and sensitive to people’s needs whilst administering their medicines. For example the member of staff asked if they would like their medication and explained what the medication was for. Once administered the registered manager completed the MAR sheets correctly. This ensured people received their medication safely. Weekly and monthly audits were undertaken by a nurse and the acting manager. These audits included stock levels, storage assessments and MAR sheets. Six monthly medicine competency assessments had been introduced. These were completed on the staff that administered medicines, to ensure understanding and best practice.

Staff took appropriate action following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person’s care plan and then shared at staff handovers.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

## Is the service safe?

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in

relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

# Is the service effective?

## Our findings

People spoke positively about the food. One person told us “The food is brilliant”. Another told us “The food is very good. We get a choice of two things at every meal”. A relative we spoke with told us on how their mother had been losing weight and after ten days of living at the home they had put on a kilogram.

People and relatives felt that staff were sufficiently skilled to meet the needs of people at the service and spoke positively about the care and support. One person told us “The staff are all lovely, they take it all in their stride they are well trained”. Another told us “You get the feeling you are cared for properly, nothing to worry about”. People said staff listened to them and respected their choices. One person told us “If I need or want anything, the staff are there to help me. They take time to listen”.

Food at the home was both nutritious and appetising. People could choose their meals from a daily menu displayed in the dining room and alternatives were available if they did not like the choices available. People could choose where they would like to eat, some ate in their rooms or the dining room. We observed the lunchtime period. One person was unwell and was being assisted to eat in their room, another person changed their mind and decided to have lunch in their own room. Tables were set attractively with flowers and condiments and there were sufficient staff to ensure that everyone was served in a timely way. Some people were offered clothe protectors by staff, who helped to put them on. Staff ensured that people had drinks and that these were topped up when required. Staff explained what they were serving and helped some people to eat, either by cutting up food or offering encouragement. There was a lively atmosphere with lots of people chatting and the meal time appeared to be an enjoyable and sociable experience.

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People’s capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their ‘best interest’ as required by the Mental Capacity Act

2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. When people where in the communal areas members of staff were always present to support people when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Although no one was subject to a DoLS we found that the registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People were supported to maintain good health and have on going healthcare support. People told us that their health needs were met and that it was easy to get to see a doctor, or the staff would arrange this for them. One person told us “The doctor gets arranged for me, I’m on antibiotics at the moment”. Another told us “I have seen my doctor here and I’ve been to the dentist recently”. Visits with health care professionals were recorded in people’s care plans.

Staff records showed they were up to date with their essential training in topics such as moving and handling and safeguarding. The online training plan documented when training had been completed and when it would expire. The registered manager told us how they ensured staff were up to date and skilled in their role and how they were implementing more training in specialist areas for the staff such as a course on common health conditions. Staff were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs. One member of staff told us “We always do lots of training which is great. I recently completed a course on common health conditions which included diabetes. I found this really informative and helps me provide good care that people require”.

Staff had supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss



## Is the service effective?

training and development needs. We spoke with the registered manager about the consistency of supervisions and they told us how they worked closely with the staff every day and always gave them time to discuss any concerns or best practice. They told us “I feel I need to

record time I spend with my staff as it can go towards their documented supervision”. Staff we spoke with said they felt they always had support and guidance from the manager. On told us “I work alongside my manager most weeks and always asked how I am doing and what support I need”.

# Is the service caring?

## Our findings

People were cared for from kind and caring staff. People and their relatives stated they were happy with the care and support they received. One person said “The staff are gentle, kind and caring “. Another told us “They are all very kind to us here, I’m very happy”. A relative told us “The staff are bright and cheerful and so kind”. People also told us how helpful and kind the activities co-ordinator was. One told us “She is very obliging. Nothing is too much trouble”.

People living at the home were keen to engage with the inspection process, with some specifically asking to see us to understand the purpose of the inspection and to give their views. One person had had news of the death of a family member that day. The registered manager alerted us to this in case the person did not wish to be spoken with. However the person insisted that they did want to see us and told us “I just wanted to say how happy I am here”.

We observed staff speaking to people in a warm and caring manner, and spending time to chat with people about issues they were interested in. One member of staff was discussing the results of the recent general election with a person. There was a calm and friendly atmosphere at the home. Staff interactions between people and staff were caring and professional and people’s independence encouraged. We observed one member of staff talking to people on what they would like for lunch, they offered various choices and wrote this down, taking time to let the person decide and helping when needed. One member of staff told us “We encourage and support people and we really do care”. Another told us “I love working here, the staff all work well as a team and care about everyone”.

We observed one member of staff who was talking with a person in the lounge asking if they felt cold as the window near to them was open. The person asked if the window could be pulled in a little which the member of staff did.

Staff told us how they assisted people to remain independent and said if a person wants to do things for themselves for as long as possible then their job was to ensure that happened. One described, when someone can’t manage to dress themselves any more without

support we encourage them to do as much as they can, even if it means taking a while. We saw staff encourage and support people to walk around the service and help with food and drink.

We saw that people’s differences were respected. We were able to look at all areas of the home, including people’s own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. One person told us, “I Like to spend time in my room with my things around me, I also like to join in the activities when I feel up for it”.

People told us they were free to have friends and visitors, and visitors reported that they were made to feel welcome in person and on the phone. One person told us “My friends come in and out as they like”. A relative told us “I’m made to feel welcome, if tea comes round I get offered some and cake. Their phone manner is good when I need to call”.

People’s preferences, likes and dislikes were recorded in care plans and respected. One person living with dementia were involved in their care planning with relatives who were invited to contribute. Staff encouraged people to express their views and involve them in decisions in their care. One member of staff told us “It is all about person centred care and choices for people. We ensure people choose what they would like to do”. Another told us “I know everyone personally and this helps if I am supporting them. For example If I am helping someone get dressed in the morning, I make sure they have a choice of clothes so they can choose what they want to wear that day”.

People told us that staff treated them with respect and dignity when providing personal care and otherwise. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone’s door before entering and asking if they could come into their room to speak to them. A member of staff explained to us the importance of maintaining privacy and dignity and said “We always ensure people have privacy in their own rooms if that is what they would like. If I am helping someone to dress or wash, the doors are always closed and I support where needed but also encourage them to help themselves”.

# Is the service responsive?

## Our findings

People had access to a range of activities and could choose what they wanted to do. One person told us “‘It’s fantastic for activities. I can do painting, sewing you name it, I can do it here’. Another person told us “They put on entertainment for us, which I enjoy”.

We spoke with an activities coordinator who described the varied programme of activities for people. This included group and one to one activities. They told us how they saw each person to talk to them and find out about them and their interests. They showed us a way in which this had been recorded by what they had been told in order to build up a picture of each person. They also tried to offer a range of activities, some using manual dexterity and other using thinking skills, and encouraged people to join in by letting them know what was on offer. We were told “‘In the mornings, if their doors are open, I will go in and tell people what we’re doing and try to encourage them to come along. Most people will participate at some point during the day. We have a minibus trip out for a cream tea which is planned for later in the week”.

When we arrived at the inspection there was a buzz of activities going on in the lounge. We observed people involved in arts and crafts and some others choosing to read books. There was a vibrant conversation amongst people and the activities coordinator with laughter and enjoyment. We were told of one person who had been asked to take responsibility for choosing the musical DVD to be played in the lounge, thinking of what most people might like. They were engrossed in this when we went to speak to them and chose the sound of music as the dvd to play.

One person told us how they enjoyed going to the local Age UK centre once a week. This is where they had lunch and their hair and nails done. This person also used a wheelchair to move around and told us how staff had put a ramp down for them at the front door to enable them to get in and out of the building easily. People said that they were free to have friends and visitors anytime and visitors said that they were made to feel welcome in person and on the phone. One person said “My friends come and visit as they like”. A relative told us “They couldn’t have been more welcoming. There are friendly faces at all hours”.

In the afternoon of the inspection people were asked if they would like to watch an afternoon movie and a person had chosen the sound of music. We later saw people and staff interacting and enjoying themselves, some singing along to the songs.

Monthly newsletters were displayed around the home. These included details of upcoming events at the home which included trips out of the home, arts and crafts and external entertainers. In the dining room was a large display of colourful pictures people had painted for VE Day celebrations to mark the anniversary. We were also shown a memory tree in the lounge. This was a tree people had got involved with where they could write down happy memories in their life and hang them off the tree. A member of staff told us “This was a great idea, people enjoy telling you their stories and sharing happy times in their life”.

The care records were easy to access, clear and gave descriptions of people’s needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to assist a person into the bath and how staff should undertake this activity. This included using a bath hoist to safely lower the person and how staff should encourage the person to aid their mobility. In another person’s care plan their nutrition and fluid was being monitored and detailed how food should be cut up into bite size portions to help with their food intake. When we observed lunchtime we saw this person had assistance with their eating and the food had been cut up into small portions.

Staff knew people well and monitored people who required assistance to move around the home. Staff we spoke with told us how they knew everyone at the home and ensured they met everyone’s needs. One told us “I know everyone very personally, we provide person centred care to everyone. We cater to all individual needs”. Another told us “We take time to interact with everyone and ensure we meet their care needs”.

Handover meetings took place at the beginning and end of each shift. The meetings were headed by a manager. We observed a meeting which included care staff discussing each person individually on their well-being, nutrition and hydration and any other concerns at that time. All of this

## Is the service responsive?

information was recorded and then added into each person's care plan daily notes. One member of staff discussed with another concerns of a person who had not been feeling very well in the morning. They both decided to closely monitor that person for the rest of the day and would call a GP if the person and they felt it was needed. The handover meeting ensured that staff had up to date information in relation to peoples care needs.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy

were accessible for people and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One complaint recorded was around early morning noise from deliveries to the home. The action taken was to ensure the noise was kept down from the deliveries. The reply to the complaint was detailed and they were responded to in a timely manner.

# Is the service well-led?

## Our findings

People commented on the leadership and management of the home. One person told us “The manager is a very good person”. This place is as good as it is because of her. It is very well run”. Another told us “I think she is a good leader”. One relative told us “There’s camaraderie, good team work they all seem to work well together, you can go to the office any time of day”.

The atmosphere at the home was a happy one with a homely feel where people were supported to live the lives they wanted. The registered manager told us that their priority was ensuring person centred care at the home. They demonstrated that they knew the people who lived at the home well and their individual needs and preferences. We observed the registered manager worked in close partnership with people, relatives and staff. This ensured that a culture of transparency and openness existed at the home.

Everyone said that they would have no problems in raising any concerns. Everyone knew the registered manager, and said that she was very approachable. One person told us “I would tell them if anything was wrong. The manager is very good, I miss her when she’s not here. I have a very good rapport with her”. Another told us “I find the manager very approachable, she is a lovely person and kind”. A relative told us “The manager is very nice and helpful. She was very supportive before my relative came to the home”.

People and relatives commented positively about communication at the home. One person told us “We always know what is going on here, they are good at telling us”. A relative told us “They explain everything and keep in contact by phone. They deal with any problems and tell us what they have done”.

People were supported to be involved in the running of the home through meetings. The minutes of recent meetings showed a range of issues had been discussed, such as activities and food. Staff meetings were held on a regular basis, this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing the new care standards and key working with people.

Feedback from people and relatives had been sought via surveys. Comments from a recent survey included a

request for food to be served on hotter plates at lunchtime. The provider had addressed this by speaking with the kitchen staff. The surveys helped the provider to gain feedback from people and relatives and what they thought of the home on areas where improvement was needed. People, relatives and staff were able to make suggestions on how to make improvements. One person had recently suggested that they would like more quizzes as they enjoyed them. We spoke with the registered manager who was passionate about responding and acting on any suggestions or improvements made, to ensure people were happy.

Regular audits of the quality and safety of the home were carried out by the registered manager and operations director. Action plans were developed where needed and followed to address any issues identified during the audits. For example the home was currently undergoing improving the manager’s office and staff room. And had recently had trees cut back in the garden as they were overhanging the lounge making it too dark for people in the daytime.

The registered manager demonstrated they were committed to the continuous improvement of the home and committed to ensuring their staff had the correct training and induction. We were shown their new twelve week induction plan for staff to undertake when they began working at the home. This included training courses and competency assessments and workbooks to complete. These had been designed with the new care standards. Audits were carried out by the management team to monitor the quality of the home and plan improvements. This included audits on equipment, medicines and care planning documents. The audits and reviews benefited people as they resulted in improved practice.

Staff felt able to raise concerns with the registered manager and they were confident concerns would be acted on. One told us “Our manager has an open door policy and we can go and speak to her about anything, she is great”. Another told us “I get regular support from my manager and work closely together. I had a recent personal problem which they supported me with”.

We spoke to the registered manager about keeping up with best practice and their own development. They told us how they liked to be involved in outside training, reading new publications and had recently booked on a safeguarding workshop to keep up to date with the new local authority safeguarding process. We were also told how they worked

## Is the service well-led?

with a college to provide additional training to themselves and the staff which included common medical conditions, end of life and strokes. The manager showed passion about the home and talked of ways of improving the lives of people “Myself and the staff listen to what people want to do and ensure they have the stimulation needed. We have had recent ideas of special themed days which we plan to do. These include pamper days and one we have planned is themed around chocolate”.

We were also told on how the staff had worked closely with health care professionals such as GP’s and nurses when required. The registered manager told us “We work with the local falls team and we recently felt that a walking frame a person had was not suitable anymore and could be a risk to them. We called the falls team and discussed this with them and the person now has a more suitable frame to walk with”.