

Enter and View – Visit Report

Name of Establishment:	Ogilvy Court 13-23 The Drive, Wembley Park, London, HA9 9EF 020 8908 5311
Staff Met During Visit:	Anne Fenlon - Registered Manager Ben Wright – Regional Director 2 Care Workers 2 Nurses 1 Activity Co-ordinator 2 non-care staff 2 Residents 2 Relative / Carers Plus observations
Date of Visit:	11th September, 2015
Healthwatch Authorised Representatives Involved:	Elaine Fletcher, Ian Niven, Linda Jackson, Meenara Islam
Introduction and Methodology:	<p>This is an announced Enter and View (E&V) visit undertaken by Healthwatch Brent E&V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Brent to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services.</p> <p>The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.</p> <p>The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health/Safeguarding Overview and Scrutiny Committee, CQC, Brent Council and the public via the Healthwatch website.</p>

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	<p>DISCLAIMER:</p> <p><i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date. It should be noted that it is the role of the registered manager, CQC and the Local Authority to ensure that standards are met, including medication, health care, care planning.</i></p>
<p>General Information:</p>	<p>Ogilvy Court is registered for 55 residents and currently has 52 residents with learning disabilities, dementia, nursing needs. Ogilvy Court is a large modern purpose built building situated in a pleasant residential area, with a number of parking places in front. The home is divided into 3 units, one for people with learning disabilities, one for high support needs, including dementia and end of life care, and a specialist male only unit.</p> <p>(The home provides further information in a Residents Welcome Pack)</p> <p>Visitors access the premises through use of an entry phone or keypad and are greeted by large, airy front hall with the Administrator’s and the Manager’s office immediately visible. In the hall there is a visitors’ signing in book, antiseptic hand gel dispensers, and two noticeboards - one with general information about the Home, and the other displaying news and events, where the Healthwatch Brent flyer was displayed. A wide staircase led up to first floor, and a lift was also available. Decor furnishings were attractive and in good repair. It had a pleasant and friendly atmosphere. The Staff appeared welcoming and caring to the residents.</p> <p>Each service user is allocated a single bedroom with en-suite toilet. One shower and bath facility was provided for each unit. The manager said it was sufficient because residents had varying wake-up times, and ablution needs and times.</p>
<p>Care Planning:</p>	<p>The manager showed the visit team an example of a care plan. The care plan was comprehensive recording a range of information on needs and preferences, a risk assessment, with a section on the resident’s history, which added a sense of individuality to the care plan. The visit team heard that care planning involved residents and family, but that it could be hard to get families to contribute.</p>

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	<p>One resident said they knew they had a care plan although another did not understand what a care plan was and did not recall having their preferences recorded. They also said they did not feel they were involved in the planning of their care but that staff made an effort to get to know residents’ needs and preferences. Staff knew all the residents in person.</p> <p>Care staff enter daily progress notes, reporting any changes in the residents’ physical and mental state. There are computer terminals available in resident communal areas which means staff can update records whilst still having a presence with residents. The terminals were safely stored away and were positioned to ensure confidentiality. Care plans are reportedly updated every 28 days.</p> <p>There was a daily group handover meeting at 8.00am when night staff would update the incoming staff of any concerns or issues from the night, for example, noting if a resident had not slept well.</p> <p>Changes during the day are noted verbally and written on the handover sheets and filed to nurses and the GP. The GP visits the home weekly to carry out a surgery and is called out if necessary.</p> <p>The morning routine consisted of care staff helping residents to get out of bed, carrying out their ablutions, including a shower or bath if the resident preferred. Breakfast was served from 9.15am in the dining room or in residents’ rooms depending on residents’ preferences. One resident said she woke up around 5am daily and if she felt hungry she could ask the staff for a snack before breakfast time. Residents have the choice of what time they get up with the help of Care staff.</p>
<p>Management of Residents’ Health and Wellbeing:</p>	<p>A local GP attends Ogilvy Court once a week but more often if required. Dentists do not make regular visit for routine check-ups, but arrangements can be made for a dentist to attend. Residents are also taken to the local walk in clinics should they need to be seen by a dentist. A Chiropodist attends every three months. A resident we spoke to said that if they felt unwell, they would inform the Care Staff, who would report to the nurse and the resident would receive the care they required.</p> <p>Residents’ weights are monitored monthly. For those at risk of weight loss were weighed every Monday and were provided with extra nourishment. A dietician and Speech and Language Therapist would also be involved where appropriate.</p> <p>Drinks are given at set mealtimes and regularly in between meals. A jug of water is available for residents to help themselves when needed or they</p>

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	<p>can ask staff. During hot weather, water is offered at least hourly. One resident said that drink is always available. There are juice machines in all dining rooms and a water filter machine in Bluebell dining room although another resident said that if their water jug was empty, they filled it themselves from the tap in the bathroom.</p> <p>We observed that both care and nursing staff were busy and attentive to residents’ health and personal care needs.</p> <p>The unit was clean throughout with no unpleasant odours. Room doors were all clearly signposted, personalised with creative collections of photos and personal items to identify the person and to help the residents find their own rooms.</p> <p>There was a sensory room in one unit, and a quiet room in another. The dementia unit has a safe ironing activity installation for use. This installation would not be plugged into the electrics.</p> <p>The Manager said that a minister and a priest visit regularly and that families of other faiths supported residents’ needs. However, one resident said she would like to say Hello to a visiting minister but had never seen one.</p>
<p>Staff:</p>	<p>When speaking to staff a sense of “family” was prevalent. Staff appeared to be content and felt comfortable and confident about approaching the Manager and Deputy Manager about any concerns or issues they had with the management of Ogilvy, the care of residents or with colleagues. Staff also felt that there were concerns were responded to by management.</p> <p>Clear lines of management and accountability were in place and staff we spoke to knew the structure, how they all fitted in and how and where they could escalate concerns. Staff felt supported by management and their colleagues. For example, Staff were happy to help each other at busy times.</p> <p>Ogilvy Court uses the 'Clifton Assessment Procedure for the Elderly' (CAPE), which determines the level of staffing for the number of elderly persons. Managers told us that they staff each unit as recommended by this system. Managers said they looked out for and considered other models and that they reviewed their staffing levels on a weekly basis.</p> <p>There were a number of long term employees at Ogilvy Court. They generally cited management, friendly atmosphere and the job of caring for</p>

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	<p>residents as reasons why they liked working there. However, some staff felt under time pressure attending to residents, particularly high dependency residents, who needed extra time. We saw staff interacting with residents in a friendly, caring and respectful way but some staff were concerned that the demands on the time could compromise the quality of interactions with some residents. One staff member felt they did not receive enough support. In this respect some felt that staffing levels could be improved.</p> <p>The maintenance worker was used informally and in passing as a translator for 2 languages. He has been in post for 9 years. He, like most staff we spoke to, would recommend Ogilvy Court to friends and family to live and to work. He stops and chats informally with residents. One resident in the dementia unit with advanced dementia seeks quite a bit of his time, which he responds to.</p> <p>Staff said that safety checks around Ogilvy Court were good. The maintenance worker checks fire doors, windows, call bells and makes minor repairs every Friday. The fire alarm was tested during the visit.</p> <p>A resident said they felt that the staff knew what they were doing, and residents were getting the right care. It was widely felt that staff were flexible and would meet needs and preferences of residents.</p>
<p>Staff Training:</p>	<p>Staff were supervised by senior members of Staff every 2 months and had yearly appraisals.</p> <p>Staff felt that they had adequate opportunities for training, including safeguarding, infection control and first aid. Care UK listed - Health and Safety, Dementia Care, COSHH, Diabetes, Medication, Care Planning, NVQ Level 2, 3 Management Level 5, NVQ Level 2 for catering staff . Training achieved in the home remains above 90%. All training mandatory training is compulsory for all staff. This is monitored by the manager and discussed with staff members when not meeting their targets.</p> <p>Their attendance was recorded on an electronic system and training needs were revisited as necessary. For example, the Deputy Manager would review training needs and suggest courses or opportunities to staff. Training needs and opportunities were also identified by supervisors and staff themselves.</p> <p>Staff had access to a range of training – either targeted at a particular training need, in-house group training or online learning courses. The maintenance staff member said he had Deprivation of Liberty (DOLs)</p>

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	<p>training. A member of domestic staff had received training related to hygiene and health and safety (storage of cleaning materials). She had no contact with residents due to her role and time pressures – so no training in care. Care UK stated that all staff have to complete the mandatory training.</p> <p>She said she had been told to report any mistreatment of patients to the Manager, but has never in her 6 months at Ogilvy Court seen anything but good care.</p> <p>One Staff member identified a career development opportunity – she wanted to become a trainer. She is being provided with the support and training to become a trainer.</p> <p>There are currently Deprivation of Liberty (DOLs) applications for all residents. Families and carers are involved in these applications. We saw DOLS training certificates for a number of staff.</p>
<p>Activities:</p>	<p>There are three activity Co-ordinators at Ogilvy Court. A monthly activity calendar was displayed on the notice board, showing a pictorial representation of activities on offer on each day of the week. Activities ranged from sing-alongs, reading newspapers, films and trips e.g. to the seaside. One resident told us she usually did not engage with activities but wanted to join the trip to the seaside. However, because her family member did not submit payment for the trip in time the resident was not taken. Twelve residents were booked to attend the trip and three residents did not attend on the day.</p> <p>Activity co-ordinators would approach residents in their rooms and offer to do activities with them and encourage them to join group activities. If residents preferred to not participate or opted privacy, their wishes were respected.</p> <p>The Team observed a sensory stimulation activity taking place and a film was showing. Otherwise the television was on in the other lounges.</p> <p>We saw a group activity taking place in the learning disability unit, and one ending in another unit.</p> <p>One resident said “there is always plenty going on, but I don’t have to join in if I don’t want to”. For residents staying in their rooms, one Co-ordinator reported that she would do a short 1-1 activity of the resident’s choice with them e.g. playing dominoes.</p> <p>Televisions were on in all the communal lounges, but none of the residents</p>

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	<p>we saw were engaged with it.</p> <p>A resident said they were not aware of a Pastor or Priest visiting Ogilvy Court, but residents felt that they could attend their place of worship if they wished.</p> <p>There were photos displayed of a summer garden barbeque event, the local pub, and a sea side trip. Residents looked happy in these photos.</p> <p>In the male unit four residents were in bed due to their end of life care needs. The manager explained that residents at end of life were also included in activities and stimulation was provided, particularly they supported them to be active should they wish.</p> <p>Outside of planned group activities we did not observe much time spent with residents for a chat and even less scope for deeper engagement in personal or social interests. This was despite the staffing levels being better in this unit due to higher support needs.</p> <p>After lunch in one of the dementia unit lounges two residents were observed verbalising loudly and one shouting. Members of staff were present at a computer terminal entering notes so that they could observe the residents. One of these residents is blind and seemed to be locked in their own world, not in a state of contentment. A member of care staff explained that singing was a good way to engage with her, but this did not take place during a 12 minute observation. One nurse made direct contact with each of the residents in a brief but very personal and caring way whilst on route to complete records. The other 3 staff did not interact directly at all.</p> <p>Towards the end of lunch a care assistant supported a resident to the dining area – this was a lovely interaction, with the Care assistant introducing the resident to others and engaging in a positive and personal manner. A nurse then asked the care assistant where she had been for the last 20 minutes. Later, the care assistant said it can be difficult to have time to spend with residents, at times.</p> <p>Staff encourage residents to maintain life skills. i.e. the use of an iron without heat and an ironing board, allowing residents to lay the dining table for meals and undertake flower arranging displaying around Ogilvy Court.</p>
Food:	<p>Daily menus are displayed pictorially outside and inside the dining area. Picture menus are displayed daily and when the trolley arrives the staff members asked the residents before serving what they would like to eat.</p>

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	<p>When asked, Manager said that special dietary requirements were accommodated – for example, kosher and halal food, soft food diets, diabetic diets etc.</p> <p>Residents had the choice of taking their meals in the dining room or privately in their own room if they wished.</p> <p>One resident said the food was “all right” and that they ate it because they felt they should. The resident said a meal would be changed if requested. They also said that the staff are beginning to ask about choices. The home has a comment book and this is completed and returned to the catering department.</p> <p>During the observed lunchtime, Staff sat down with residents who needed assistance and interacted with them. Residents were encouraged but not rushed with their meal. For residents needing assistance with eating, staff paced the timing appropriately for each individual with gentle and appropriate physical contact.</p> <p>Residents in the learning disability unit were taken to the dining room. 3 carers helped 3 of the residents, whilst the other 3 residents had to wait 15 minutes or so until staff were available to help them. A number of staff were occupied feeding unwell residents in their rooms. We were told by senior staff that kitchen staff are beginning to be involved in helping residents but this was not observed during the visit.</p> <p>During a mealtime observation in the male dining room, there was little obvious social interaction between resident with one staff member in sight. Care UK stated that residents in this unit are mostly independent and prefer to eat their meal without interruption. There are two residents that chose to sit together at a table to have conversations whilst eating, at this moment in time – this was observed by our visiting team.</p> <p>End of life care residents were assisted with their meals in their rooms and it was clear that a Care assistant routinely monitored food intake. Staff seemed gentle and sensitive with residents at mealtimes.</p>
<p>Engagement with Relatives/Residents/ Carers:</p>	<p>A resident said there are residents’ meetings where they can make suggestions which were acted upon taken.</p> <p>Care UK stated that there are relatives meetings held every three months and Care UK makes every effort to engage with relatives.</p> <p>One resident said they felt “left out” and “insignificant” because staff did not routinely engage them in conversation. This resident felt shy about</p>

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	<p>instigating conversations but would respond to others. The resident often felt that quiet residents were overlooked but not neglected in terms of care and meeting personal needs.</p> <p>One resident felt that the staff were often too busy to stop and chat. The visit team observed that the interactions that did take place were friendly and caring. The resident did feel the staff had a good mix of skills and was pleased with the cleanliness at Ogilvy Court. When feeling unwell she would discuss it with the Nurse.</p>
<p>Compliments/Complaints/Incidents</p>	<p>There was a notice stating the complaints procedure in words & pictures with smiley faces and sad faces.</p> <p>One resident and one staff member told me they were clear that they can report complaints to the Nurses or Managers, but had never had the need to. Staff said that complaints were recorded in the daily progress reports and the action taken and dated. Incidents were recorded on the computer with date and action taken and date of completed action and for reporting even small safeguarding issues. Management promote an open honest culture.</p> <p>When asked, one resident was unaware of the complaints procedure but said she would first raise concerns with staff and felt confident they would be acted upon.</p>
<p>Conclusions:</p>	<p>Ogilvy Court seems to be a well-run residential care home with a warm and friendly atmosphere – for Residents, Staff and visitors. The management team appear proactive and genuinely caring with the best interests of both residents and staff at heart. Residents appeared and felt well cared for and seemed happy with their care.</p> <p>Staff were clearly sensitive, upbeat and approachable.</p> <p>Each resident has a life story and a memory box, to encourage and facilitate staff interaction. It was good to see that memory boxes were used outside every resident’s room, not just those with dementia.</p> <p>There were 3 activity coordinators, one for each ward, with many activities planned and carried out each day. There were specific equipment in place for residents to use (ironing board, flower arranging, helping to set dining).</p> <p>However, outside of the planned activity sessions we observed little staff engagement in meaningful social interaction with residents. We observed some staff taking a moment from other caring tasks to acknowledge and</p>

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	<p>interact with residents. We also observed a number of staff not making or taking such opportunities.</p> <p>Our observation was that Ogilvy Court had made appropriate and robust changes to their knocking policy. Staff told us that knocking was a strict policy there was clear signage around the building emphasising this. In this respect, Ogilvy Court showed a capacity for change and learning from feedback.</p> <p>Staff appeared to be content on the whole as they felt supported by management and received appropriate and adequate training for their roles.</p> <p>It was good to see that staff training was taking place.</p>
<p>Recommendations:</p>	<p>We ask the registered manager to read this report and the recommendations below, and to comment on these before HW Brent produces and publishes a final report.</p> <ol style="list-style-type: none"> 1. We would like the registered manager to report what barriers and limits exist to increasing the amount of time residents spend with staff on social chat, outside of the planned activities. 2. We would like the registered manager to report what the home can do within the funding constraints to improve interaction with residents in the lounges, e.g. making sure that more staff take moment out of other duties to say hello to a resident in passing; taking one minute from an admin task to comfort or console a resident; making sure that all residents, not just the more vocal, are given time a attention. 3. Explain to HW Brent and the care home staff team when using CAPE to assess staff levels, how much time is allocated for social interaction and facilitating meaningful activity. 4. It was good to see that residents had easy access to water. Since some residents are able to fill their own water jugs we ask if the home would consider monitoring fluid intake.
<p>Signed:</p>	<p>Elaine Fletcher, HW Brent</p>

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Date:	Draft 21/09/15 This amended report 27/11/15
	Healthwatch Brent, 3 Rutherford Way, Wembley, HA9 0BP, Tel 020 8912 5831 www.healthwatchbrent.co.uk
Comments from Ann Fenlon, registered manager, 06/10/15	<p>We have three activity staff who discusses the activities that provided a wide choice of activities to our residents. The activity coordinator has regular meetings with the residents to discuss their preferred activities and this is documented into their care plans. From the meeting that are held she organised the activities. Every resident has a birthday celebration and some of the residents request that they have live music for the celebration. Each resident has a key worker and a key nurse and they are responsible for all activities for the resident. The key worker spends time with her key residents and ensure all her toiletries clothing, appointment etc. are in place. We also have resident of the day and on this day each head of department will meet with the resident to discuss, laundry, meals, care plans, appointments .The staffing levels are regularly reviewed and any resident requiring more input into their care needs a meeting is arranged for a review by a social worker and the local councils contacted to discuss the need for more staffing. The client is assessed so that the council can agree funding for the 1:1. At the present we are working on 3:1 which is above the staffing requirement. Unfortunately the home cannot provide a 1:1 service and local councils would not provide enough funding to meeting these staffing levels. The Royal Collage of Nursing and Northern Ireland has a guide line of Person per day. They recommend that the staffing ration is 5:1 AM, 6:1 Pm and 10:1 at night, Care UK we work at the staffing level at 4:1 AM,5:1 PM and 8:1 nights. In addition to this we also monitor our residents care needs by reviewing the CAPE score weekly.</p> <p>The staffing levels are regularly reviewed and any resident requiring more input into their care a meeting is arranged for a review with their social worker and the local councils contacted to discuss the needs of the resident requesting more funding to allocate a staff member. The client is assessed so that the council can agree funding for the 1:1. In addition to this we also monitor our residents care needs by reviewing the CAPE</p>

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	<p>score weekly.</p> <p>Care UK response: Care UK does all it can to meet the needs of the residents and it must be acknowledged that it does this with sufficient staff and in the constraints of the rates paid by local authorities and CCGs. Care UK will continue to review staffing levels on at least a weekly basis.</p> <p>We do also have staff that can speak the language of the residents so that they do not feel isolated family members are very involved in the care planning of their next of kin and have the opportunity to speak to the nurse's on the unit should they have any concerns. We have an open policy and residents and family members can speak to [the manager] directly and address their concerns.</p> <p>The staffing levels are discussed at team meetings and the staff are advised to priorities their tasks and work as a team. The nurses are always available to support the carers. Caring staff duties is resident focused and their role and responsibilities is to deliver a high standard of care. The caring staff completed the daily notes for their key resident and the nurses review care plans, administer medication, carry out supervisions on staff etc. Care Plans are reviewed on the resident of the day. The deputy manager is also assisting on the units and available to support The laundry staff sees to all the residents laundry and ensuring is returned to the correct room. The catering staff sees to the meals and they bring all crockery etc to the dining rooms. All catering equipment, crockery glasses etc is washed by the catering team in the main kitchen.</p> <p>On admission to the home residents are asked about their preferred routines this includes bathing/showering. This is written in the residents care plan and resident's wishes are respected. Residents preferred time to go to bed and get up is also documented. Care plans also states day and time the resident would like to a bath or shower. As stated the home is modern purpose built with the designated showering and personal care areas deemed sufficient as time of build. This is also the view held by Care UK at this time. If needs were to change significantly then there would need to be extensive capital investment or different premises found to meet those adjusted needs, which may be detrimental to the residents during works (or temporary location) and might be economically unviable in relation to fees required to be charged versus the local fee placement rates with publically funded care.</p> <p>Care plans are drawn up from the initial assessment when the nurse</p>
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	<p>visits the home or hospital to carry out the assessment the resident is asked about all their dislikes and likes, such as activities, food, religious beliefs. This information is then written into the care plan.</p> <p>Either the residents or the family member is always involved in the care plan and care plans are discussed with the resident/family, and is signed by the resident or family member in all cases. Many residents do not have the capacity to fully understand their care plan and in this instance Care UK follows the MCA and DOLS legislation, along with best interest assessments.</p> <p>In the small kitchenettes there is a wide choice of food such as bread, butter, jam marmalade, Ovaltine, hot chocolate, tea or coffee and a juice machine. There is also porridge and cereals available for residents to have outside of meal times. The catering team sends up a selection of sandwiches for the residents should they become hungry in between meal times. There is also a red table encouraging residents to snack.</p> <p>Management have no experience of [residents filling up their water jugs in their room] and if it were to occur then staff would direct the resident to the kitchenette where fresh drinking water is available via a water cooler.</p> <p>There are three activities staff on duty three days a week and the remainder days there are two activities staff. The activity staff discusses with the residents their choice of activities and then agreed which activity will take place. On a floor of 28 residents there are 10 staff members with three residents requiring 1:1 care . This leaves 7 staff members to provide care for 25 residents equating to 3.6:1. In addition to this there is 2 activity staff on the floor and also additional one to one where funded by the local authority or CCG as required. The activity staff have received NAPA training course and it is the activity staff who discusses the choice of activities. This is then entered into the residents care plan. During the visit there were three activities taking place, film showing of The Sound of Music, sensory lighting, personalised activities such as reading from the newspapers. Care UK feels strongly that residents are encouraged to take part in the many activities that take place daily at Ogilvy. Staff members are trained in dementia care which is focussed on providing a person centred and responsive care methodology, this is demonstrated daily.</p> <p>In addition to helping the residents locate their rooms, the ‘memory boxes’ are there to provide care workers and visitors a quick visual</p>
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	<p>insight into the residents likes. This is there to help guide conversations to areas that the resident may be interested in and to increase the ability for engaging conversations and reminiscence especially in a 1 to 1 environment outside of planned and group activities.</p> <p>The minister comes every Friday morning and visits all the sitting rooms and the Catholic Priest attends every fortnight, all residents are given the choice to be seen by the priest, this too is discussed with the resident on admission and entered on their care plans. There are notices up the boards advising of the visits.</p> <p>Staff members have a ratio of around 3:1 and the nurses are on hand to call if extra help is needed. The Management team also come to assist at meal times and the catering staff prepares all meals and takes the trolley to each dining room. All crockery and cutlery is returned to the main kitchen for washing. Care UK believe the home is sufficiently staffed and would continue to monitor staffing levels weekly as residents' needs may change.</p> <p>Care UK Comment: Staffing levels are at circa three residents to one staff member. This is sufficient for the needs of the residents and is monitored weekly (with reference to the CAPE methodology). Staffing levels is discussed at all staff meetings and this will continue.</p> <p>Care UK Comment: All staff receives training in medication but the administration of medication is only carried out by nurses and they are assessed annually to ensure they are competent to administer medication safely.</p> <p><u>All residents have the opportunity to go to the sea side and on the day of the trip one lady did not want to go as she felt her daughter was coming to take her home).</u></p> <p>The residents prefer to have the television on in their lounge and also like to listen to the radio or music in their rooms.</p>
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	<p>The home has ae resident of the day whereby we focus on one resident each day. On this day the chef, visits the residents to discuss food and diet, the domestic deep cleans the residents room and residents are given the choice to do what they want on that day.</p> <p>Care UK Comment: We have three dining rooms and the staff members attend the dining room in which the help is required. The nurse in charge of each unit would advise the team and consult with colleagues on where to best assist. Also management would come to assist when needed.</p> <p>Care UK Comment: The last CQC report has been produced in draft form and the judgement has been Good across all five elements and good overall.</p>
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