healthwatch Coventry

Report of Enter and View visit to Arden Park Care Home

March 2020

Home Visited	Arden Park
Date and Time of visit	10am to 3pm, 6th November 2019
Address	101 Armscott Road, Coventry. CV2 3AJ
Size and Specialism	Accommodation for persons who require nursing or personal care Caring for adults under 65 and over 65 years Max – 31 residents (3 beds for short term Discharge to Assess block purchased by NHS)
Authorised Representatives	Gillian Blyth, Nick Darlington, Tom Garroway, Kath Lee, Mary Reilly, Louise Stratton

1. What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and to talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. This is so local Healthwatch can learn from the experiences of people who interact with these services first hand.

Healthwatch Authorised Representatives carry out these visits to find out how services are run and to gather the perspectives of those who are using the service.

From our findings, we look to report a snapshot of users' experiences accurately, highlight examples of good practice and make recommendations for improvements.

2. Reasons for the visit

Healthwatch Coventry's Steering Group has agreed that Enter and View visits to care homes form an important part of the current Healthwatch work programme. This is to ensure that people who may be vulnerable and less able to raise their voices have the opportunity to speak to Healthwatch. In the light of two pieces of work by the Care Quality Commission and Action for Hearing Loss, which look at meeting health needs of residents, Healthwatch Coventry have adopted a focus on finding out how resident's physical health needs are supported. We draw on the following good practice publications:

- *Smiling matters: oral health care in care homes;* Care Quality Commission[1]
- *Supporting older people with hearing loss;* Action for Hearing Loss[2]

[1] https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes
[2] https://www.actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/guidance-for-supporting-older-people-with-hearing-loss-in-care-settings/

We also looked at dementia friendly design and looked at activities and choices which are important for enhancing residents' quality of life. There is a lot of information available online about dementia friendly design two useful sources are from the Kings Fund and SCEI.[3] Dementia friendly design does not need to cost a lot or be a significant effort especially if it is planned as part of regular maintenance, decoration works.

3. Methodology

We collected our information by speaking to 7 residents and 3 members of staff. We also spoke to the Acting Manager and one Senior Manager with a responsibility broader than this home. We received one completed questionnaire from a visitor to the home.

Information was recorded on semi-structured questionnaires and by asking open questions to establish what people liked most and what people felt could be improved within the home.

Before speaking to each resident Authorised Representatives introduced themselves, explained what Healthwatch is and why they were there. It was established that the resident or staff member was happy to speak to Healthwatch. It was confirmed that their name would not be linked to any information that was shared and that they were free to end the conversation at any point. Healthwatch Coventry Authorised Representatives wore name badges to identify who they were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

Two residents who were spoken to were on a Discharge to Assess pathway (i.e. a short term placement for the purpose of assessing their ongoing care needs) and desperately wanted to go home.

Observations were made throughout the visit and notes of what was observed around the home were taken by each attending Authorised Representative.

4. About the Home

Arden Park provides residential care for up to 31 residents aged over and under 65. On the day of our visit there were 29 residents and the home. It takes up to 3 residents on a short-term placements purchased by the NHS under a Discharge to Assess programme. This provides a period of short term care to ensure people are discharged from hospital and have their ongoing care needs assessed away from hospital.

[3] https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf and https://www.scie.org.uk/dementia/supporting-people-with-dementia/dementia-friendly-environments/toilets-and-bathrooms.asp

There was a new Acting manager who had been in post for 10 months who oversees the day-to-day management. This includes responsibility for staff, the building and looking after residents.

The activity co-ordinator had moved on to a care role within the home and new activity co-ordinator was being recruited at the time of our visit.

5. Report Summary

Arden Park felt homely and had a community feel. Staff said they were happy working there and most had worked there for over 3 years.

We observed good interactions between staff and residents and a supportive environment at lunch time.

All the residents we spoke to said that staff listened to them and were happy with the care and support they received.

A more regular framework for staff supervision and regular staff team meetings would be beneficial.

The home environment was fit for purpose and pleasant. Although disabled access to the front of the property was difficult for one of our Authorised Representatives who uses a small mobility scooter. A number of elements of dementia friendly design were evident.

We heard evidence that staff understood how to support residents with health needs including oral health, optician service and podiatry.

Staff raised concerns about access to dental services for residents.

A good relationship with the GP practice was described by staff and knowledge of escalation procedure should a resident feel unwell were clearly described.

All the residents we spoke to said that staff listened to them and were happy with the care and support they received. Residents commented: 'No complaints' and 'Well looked after and well treated'.

One person that we spoke to in their room could not reach their call bell should they have needed it.

The relative who responded to our survey that we left at the home said staff were caring and attentive.

We saw that there were different activities for residents to do in the living area. A new activity co-ordinator was being recruited.

The home used technology to support care planning and through an online subscription which residents could use to access music.

6. Findings

6.1 Initial Impressions

Arden Park Care home is situated in a seemingly pleasant residential area surrounded by trees and a small parkland area. The outside of the building was in good order. However, it was noted that there were empty planters and empty hanging baskets.

Two lights were not working in the entrance hall.

The Healthwatch team were taken to a newly refurbished small lounge which was tucked out of the way and positioned off the main hallway. It was noted that the door to this room was heavy and difficult to open. The room overlooked local public parkland. The senior manager remarked that although this room was for the use of the residents the only time they used it was if they had visitors.

6.2 Accessibility

There was a secure entrance to the home with a raised step. Entrance to the building was through a locked door. Staff were welcoming.
One of the Authorised Representatives is a disabled person using a small mobility scooter. On entering the car park it was unclear where the designated parking for a disabled driver was. The car park was heavily laden with fallen leaves (autumn fall). The nearest and most convenient spaces in the car park were in use by vehicles not displaying blue badges. It wasn't immediately clear how the disabled authorised representative would be able to park and access the building due to a lack of dropped curbs and the step into the main door of the premises.
The pathway from the only dropped curb area was very uneven with heavily fractured tar macadam; it was also densely covered in moss which could potentially quite slippery during wet and/or frosty weather. It is not known whether the pathway belonged to the home or the local authority.

A staff member observed a member of the Healthwatch team had some access needs and asked if the portable ramp was required. She handled the ramp on her own, which looked cumbersome. It took a couple of attempts to get it in the right position.

We were asked to sign the visitor's book. We were not asked to sanitise our hands.

6.3 Facilities and environment

On arrival it was generally felt the home smelt clean. All areas that were seen appeared to be clean. The communal areas had plenty of natural light.

The communal lounge area had ample comfortable seating with plenty of small tables. The environment appeared clean and tidy. The main communal area accommodated both lounge space and dining space which overlooked the enclosed

courtyard. The lounge space was separated into two spaces denoting both a TV lounge area and a group activity space. In the TV lounge people were seen having their nails painted, some were colouring in Remembrance Day pictures and the TV was on although the sound was not audible. In the activities area a staff member was encouraging residents to have a sing-along. Large Remembrance Day posters were on the wall which reflected the appropriate time of year. The days date was clearly displayed on the wall.

The floor area was covered with two different finishes. The dining area and activity space had practical laminate type flooring, and the TV area space was carpeted. There was an area on the floor covering in the activities space which had been taped for safety reasons as the flooring had separated. The tape was much worn (in a very busy traffic area).

There were two notice boards in the corridor leading away from reception area. These were being used to promote activities. One of the documents was an NHS 'making health and social care information accessible '. This document was dated 2016.

There were plenty of bathrooms and toilets. However, bathroom N1 had unnecessary items stored in it: a mattress, trolleys and a turning stand. Also, a toilet close to this bathroom had a commode stored in it, which impeded the use of the pull down arm support. It was noted that this toilet did not have an emergency pull cord.

The temperature in the communal space was appropriate. It was noted that care staff asked residents if they felt warm enough.

The upstairs had a complex layout with a number of corridors. A member of the Healthwatch team had to ask a cleaner where the lift was to be able to return to the ground floor.

Outside Space

The outside space was an enclosed paved courtyard area with planted borders. This was accessed by a door leading from the main communal space. There were two gates, which had a security keypad. The fences were six-feet high. There was a gazebo and modern looking outside furniture. There were padded cushions stacked up in the gazebo and a bench. There was a small netted goal on the patio. We were informed that in the colder weather the garden was only used by 2 residents who smoked and that during the summer some activities were held outside if there were enough staff.

Two residents said they used the garden, 3 said they didn't use it. One resident felt the outside space was for smokers and that staff weren't available to help residents access the garden due to being busy. One resident commented that they did not like the garden.

6.4 Dementia Friendly Design

We identified the flowing elements of dementia friendly design:

- There were solid wooden gates across the bases of stairways from the ground floor, these were painted white with latch locks to prevent them being easily opened.

- Bedroom doors were either red, green or blue with photos and information about the resident clearly displayed.

- Some of the bathrooms had taps clearly marked with colour coded wording (hot and cold).

- Floors contrasted in colour to the walls.
- There were signs on doors and next to doors indicating what the room beyond was.

- The upstairs corridors, many of which did not have any natural light were well lit.

6.4 Staffing

The care staff ratio was described as one manager and four care staff. 'Manager' can mean a senior or deputy. Nightshift staffing is one Senior and three staff in total, the senior is medication trained. We were informed that Bank or agency staff are used only in an emergency. The manager will do what they can to cover staff within their permanent staff team. The manager will offer incentives to secure core staff cover, as this is considered important for continuity of care.

The home has an open door policy which is promoted by Management being available and being visible out in the home. The manager said *"for example I'll sit and do some work in the reception area, I'm always speaking to the staff and residents and their families. Families know that they can pop in anytime for a chat".*

The staff were described as having regular supervision. Different frequencies were shared ranging from monthly to 6 monthly. From our conversation with staff the frequency of staff meetings was unclear: one thought it was about every 6 months but others were aware they hadn't attended any. The Acting Manager was aware that there hadn't been one in the 10 months and said they were trying to organise one. It was added that some things were discussed at handover.

Staff receive an annual appraisal. Staff knew the procedure for raising an issue and also knew the escalation process if they were not happy with the outcome.

We were advised that staff are provided with online and face-to-face training. Staff described having received a range of induction and annual training including

moving and handling and dementia training. The majority of this was online. One member of staff expressed that it was completed in their own time.

Staff described the home as a good place to work.

6.5 Dignity and Care

We observed that staff were interacting well with the residents and we felt they had care and passion for the work they were doing. We thought they were an asset to the home. The staff we spoke to other than the home manager had been in post for 3 years or more.

The care model was described as being based on person centred care planning.

All the residents we spoke to said that staff listened to them and were happy with the care and support they received. Residents commented: 'No complaints' and *'Well looked after and well treated'*. When asked if they had ever felt embarrassed one said they had felt embarrassed about the need for care.

One person that we spoke to in their room could not reach their call bell should they have needed it.

One resident was not happy that other residents were coming into their room uninvited.

Another resident they said the home had put things in place such as a pressure mat on the floor by the bed and a stair gate after they had fallen a number of times.

A relative said *"Staff are caring and attentive, nothing is too much trouble. Comforting to know my Mum is safe and cared for"*. They also thought that the home communicates *'very well'* about her Mum's care and health matters.

How staff get to know residents

All staff use the electronic care planning system. This is a hand held device that looks like a phone. Within the care plan there is a care summary (overview). This covering aspects of a resident's life including: life history, hobbies, likes and dislikes as well as formal information like fluid intake and other health information,(temperature, food chart, etc).

Whilst the electronic care plans are primarily used to understand a resident's needs information is also passed on verbally. For example dietary information will go onto the care plan will also go directly into the kitchen. All information including personal cultural and lifestyle information is held on the electronic care plan.

A paper record in summary is also held in case the electronic system fails for example DOLS (deprivation of liberties) and Respect Form (documentation holding essential information about end of life wishes etc).

The manager explained *"We are able to pull reports from the electronic system. This was a purchased system and staff like it"*.

6.6 Residents' Health

The electronic care planning system was described as playing a big part in enabling residents to stay as well as possible by the manager.

When we asked staff if they had received training related to residents' health needs two said yes and two said no. The topics covered were described as Diabetes and mental health.

Residents seeing a GP

The manager said *"We have a great GP; we only use one GP practice for the home. The GP will come and visit a new patient on their next visit here"*.
They also said: *"We have a home remedy policy which we use for 48 hours. All home remedies are GP approved and often GP prescribed e.g. paracetamol, Gaviscon. If a resident deteriorates rapidly we will immediately call an ambulance. 111 is used over the weekend when the GP practice is closed"*.

The manager said *"After we have exhausted our internal processes to provide care our GP is a first point of contact one of the organisations KPIs on group reporting is to record the last GP visit"*.

Staff said that all residents have an annual review of their medication. The Manager said that the 'Meds Management' team from the NHS had visited and started a review and "*for some reason didn't finish it. We didn't hear from them again"*.

Arden Lodge uses a Lloyd's pharmacy in Nuneaton and reported a very good service from them. *"They will come and do an audit here. We may go to a different pharmacy in an emergency purely based on need e.g. if a patient has been prescribed antibiotics late afternoon and need to start the course immediately"*.

Three of the residents we spoke to have seen a GP whilst a resident at Arden Park. They all felt it was ok and said the doctor was nice.

A relative said that they thought there was a good relationship between the home and GP practice.

Taking medication

The Manager was asked how many residents were independent in taking their own medication. The manager explained: *"We do not have any residents who self administer medication. We use a risk assessment protocol and should somebody request this of assessment will be carried out. Everyone is assisted with medication here; a trained member of staff preps all medication and hands it to a resident. The MAR (Medication Administration Record) is not signed until the resident has taken medication. We have no covert administration here".*

When a resident feels unwell

Arden Park has a procedure for when a resident informs a member of staff that they feel unwell or are in pain. There is an escalation process whereby the member of staff receiving reports this information immediately to the senior manager on duty. The Manager said: *"We are able to take a resident's temperature but leave the blood pressure or technical assessments to paramedic staff or GPs. Dependent on our initial assessment depends on our action, e.g. homely remedy, GP or 999".* There seemed to be some confusion about this policy and practice as the Acting manager said that *"We can check blood pressure and SATs, but only seniors do this".*

The staff that were spoken to were very clear that all cases should be escalated to the senior member of staff on duty.

Some of the residents Healthwatch Coventry spoke to said they sometimes have pain or feel unwell and will tell the care staff. Although one resident said they sometimes have vertigo and don't always tell anyone.

Support for the home from NHS services

Some NHS services are designed to be delivered in the community (including in Care Settings) to contribute to maintaining/improving an individual's health status. The Manager at Arden Lodge did not consider that the Home had any support from the NHS as the first response but went on to say, *"We do use 111/999 and we have had good resolution. If we are ever unsure we will call 999. Paramedics will attend and where appropriate phone an out of hours GP to come and visit".*

Oral Health

This information is in everyone's care plan. Everyone has their own routine which staff support. Residents are supported to do it in the way they like to. If a resident has dentures, care staff clean the dentures however if a resident has their own teeth they are encouraged, where possible to clean them themselves. Dental visits are based on need.

Coventry and Rugby CCG deliver an oral hygiene programme for staff. The manager said *"We need to revisit this as we have some new staff".*

It is understood by staff that a dentist had visited the care home on 2 occasions to see a resident but does not attend routinely. One resident used to see a dentist routinely here but had not for over 2 years. Another resident had an issue with loose dentures which resulted in being fitted for a set of new dentures.

The home has also used NHS Community Dental services which was described by staff historically as being good but has now deteriorated and was described a poor service due to a very elongated process of paperwork. This seems to focus on who will pay for the service. Staff said this can take days or weeks, an example of this is it took weeks to get a tooth fixed back onto a plate for a lady whose funds are managed by her solicitor. This was due to the paperwork issues.

The manager went on to say *"We used to be able to use a local dentist who would come here however they retired. The current service would be no good in an emergency.*

Looking after hearing aids and residents' hearing

It was explained that the NHS hearing clinic recommend changing batteries weekly which the home follows. Staff help residents to ensure they are switched on and the batteries are disconnected at bed time. This information is all in the care plan. Two residents that we spoke to have hearing aids and neither liked them. One said this was due to the noise they make. One resident has not got them now as they think they have left them at Walsgrave hospital. This did not seem to have been picked up by anyone.

Two residents had said they had seen someone about their hearing whilst at Arden Park, one of whom wears hearing aids (this does not include the resident who has lost theirs).

Staff were aware of processes for changing batteries but did not talk about cleaning of Hearing Aids or hearing checks.

How residents' sight is looked after

Arden Park uses a service called 'complete community care opticians '. They are a private organisation that deliver NHS optician services. They keep all residents records. They will visit new residents. This is also part of residents electronic care planning.

Looking after residents' feet

The home has a chiropodist who visits regularly. Residents pay for their own chiropody. This service was described as *'easy to access'* by care staff.
The Manager said, *"We also have an NHS podiatrist that visits".* This is through a GP referral process only. This information is also stored on the electronic care planning system.

Two of the residents we spoke to said they tend to their own feet, one of them is unsure if a Chiropodist visits the home.

6.7 Food and drink

When we arrived and started carrying out our observations in the communal area residents were being offered biscuits, sausage rolls and drinks.

At lunchtime 19 of the residents were seated at the dining tables. Some seated themselves as and when they chose to and some were assisted to move from the lounge space to the dining table. The atmosphere was very quiet whilst they were waiting for food. Gentle music was playing in the background.

Table linen was on all tables in the dining room and resident were provided with folded paper napkins. Staff wore blue plastic aprons. The food was brought out individually by a few staff members. A few residents were sitting in their armchairs with small tables waiting for their food to be served.

Whilst lunchtime was very busy it was managed in a very calm way. Noise levels were good. Staff were interacting well with residents and also communicating with each other about tasks. People who needed support with eating were receiving it. Residents were asked if they had had enough food, if they had finished and if they wanted any more. Drinks were topped up when needed.

One resident who had not eaten their pudding was being encouraged to eat a bit more. The person explained they were saving it for their sister and the resident was told that the sister had eaten their pudding and that the sister wanted her to eat it to aid encouragement.

The food was prepared and cooked on site and smelt pleasant and looked appetising. The menu options were displayed on a chalkboard with two options of dinner and pudding. The options for lunch were 'chicken curry with rice' or 'beef stew and mashed potatoes'. Fruit crumble or Arctic roll was being served for pudding with orange or apple juice as a cold beverage. There is softer liquidised food available.

Two residents were sitting in open reception area having their lunch. Staff were asked about this and they said it was a resident's choice. They were described as not liking a lot of people and things going on.

Staff reacted promptly. One resident sitting in open reception area wanted another drink, this was done straightaway. Staff kept checking on the two residents in the reception area often.

Residents gave the following comments about the food: *"Love it"; "Good", "Like it", "It's okay", "had chocolate cake three days running and don't like chocolate cake", "Good" and "All right".*

The majority or residents we spoke to were happy with the amount of choice of food.

6.8 Activities

We were advised that the home has a full-time post of activities coordinator. At the time of visiting this post was being recruited to. One staff member said *"It will be better when the new activity coordinator is in post; can plan regular activities then"*.

Regular activities were described by staff including things residents can do as and when they choose e.g. colouring in and jigsaw puzzles. There is regular sing song, a weekly pamper day which has been planned to coincide with the weekly visit from the hairdresser.

External activities include a person coming in to facilitate armchair exercises. We were told that some residents are able to go to the local shops independently. For residents who are unable to go the shops independently the home has daily visits to local shops and *"will take residents with us"*.

The home have recently invested a small amount of money in purchasing a £4.00 a month subscription to a smart speaker whereby residents can enjoy and are able to request songs and sing along. One member of staff described the home as *'encouraging singing and dancing'*. This was apparent when a resident was navigating across the floor with the support of a frame and instructed the devise to play *You'll Never Walk Alone* and proceeded to sing the song to their fellow residents, some of whom joined in. This devise is also useful in creating quizzes and enabled residents to use a tool of technology.

The manager said: *"We did do a farm visit to a resident's family member's farm which was a success. We have tried to arrange trips but these fall flat sometimes as residents change their mind, this could be an area for improvement but it is very difficult. We do have a home in Rugby, we could maybe explore doing a joint trip. It would be a good idea for us to link activity coordinators from here and Rugby to find out what they do. We don't have great links with the community, they have invited nursery children into their home who have sung songs for the residents"*.

Residents we spoke to described spending time doing the following:

- *Music man comes monthly, not aware of any other activities; no trips*
- *Colouring and singing*
- *Quietly on my own in the lounge. Don't like activities*
- *Puzzles, reading. TV in room*

Residents that we spoke to generally liked the feeling of safety, the quiet and the sociable environment. However, one resident who had been at the home for some years felt the environment had changed due to the growing needs of residents and that it was more difficult to socialise because *'many of residents had dementia'*.

The Care Home doesn't have many residents who feel they have religious needs but staff said residents are always asked about this. *"We do ask our residents*

about their religious interests however we only have one person who wants a religious connection. We also ask family members about religious needs if people can't communicate. We also ask about religious requirements within end-of-life care".

6.9 Anything that could be done differently

The manager felt that the community dental service referral process does not meet the residents' needs but also expressed that it hasn't been tested yet in an emergency.

No residents that we spoke to felt there was anything they would change other than one comment about needing more staff as '*they seemed a bit stretched sometimes*'. They all felt that staff listened to them and responded appropriately.

A relative commented that *"It would be lovely if there were a few more homely features in the communal areas, a few more pictures on the walls, flowers around."*

When we were ready to leave

We were asked to sign out. The manager thanked us for our visit and again asked if the portable ramp was required. This was put into place. Exiting was not easy for the scooter user as the ramp did not address the small internal step. The scooter user had to be assisted to walk out of the door, have assistance with her bags and receive help to lift the scooter over the step. Whilst the manager was attentive and helpful this was disempowering for the Healthwatch team member.

7. Healthwatch Recommendations and care Home response

Recommendation	Response from Home manager
1. Improve disabled access building by clearer signage, improving the wheelchair accessible route to the building and through the front door	Health and safety manager to the company is involved in risk assessing the environment including access and egress from the building, this includes obtaining appropriate signage
2. Use the guide *Supporting older people with hearing loss produced by* Action for Hearing Loss[4] to review and further develop support for residents' hearing to ensure: - There are checks for hearing loss and ear health - Hearing aids are working - Training hearing loss champions in the staff team	I have downloaded a copy of "supporting older people with hearing loss" and have shared it with the staff team in the home. The home also works with the "Outside Clinic" who visit the home and complete hearing tests and provides new hearing aids and batteries. We use an electronic care planning system which provides instructions for care staff to check hearing aids as a must do action. The home is in the process of appointing Champions in several areas and a Hearing Loss champion will be appointed.
3. Address storage of equipment in bathroom N1 by finding a better storage location	Review of the building with the company health and safety manager is due to be completed, environment audit completed and further storage locations are being considered.
4. Further develop dementia friendly design: - Ensure all taps are clearly labelled hot and cold - Improve signage and way finding upstairs	Operations Manager is completing a review of the environment and improved Dementia friendly signage will be in place.

[4] https://www.actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/guidance-for-supporting-older-people-with-hearing-loss-in-care-settings/

Recommendation	Response from Home manager
5. Activities Areas for the new activity co-ordinator to focus on to develop the activities on offer: - Developing community links - Asking residents about different activities they would like to do - Utilising outside space and potentially involving residents in activities such as looking after plants in pots etc.	Residents do become involved in the potting of plant early spring time and the patio area does look very nice when the flowers are blooming. The Activity Co-ordinator does liaise with the residents regarding preferred activities when she is making plans in the home for the forth coming weeks
6. Address maintenance issues such as empty garden pots to frontage; autumn leaf fall, non-working lights	The maintenance person has now been instructed to make checking the frontage of the home as one of his first tasks of the day. Autumn leaf falling is regularly addressed. This had been a daily task for the maintenance person as our building is surrounded by trees. All outside security lights are working. Garden pots will be planted with seasonal flowers at the start of spring

8. Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at and during the time of our visit.

9. Copyright

10. Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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