healthwatch Kingston upon Thames

Enter and View Report

Galsworthy House Nursing Home

January 2026

Contents

1. Introduction

1.1 Details of visit

Service Provider	Aria Care/Care UK
Service Address	177 Kingston Hill, KUT. KT2 7LX
Registered Manager	Andreea
Date/Time of Enter and View Visits	13 January 2026, 10.30am – 3pm
Status of Enter and View Visit	Announced
HWK Authorised Representatives	Jill Prawer (HWK staff team) Helena Wright (HWK staff team) Julie Pilot (HWK volunteer) Chelliah Lohendran (HWK volunteer) Ashley Pearce (HWK volunteer)
HWK Visit Lead	Jill Prawer, Projects Officer, Enter & View
HWK Visit Support Lead	Helena Wright (HWK staff team)
HWK Contact Details	**Address** - Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX **Phone** - 0203 326 1255 **Email** – info@healthwatchkingston.org.uk
Service Owner	Aria Care Ltd / Care UK

1.2 Acknowledgements

This visit was undertaken by Authorised Representatives at Healthwatch Kingston. We would like to thank Galsworthy House Nursing Home residents and staff members for their contribution toward the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings on the specific date and time set out above. The Enter and View report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was

observed and contributed through interviews during the time of Healthwatch Kingston representatives' visit.

2. Executive Summary

Healthwatch Kingston champions better standards of care in socially funded health and social care services. As part of our remit, we recruit Authorised Representatives (ARs), volunteers from the local community who are trained to undertake Enter and View visits. Their aim is to identify good practice and areas that could be improved in these services. This report presents the findings of the HWK Enter and View visit to Galsworthy House.

Galsworthy House is situated in the Royal Borough of Kingston upon Thames (RBK) and is one of the homes across the country run by Care UK, which took over from Aria Care in December 2025. The manager told us that all staff have stayed with the new provider and the home is now in the process of changing policies and procedures to those of Care UK, expected to be completed by June 2026. During our visit, we were also told by a member of staff that many of the carers were new. During our visit the staff we spoke to had been working in the home for varying lengths of time (four weeks to over eight years).

Galsworthy is a nursing home which has 69 beds across three floors. At the time of our visit there were 57 residents. The building, originally the family home of author and playwright, Sir John Galsworthy, is Grade II listed and has been used as a nursing home for over 30 years.

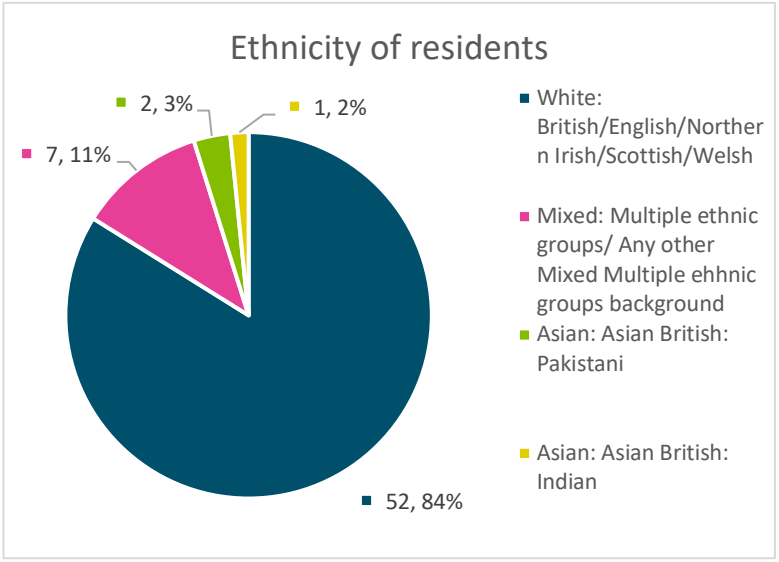
The last Care Quality Commission (CQC) inspection report was published in July 2024 and was given a rating of 'Good' overall. The Enter and View visit to Galsworthy House was conducted as part of Healthwatch Kingston's series of announced Enter and View visits to local care and nursing homes which took place between April 2024 – April 2025. Funding was continued for a further year to March 2026, with visits in the current year to include supported living provisions.

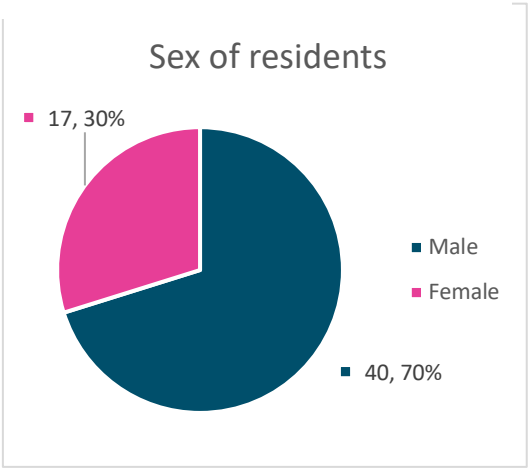
These visits are focused on three specific areas: living environment; residents' mealtime experiences; and activities provided. More information about Enter and View and the Healthwatch Kingston Enter and View programme can be found here.

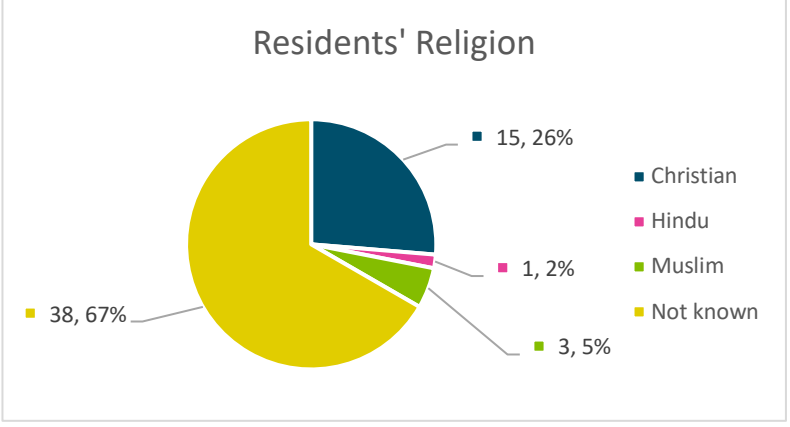
Overall, Healthwatch Kingston ARs concluded that Galsworthy House was observed to be a well-run home with caring staff which was very clean. We saw that thought and care had been taken with decorations and furnishing to give it a homely atmosphere. For those on the ground floor, this atmosphere was enhanced by the presence of the house cat 'Milo'. We observed good relationships between residents and the staff, and warm and affectionate interactions between them.

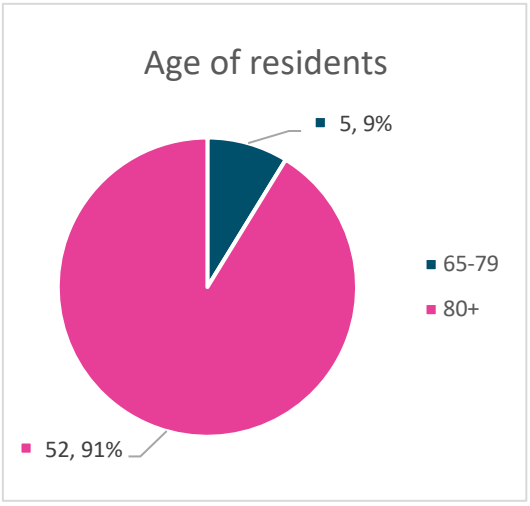
Our visit was from 10.30am – 3.00pm and we were able to observe the lunchtime and a morning activity.

3. Demographics









At the time of our visit the home had 57 residents, four were funded by RBK.

Ethnicity: 47 of the residents were White British/English/Northern Irish/Scottish/Welsh. 7 of the residents were Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic groups background. 2 of the residents were Asian British/Pakistani, and 1 resident was Asian British/Indian.

Religion: 3 residents were Muslim, one was Hindu, 15 were Christian, and 38 were not declared.

Age: These were between 60-79 and 5 were aged over 80

Sex or residents: 40 residents were women, and 17 were men.

Sexuality: 56 of the residents were heterosexual, one was gay.

Diets: 2 residents were on Halal diets, one was vegan, and seven were on modified diets due to swallowing issues.

Languages: All the residents could speak English, and some could speak another language also.

Health: Residents were living with a number of different health issues including 33 residents with some degree of dementia and 8 with diabetes.

Staff: The home has 74 staff and at the time of our visit used an average number of 2 agency staff daily, who were a chef and a sous chef.

4. Living Environment

Galsworthy House is a Grade II Listed building, and the exterior/interior reflect its protected status. The grand exterior opens to a large lobby/reception area with a central staircase. The three floors consist of a dementia unit on the third floor with capacity for 13 residents, the middle floor has capacity for 26 residents with medical and dementia needs, and the ground floor has capacity for 21 residents, both residential and for those needing nursing care.

On the day of our visit the top floor had 13 residents, the middle floor had 23 residents, and the ground floor had 21. The rooms varied in size and some had

ensuite facilities. There were communal bathrooms for those residents without an ensuite.

On walking into the home there is a coffee room on the left. A selection of cakes, biscuits, crisps, and fruit were constantly available. Opposite the coffee room was the 'library' which housed books and comfortable armchairs and doubled as an activities room. Both rooms were occupied by residents and their visitors while we were there. There is a 20-year-old house cat, Milo, who was friendly towards the visiting team.

At the rear of the reception area (up three steps) there was a dining room which housed a bar. The kitchen could be directly accessed from the dining room.

The dining room on the middle floor was divided into an area for dining and a lounge area which was also used for activities.

The dining room on the top floor had three tables for residents with a comfortable seating area with a television on the wall. Food was passed through a serving hatch in the corner of the room from an adjacent kitchenette. There was a sensory room on the top floor, the development of which was led by the dementia ambassador. One staff member commented that this needed to be repainted to make it less dark.

The home had a paved terrace which went all around the house. The garden was relatively small, but the surrounding terrace gave plenty of space for residents to sit outside and enjoy good weather. At the rear of the house, Richmond Park is accessible by a five-minute walk. Tables, chairs and sunshades were set out for the residents' comfort.

Residents on the ground floor, whose rooms were at the back and sides of the house had direct access to the gardenResidents in the upstairs rooms at the rear of the property had views of Richmond Park from their windows. On the day we visited it was raining so we did not observe the garden in use.

There was a conservatory, that we were told is used for activities and meetings. It was very cold on our arrival but warmed up quite quickly when a portable

radiator was used. Alongside the conservatory was a ramp which enabled wheelchair access to the main house.

Galsworthy House has 74 staff plus two regular agency workers (the chef and sous chef). Staff ratio was as follows:

- Top floor: one senior carer and two carers on duty for 13 residents
- Middle floor: one nurse and five carers for the 23 residents
- Ground floor: one nurse and three carers for the 21 residents.

The nursing staff on the middle floor also covered the top floor. We were told that at night, each floor has two carers, and the middle and ground floors also have a nurse on shift who cover the top floor if needed.

4.1 What worked well

- The Manager had been employed as a deputy manager in April 2025 and promoted to manager in November 2025. We heard from a staff member that the management of Galsworthy and morale had improved under her direction.
- Galsworthy had an atmosphere that was warm, friendly, and 'homely'. The manager told us that her priority was to make residents feel like they were at home. This was achieved by the furnishings in the communal areas of the home - a mezzanine floor with four rooms had armchairs outside overlooking the balcony to the lobby. Snack stops had fruit, biscuits, and drinks available. The library and coffee room on the ground floor both had a screen which created the illusion of a lit fire.
- Galsworthy House was clean and well kept, and we saw housekeeping staff cleaning rooms and communal areas during our visit.
- The home was accessible with two lifts and two ramps. The lift to access the top floor – where residents have dementia – was secure.
- Handrails throughout the building help residents to move around. On the top floor they were fixed on both sides of the corridors, while on the middle and ground floors they were on one side only.

- The garden area was clean and free from obstacles. One resident had a mobility buggy parked outside their room, indicating that it was possible to drive around the terrace and leave the premises.
- There were many clear signs around the house giving directions, including signs which indicated the presence of fire mattresses and other evacuation equipment, should they be needed.
- Notices of activities were displayed around the home and on the noticeboard in the lobby area.
- There was a 'You said, we did' noticeboard. with residents' feedback.
- Communal toilets on the ground floor had rolled, single-use linen towels to dry hands after washing.
- Staff were observed being friendly, kind, and patient with the residents.
- All residents looked cared for and well presented.
- The home used realistic plastic flowers around the premises to add colour to the environment.
- Galsworthy employed two full-time maintenance staff. One told us they were constantly busy and they enjoyed working there.
- The top floor had two grand skylights which offered natural light to the corridor and the opportunity for fresh air when it was hot.

4.2 What could be improved

- All toilets and toilet seats were white. Dementia guidelines from the NHS recommend a contrasting-coloured toilet seat.
- There was a leak and a trail of water in the conservatory. It was raining very heavily and appeared to have come through a window join.
- We were shown at least two communal bathrooms with bath and showers which doubled as a storeroom for mobility equipment for the residents. One bathroom was no longer used as a bathroom and we noticed damage around the skirting while another had damage to the ceiling

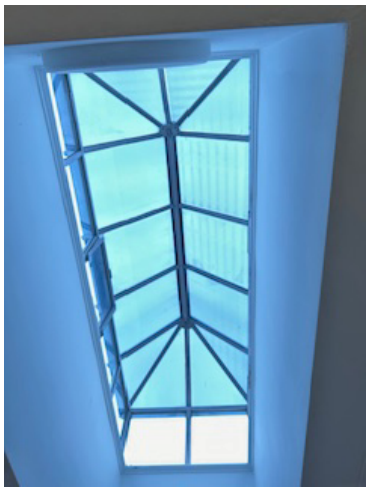
which we told was due to be fixed. One bathroom was full of equipment and we were told that when a resident used it, staff took the equipment out of the bathroom, into the hallway and then replaced it once the resident had finished.

- The sensory room had a very dark wall.
- Many of the rooms on the top floor had eaves, including the sensory room. These were covered in foam to avoid painful head knocks. The manager told us that if the eaves were situated in a resident's room, the resident was able to choose which colour they wished the foam to be painted, so they would stand out. The eaves were quite low in some places, and we were concerned about the potential risk for staff and residents.

4.3 What we saw and heard

During our visit we took some photographs and spoke to three residents and six staff members. We have captured some comments about the environment.

Images below and on following page (from left to right): The coffee room and the library / The conservatory / The leak in the conservatory / A view of the conservatory and the garden ramp for wheelchair users / The skylight / a sign showing evacuation equipment / The protective foam in the eaves / Ceiling damage in the bathroom / Milo the house cat.




Evacuation
mattress
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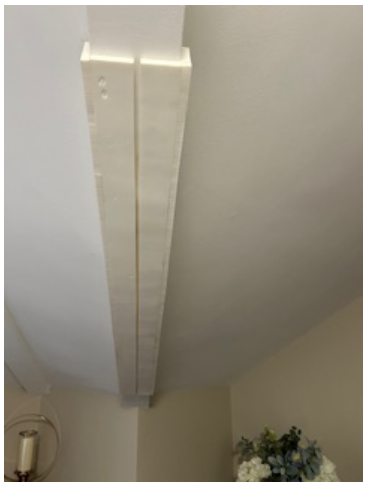
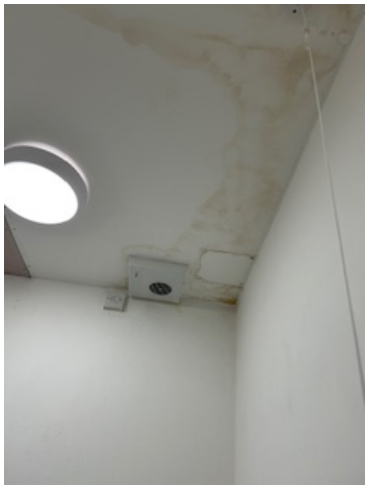
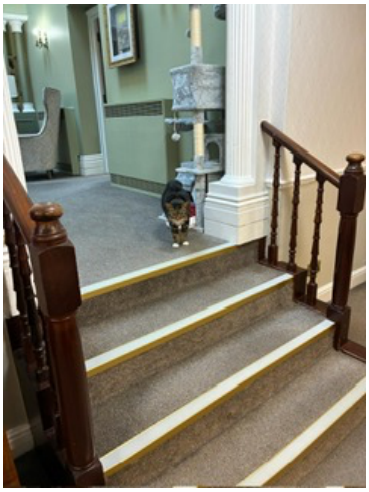






"It's friendly, everyone helps each other. We give person centred care. We are assigned to a floor. We understand the residents, their needs and complexities. The new manager is marvellous and very attentive. She has done a lot for the wellbeing of the staff "(Staff member)

"Very nice here. The people are helpful, the manager and my colleagues. Residents are very lovely. Staff are very good and we help each other. I'm happy with the changes." (Staff member)

"Most of our carers are new – two staff have been here a long time." (Staff member)

"One of the best care homes I've worked in. Our new manager set up the staff room and we got what we asked for. We have a WhatsApp group so we can all keep in touch." (Staff member)

"Very nice here. The people are helpful, the manager and my colleagues. Residents are very lovely. Staff are very good and we help each other. I'm happy with the changes." (Staff member)

"Staff are friendly, residents feel safe. We have all the equipment we need. The changing room for staff is not good enough. It's small and the lockers don't work. It smells – it's used to smoke." (Staff member)

"We give updates on WhatsApp chat re changes, e.g. hoist for a resident." (Staff member)

"If there aren't enough staff, we swap floors [to help out]." (Staff member)

"We keep on changing company. First Caring Homes, then Aria Care and now Care UK." (Staff member)

"Staff are brilliant, excellent management support from the manager and the clinical lead." (Staff member)

"I've only been here for 4-5 weeks. The staff are very kind. The carers are astonishing people." (Resident)

"It's a good home." (Resident)

4.4 Living environment recommendations

HWK living environment recommendations	Galsworthy House response
1. Provide different colour toilet seats suitable for residents with dementia. How to make your home dementia friendly - NHS.	We will ask our supplier and purchase them. Pending for supplier to respond. The toilet seats will be in place by end of month April 2026.
2. Ensure that the damage in the bathrooms is dealt with promptly.	This has been resolved. SMO has fixed the issue.
3. Fix the leak in conservatory.	This has been resolved. SMO has fixed the issue.
3. Repaint the wall of the sensory room in a lighter colour.	This has been resolved. SMO has painted the room in a light green – we will have a Spring Theme.
4. Provide notices outside of rooms with eaves, to remind staff of the risk of bumping their heads.	The low ceiling has been reinforced with soft materialA6:B10

5. Mealtime experience

During our visit we observed the lunchtime meal across the three dining rooms. Lunch was served from 12.30pm and was prompt across all three floors.

On the ground floor the dining room was directly accessible from the main kitchen, so meals came straight through to the residents. On the middle and top floors, meals were served from Bain-Maries. The middle and top floor both had a kitchenette in the dining rooms which meant that staff or residents could make hot drinks (staff only on the top floor).

The dining room on the ground floor had a functioning bar at one end of the room, with bottles and glasses displayed and a counter for the 'bar staff' to serve drinks. The middle floor had a counter on which snacks and fruit were displayed

along with water and juice. This dining room had a lounge area to one side which doubled as an activities area. In the top floor dining room, music from the 1960s played while residents ate.

The menu on the day was cauliflower soup or melon, shepherd's pie, carrots and rice or pork with vegetables and rice. The desert on the top floor was lemon tart, yoghurt, or jelly, and on the middle and ground floors it was fruit tart with cream, ice-cream, or custard.

In the absence of a permanent chef and a sous chef, who both left before Christmas, Galsworthy is using agency staff and tries to ensure consistency and engage the same individuals each day. The manager told us that the regional support chef from Care UK came in once a week.

We heard of some problems with the quality of the food. One resident told us that it was to be expected without permanent kitchen staff, "imagine going to a new kitchen and cooking for 60 people without knowing where the salt is!". The manager told us that recruitment for permanent kitchen staff was a priority.

5.1 What worked well

- Bowls of fresh fruit and snacks were available throughout the day.
- Food was served promptly and at a good temperature.
- Tables in all the dining rooms were nicely laid with clean tablecloths, and we noticed adapted plates and cutlery where appropriate. We observed staff making accommodations based on their knowledge of residents' behaviours.
- Water and juice were available throughout the lunchtime on all floors and staff were attentive to the needs of the residents throughout their meals, offering encouragement and options.
- On the ground floor we observed eight residents (two in wheelchairs) eating around one table. Four other residents sat on a smaller table. Some of the residents drank a glass of wine with their meal. They were served by

a member of the hospitality staff who checked with the nurse whether it was ok for the resident to have alcohol.

- Carers were taking food to those residents who ate in their rooms by choice. While no one needed support to eat, some residents were monitored while eating due to choking risks, and others needed encouragement to eat.
- Residents referred to written menus which were available on the tables, staff also described what was available.
- The hospitality worker offered choices to the residents, and we observed a resident change their mind once a plate had been brought to them. A staff member told us, “this happens every day.” An alternative was brought to the resident immediately.
- Two menus were displayed, the main choices of the day, and an alternative menu.
- One resident requested their cardigan be brought from their room as they were cold. This arrived promptly.
- Aprons were worn by the staff members serving food.
- We asked about the lack of music in the ground floor dining room and were told that residents preferred there not to be any.
- We observed warm and trusting interactions between residents and hospitality workers and staff appeared to know all the residents well.
- On the middle floor two residents ate at one table, two others at a different table and there was one resident eating on their own at a table.
- The nurse on the middle floor was supporting the carer by checking the residents were ok and preparing residents to eat. They also served residents their food, and explained what was being served.
- Care staff put aprons on residents before they ate, after they had been given permission to do so.

- There were three tables in the top floor dining room. One had two residents seated another had three residents and a family member, and the third had two residents.
- On the top floor (for residents with dementia) we observed staff reassuring residents about the progress of their food from the kitchen. The carer went to each resident with the menu and explained very clearly what was on offer for the day.
- Residents seemed to enjoy their meal on the top floor. Those requiring support to eat were helped by carers, who also encouraged the residents to drink with their meals.
- At 12.50pm another carer came in to offer help to the staff on the top floor.
- There were signs around the home for an upcoming 'Food Forum'. The manager told us that these took place monthly and were an opportunity for residents to offer feedback and to contribute to plans for the rolling three-week menu programme. A staff member shared that residents on the top floor were part of the planning group.
- We reported that a coffee machine had stopped working at 10.45am. Maintenance realised it was out of water and promptly re-filled it.

5.2 What could be improved

- At the start of our visit, one of our team noticed a lipstick mark on the lip of a cup, left by a previous user.
- On the ground floor, residents were served their food promptly. However, only one staff member was distributing meals to all 12 residents, meaning they were very busy. As a result, the time between the first and last resident being served was longer than it needed to be. A nurse was present in the dining room while meals were being served but only became involved when one resident needed support and encouragement to eat.
- Written menus were used throughout the three floors, with picture menus only used on the middle floor. There were no images of food used in posters on any of the floors.

- We heard a mixed reaction to the meal, with some residents saying it was very good, and others less than satisfied. From talking to residents, it was generally seen to be 'up and down' since the departure of the permanent chef and the sous chef.
- A visitor suggested that a separate menu with food that could be picked up would suit residents on the top floor, as some prefer to eat with their hands rather than use cutlery.
- A staff member told us that those on pureed food had no choice in what they ate as the puree was pre-prepared in the kitchen.

5.3 What we saw and heard

During our visit we took some photographs and spoke to three residents and six staff members. We have captured some comments about the mealtime experience below.

Images previous and above, from left to right: The ground floor dining room with table set for eight / Bar and set table in the ground floor dining room / A table in the top floor dining room / The menu and the alternative menu / Counter in the middle dining room, with drinks and snacks in the morning / The snack bar in the ground floor coffee room / another snack area on the ground floor / The meal served to one of our team, vegetarian sweet and sour vegetables with rice / A notice advertising the food forum due to take place the day after our visit / and the coffee cup with lipstick remains from a previous user.

"Sometimes the chef changes…. We have had a lot of chefs. The standard of food is good" (Staff member)

"The residents generally prefer English based food or we give options. We go to the kitchen and ask the chef who will prepare them something e.g., omelette, or jacket potato." (Staff member)

"Good. Food is served at a good temperature." (Staff member)

"It's good food… Everything is good here!" (Staff member)

"On the ground floor we have no problem, residents can easily interact and tell you what they want. We have meetings with residents, family, and the kitchen staff." (Staff member)

"It's the weak point, it's uneven, a lot of agency people, some not very good. Sometimes the variety not considered e.g. options are curried beef or curried vegetable – if you don't like curry!" (Resident)

"There's plenty of snacks and drinks, pastries, biscuits and crisps in the coffee shop, and different drinks always chilled. Not enough fresh fruit" (Resident)

"The food has got better. There's lots of fresh fruit and vegetables, it's nicely balanced." (Resident)

"It's got better." (Resident)

5.4 Mealtime experience recommendations

HWK mealtime experience recommendations	Galsworthy House response
1. Provide more than one staff member to serve the 12 residents on the ground floor, to ensure that the delivery of meals is not rushed.	This has been actioned. Ground floor has assigned a carer who is helping the Hospitality Staff in the dining
2. Provide picture menus on the ground and top floor to assist residents' choices. Use the picture menus available on the middle floor when assisting residents in choosing their meals.	This has been actioned. We are providing Show Plates.
3. Provide colourful crockery for people with dementia to contrast with the tablecloth which helps individuals to define the edges of the dish. How to make your home dementia friendly - NHS	This has been actioned. We have ordered and they will be delivered by end of this month.

4. Employ a permanent chef and sous chef as soon as is possible to bring continuity to the quality of the food at Galsworthy.	This is an ongoing process. We are actively recruiting.
5. Ensure the daily menu offer does not only contain one style of food, e.g. a choice between curried meat or curried vegetables (see comments).	This has been actioned.
6. Consider providing more finger food for those residents who preferred to eat with their hands.	This has been actioned. We have snacks that can be easily accessible to them.
7. Provide those eating pureed food with a choice for their meals.	This has been actioned. The Daily Menu is being used for the Puree choices
8. Ensure all crockery is clean when set out for use in the coffee room.	This has been actioned. Staff are checking these daily.

6. Meaningful activities

Activities are arranged and provided by two activity coordinators. Unfortunately, on the day of our visit, due unavoidable circumstances they were not available. This made it difficult for us to get a sense of how programmes are devised and the ethos behind them. We got a mixed understanding of how successful the activities were. We were told both that they were very good, and that there were not enough.

We were told the 'library', 'bistro', the conservatory on the ground floor, and the dining rooms on both the middle floor, and the top floor were used for activities.

6.1 What worked well

- On arrival, we talked to a tai chi instructor who came to Galsworthy bi-weekly to run an hour-long session. We later observed some of the session

in the middle floor dining room. There were eight residents taking part who all seemed to be fully engaged in the activity.

- Staff told us that Galsworthy had a programme of activity providers hired to come to the home.
- Activity rotas were posted around the home so that all residents and relatives could see what was happening, when, and where.
- Flyer's advertising morning walks in Richmond Park were displayed and due to take place on the day of our visit. Unfortunately, this could not take place due to heavy rain and the absence of the activity coordinators.
- Galsworthy House had a minibus which could take residents out.
- The hair salon is open on Wednesdays, and we were told by a staff member that a new manicurist was due to start that week.
- We observed an impromptu sing-along with four residents and a carer to a song playing on the TV.
- Trips to the local church for refreshments were organised.

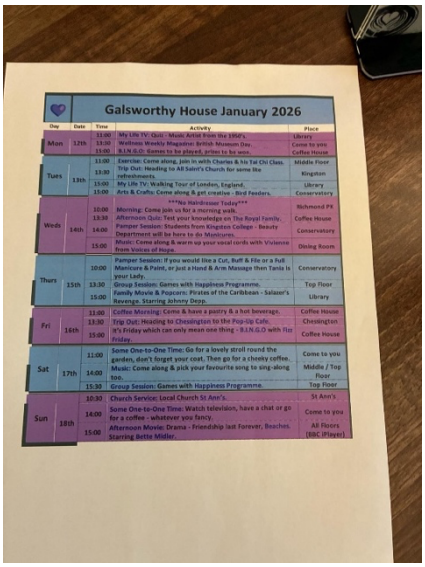
6.2 What could be improved

- The tai chi teacher explained that it was difficult for new participants to join an established group as the teaching was progressive.
- The afternoon activity on the rota did not take place as planned. It was due to take place on the middle floor, we were told it had probably moved to the library, however on checking the library before we left, half an hour after the scheduled time, it had not yet begun.
- There was a second afternoon craft activity due to take place in the conservatory, however, again this was not happening by the time we left at 3.30pm, with no signs of any preparation for it.
- A resident told us that if someone were using the toilet while staff were taking people to an activity, they would be overlooked and miss out.

- Responses to the success of activities were mixed. Staff members told us that there were not enough and that more could be brought in from outside the home. One staff member told us that children visited from a local nursery, while another staff member remarked that it would be good if children from nurseries could visit.
- One staff member told us that a wider range of activities could be offered including using singers and other professionals brought into the home.

6.3 What we saw and heard

During our visit we took some photographs and spoke to three residents and six members of staff. We have captured some comments about the activities below but were unable to take many photographs.



Images, from left to right, show: the activity rota and the flyer advertising the 3-times weekly morning walk.

"There's a good range – karaoke, finger painting, cards, dominoes, sitting and having a good chat. We listen to them, involving them. We have a projector; we paint nails and pamper them. We have challenges with certain residents who want to be alone in their room and not participate. Staff stay and chat. For group activities we go to Richmond Park, Chessington (Garden Centre), shopping, (and other) garden centres. We take residents out weekly – different residents." (Staff member)

"I feel they need more. It's once or twice a week now. More singers, animal zoos would be good, nursery school children would be good too for the residents." (Staff member)

"We have a wellbeing team. One resident doesn't like to join in. We encourage them and take them to the dining room." (Staff member)

"There seems to be three physical activities, three musical and the 'dreaded bingo!". Craft things occasionally. They bring in cats, dogs, and snakes occasionally." (Resident)

I like to do painting, reading, music..... I'd like to get my laptop when I'm better." (Resident)

6.4 Meaningful activities recommendations

HWK activities recommendations	Galsworthy House response
1. Ensure that contingency plans are in place for activities to continue in the event of the unforeseen absence of both activity coordinators.	Head of Activity has written a contingency plan for when staff is absent. This is being left with the GM/DM since last month.
2. Ensure that residents don't miss activities when using the toilet.	This has been actioned. We invite them early and if not ready then they can participate to the next activity
3. Consider creating links with a local nursery for children to make a regular visit to the home.	This was in place.
4. Broaden the activities offer with more activities delivered by professionals, e.g. singers and entertainers, to provide more variety for residents, and create more links with the community.	This has been actioned. We have made a new relationship with another Head of Activities from another home nearby, and we are sharing information and support each other. This will help us build a better activity
5. Consider displaying the results of craft activities made by the residents.	This has been actioned. We have a place at the reception and top floor suite.

6. Consider how an exercise class can be provided for those not already using the tai chi class on a Tuesday morning, and who may not now be able to join.	This has been actioned. We have added more seated exercises on the schedule that are completed

7. Next steps

This report has been shared with Galsworthy House Nursing Home who have had the opportunity to check it for factual accuracy and respond to our recommendations.

It will subsequently be shared with, Kingston Borough Council, Care Quality Commission, Kingston Care Governance Board, and other stakeholders. We will also share this report with Healthwatch England and have published it on the HWK website. We have agreed with the management of Galsworthy House Nursing Home the next steps to be taken in response to outstanding recommendations.

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