healthwatch Coventry

Report of Enter and View Visit

To Sovereign House Care

Published 18 Septmber 2018

Home Visited	Sovereign House
Date and Time of visit	10am to 3pm, 21June 2018
Address	Sovereign House Chelmarsh Daimler Green Coventry CV6 3LB
Size and Specialism	60 single rooms with ensuite WC Over 65 mixed abilities – some dementia, mental health and healthcare needs
Authorised Representatives	Gillian Blyth Tom Garroway, Sarah Stonehouse, Malcolm Gough, Ruth Burdett

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 to at the time of our visit.

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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 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 we can learn from the experiences of people who interact with these services at first hand.

The Healthwatch Coventry Steering Group has agreed that Enter and View Visits to care homes for older people form part of the current Healthwatch work programme.

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 accurately a snapshot of users' experiences, highlight examples of good practice and make recommendations for improvements.

Reasons for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of ‘would I wish my relative to live here?

1. Methodology

We collected our information by speaking to seven residents, and seven members of staff, including a manager and contracted staff. We also gave out two questionnaires for visitors to complete and return in our freepost envelope. We received two returned questionnaires from visitors that were there at the time.

We visited the ground floor and second floor and spent an hour on the first floor, where we interviewed one resident. We did not carry out full observations on the first floor due to time spent elsewhere.

We observed the ground floor and second floor communal lounge space and participated in lunchtime with the residents in the dining rooms.

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

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

We made observations throughout the visit and made notes of what we saw around the home.

Before and after the visit we had a look at the website for the home[1] and the most recent CQC report[2] to understand their findings.

2. About the home

Sovereign House provides residential care for up to 60 residents aged over 65. It is a purpose built nursing home which opened in 2007. The Home is run by Minster Care.

The home has some reablement places where people receive short-term care and support to regain their skills and confidence following a time in hospital with a view to returning home. The home also provides some “discharge to assess” beds where people who have been discharged from hospital receive nursing care in the care home while an assessment of their needs are carried out before a decision is made about their future care options.

There are also rooms for permanent residents on the ground floor. On the first floor there are rooms for people with advanced dementia and on the second floor there are places for frail older persons requiring nursing care.

[1] http://www.minstercaregroup.co.uk/homes/our-homes/sovereign-house
[2] https://www.cqc.org.uk/location/1-4495694648?referer=widget4

3. Summary

This is a purpose built home caring for people 60 people over 3 floors that are organised around the different needs of residents.

Overall we found a home an airy, clean and light space with people moving about in different areas. The internal environment looked well cared for. The home appeared well organised and effective. There was a storage issue regarding reablement equipment.

There was a garden was a potential asset which could be used by residents if it were cleaned and tidied up to make it a safe place.

The staff were busy and appeared focused on their tasks, and those seen were willing to make time to talk to us. They staff appeared to enjoy their jobs, were dedicated to their work and received adequate training and support.

The manager was very knowledgeable and visible in the home and residents and staff were aware of her presence.

We received some comments from residents and staff which indicated some pressures on staffing levels particularly for the level of dependency/needs of some residents on second floor.

Staff were happy to speak to their managers about their concerns or if they had ideas Overall residents were happy with the care they received and enjoyed their activities

The residents were well fed and enjoyed the food prepared for them. They had access to drink and food outside of allocated times. We observed that time and patience was given by staff to supporting residents with eating.

We reported some broken furniture to the manager during our visit and this was attended to.

Most residents had positive experiences and were happy to be in the home. All of those interviewed thought they had been treated with respect and dignity. One relative identified concerns about care of their relative.

4. Findings

4.1 Initial Impressions

The first view was of a modern brick building with towers making up the outside of the building. It had a clear sign and a carpark in front, which could be accessed by a gate from the main road. There were no yellow line parking restrictions so that people could park in the local area if the car park was full. There were lavender bushes and other flowers around the front and side of the building that smelled nice and were relaxing. There was a secure entrance to the home through a locked door and we were asked to sign the visitor's book. The stairwells were also security protected.

The overall impression was friendly and welcoming, light and airy. The space was clear of clutter and felt fit for purpose, although a bit dated in terms of colouring and age of green carpets and cream walls.

We were greeted by the deputy manager. She was polite and welcoming and chatted to us about the home, and said that if there was anything we wanted for the visit, to ask them.

On one wall in the reception corridor, were factual sheets about who was who, Food Hygiene Certificates, React to Red, Health, and Safety information.

4.2 Facilities and environment

The home has 60 rooms each with its own ensuite toilet and sink. Each floor had two bathrooms and one shower room by the dining room.

One bathroom on the ground floor had been taken out of use to be used as a storage area for equipment for reablement activity. At the time of our visit equipment was also placed outside the bathroom potentially causing a risk.

We observed a bathroom on the second floor which had a fit for purpose bath and equipment with a hoist and seats and other equipment.

There was a lift between different floors, we did not use the lift, but residents were able to use this.

Each floor had its own nurse's station/reception area and as we walked around the three floors each one had a member of staff or two writing up care notes in residents' folders

Physiotherapists from the ground floor said that they would like their own space/table to use their computers to update their records on their laptops.

The manager said that the home was due a refurbishment in the near future.

Ground floor: permanent residents, reablement and discharge to assess pathway

On the ground floor there were pictures on the corridor walls of the Titanic, Scott of the Antarctic, other historical stories and old pen and ink pictures of Coventry that might help people to remember events and talk about them.

The halls and corridors were wide and clear with a shiny wooden floor. The rooms had good amounts of light, were wide and quite large.
The front area appeared busy with visitors and staff members visible along the corridors. The doors along the ground floor corridor were of different colours making it more homely and person centred. The ground floor felt more active than floor 2 as there were more things happening eg there was a non-denominational church service occurring in the lounge area which appeared busy.

There was a light airy lounge area with open windows. Residents were coming back from a church service, which was attended by approximately 12 residents also by four people from the church. The residents had a cup of tea afterward the service. When they returned to their floors for lunch they were talking about the service and had seemed to enjoy it.

The ground floor lounge had a variety of different chairs at various levels in green and grey. We observed someone giving out afternoon medication and the activities were about to begin, residents were listening to some songs and joining in. The residents were engaged in the music.

In the ground floor dining room the décor was bright, with lots of natural light, the furniture was basic and fit for purpose. We identified that one table had wobbly legs of and reported this to the manager and the table was removed to be fixed. The maintenance person was told to check all of the table legs and ensure they were fixed if necessary.

Someone came out of the lounge not feeling very well and a carer came and supported them. They spoke in a calm and professional manner.

The ground floor lounge had a kitchenette that included a kettle and microwave. We did not observe anyone using it.

The manager notified us that there was going to be a programme of refurbishment including new floors. The manager also had a quote for garage style storage for the reablement equipment currently stored in ground floor bathroom and outside the bathroom doors.

In one of the bathrooms, the toilet roll holder was broken and we reported this to the manager.

Second Floor: Frail elderly persons with nursing care

The corridor walls had pictures of Walt Disney cartoon characters as well as pictures of period shoes and outfits. These made the corridor areas look bright and interesting. The main corridor was wide with plenty of room for wheel chairs, beds and trolleys.

There was a cleaning, chemical smell and a smell of deodoriser.

There were less people in the communal areas and less activity taking place on the second floor which was quieter than the ground floor.

Outside one area of the corridor, not far from the toilets on the second floor, there was a smell of faeces. However, we were aware that the care assistants were trying to change and clean people, but due to the nature of the residents' needs this was taking a long time. One member of staff said they were still washing, changing and dressing people at 11.45am and had not had a break.

The second floor's purpose built lounge had a range of approximately 16 different chairs and a large television, the windows were open and it felt light and airy, one person was asleep in a chair with their relative sat quietly by them, holding their hand and talking to them quietly.

Another person was sitting in a chair, but they appeared to be confused, upset and distressed. We mentioned this person to the medication nurse and also later to the clinical manager for the home. The person was there throughout most of our visit, and had their lunch in the lounge rather than the dining room. Staff were keeping an eye on them from a distance. The nurse said they were expecting a visit from the doctor later in the day.

As the morning went on two more people came into the lounge to watch television before going into the dining room for their food.

4.3 Food and drink

The chef said there was a four week rolling menu with food cooked freshly each day. Diets are planned around resident's needs. The chef got someone to teach him how to make a basic Indian gravy to meet a residents' request and when a resident fancied salmon the chef went out to find it for them.

The chef said that he enjoyed his work and tried to make the food suitable for the residents needs and to make them happy – as food was something that could be enjoyed.

Food was served during 12.30 – 1pm-2pm.

The chef made cakes for the afternoon tea activity that we sampled and we felt they were a good quality and delicious.

Most people thought that the food was good, and one thought the chef went the extra mile to meet their needs. One person said they missed going to the pub. One relative said *"This [food] is very good because my mum is on a pureed diet"*

Quotes from residents (All three floors) about what they like about food in the care home included the following:

- *"I really like what they give me"*
- *[I like] most everything to eat"*
- *"Food! I like raspberries"*
- *"The food is good"*

- *"I said as a joke could I have smoked salmon and scrambled egg – the next morning it was there for me"*
- *" The food's good – the service is good"*

Residents also all agreed that they were not hungry, ie they have enough to eat and that they have a drink when they were thirsty. Indeed one resident said *"I have put weight on"*.

Lunch Ground Floor

There were lots of good practice around the provision of food and the activity of eating, it was clear that time and patience was given during this lunchtime to ensure that people got as much nourishment as they wanted, as well as evidence of positive and trusting relationships in the way that people interacted.

There were eight residents having lunch in the ground floor dining room. We observed one resident who said that they were feeling the cold so a member of staff helped them on with their cardigan, and checked that they were okay.

The food on offer was lamb, mashed potato, roast potatoes, cauliflower, peas, carrots parsnips, gravy, and mint sauce. All were well cooked, hot and tasty. We sampled a vegetable pasty, which was also tasty and hot. There was a choice of ice cream or homemade rice pudding with jam, with a variety of squashes, blackcurrant, orange, water, milk to drink.

We observed staff communicating well with residents in the dining room, asking residents for clarity around their responses to make sure that residents were being understood, but in a supportive not patronising way.

Residents were asked if they wanted any help. One resident was asked if they wanted support to cut up their meat.

Staff were speaking at residents' level so that they could hear what was being said.

Staff seemed to know what the residents liked and needed. There were three independent eaters, we observed four people receiving support with eating.

Lunch Second floor

The dining room was a circular room with part carpet and part wooden flooring, there were four tables each with three or four chairs. Seven people sat at the tables for their lunch.

One person was overseeing the plating of food, we observed at least three staff picking up plates of food to take to the people in their rooms.

One person was struggling to stay awake for long enough to eat their food, but the person in charge kept gently reminding and encouraging them to eat which they did slowly and carefully. By the end of the time, the person had eaten all their dinner and looked as if they had enjoyed it.
We observed three people being spoon fed their dinner, which was completed with patience and dignity. The staff asked the residents questions when they stopped eating

and if they had had enough? The staff checked this was okay for them and whether they wanted any more food, before completing the task and moving on to the next person or activity.

We observed people who had finished their dinner independently who were waiting patiently for their pudding, or sitting and chatting with each other quietly.

The meal time took over an hour to complete, as there appeared to be one person dishing out food and coordinating the way people were given their dinner, giving instructions to four different members of staff who took some of the food to residents in their rooms as well as spoon feeding three people in the dining area.

There seemed to be quietness and calm around the dining area.

Very few of the residents were able to speak with us, but their body language and what we had observed showed that they enjoyed their food.

4.4 Staffing

The manager told us there were 66 staff in total including part time and reablement staff - nurses and occupational therapists (with 10 male staff). The staff can have flexible shifts. These are usually 12 hours from 8am to 8pm, but can be six hours. The home can have flexible shifts especially for people who have children, family caring or other commitments.

We were advised that the ground floor is staffed by one senior care assistant with three assistants, alongside NHS staff such as physiotherapists, one qualified nurse and two assistants at night.

The first floor (end stage dementia) has one qualified nurse, four carers, one qualified nurse and two assistants at night.

The second floor had one nurse and four care assistants, one qualified nurse and two assistants at night.

There are 12 nurses in total, two for nursing elderly, seven for discharge to assess and three pathway to enablement (reablement).

We were advised that staff receive an induction, which is reviewed daily. The new staff are linked with a management person usually the deputy manager initially. They are “buddied up” with another care assistant for their probation period. Mandatory training is delivered and accredited through a training company called Psittacus and recorded on a matrix.

Staff receive supervision every eight weeks or more often if on probation or as required. The staff were able to identify their ongoing support with their training needs, for example one nurse was developing an infection control link to encourage people to do training around infection control.

The home also has dignity champions which enables people to take part in an accredited course. The champions have developed signs on residents' doors to let others know when residents are having a wash or getting changed.

Staff we spoke to backed up the home's caring policy with the mandatory training and updating they did. One staff member also reflected that more staff were needed particularly on nursing with care, where there were residents with high dependency needs.

One member of staff said that in their experience a lot of agency staff had been used in the past, but this situation had now improved as there were more permanent staff in post.

All staff spoken to were happy to raise concerns with their manager or higher level member of staff.

Three members of staff said that they loved working at the home:

- *"This is one of the best homes I have worked with"*
- *"I really love my job"*.

Residents commented:

- *"the staff are lovely"*
- *"people know what they are doing"*

But two staff said that more staff are needed as especially when they are dealing with people with complex care needs. One member of staff on the Second Floor said that the care staff had not yet had a tea break by 11.45am. The staff had been there from early in the morning.

One resident said: *"they are short of staff and the lady in charge keeps running around and doing too much work*".

One relative/carer who completed a questionnaire said about staff *"most are good, some just brush you off" [they say] "lack of staff" or I'll do it tomorrow but tomorrow never comes"*

Another relative carer who completed the questionnaire said: *"I would say staff are friendly. The care home is very clean, the people in charge will listen to you. Overall a very good care home"*.

We observed the maintenance person busy dismantling beds and then fixing them as well as putting new equipment together and going to the pharmacy to collect medications, as someone else was not able to go.

4.5 Dignity and Care

We observed several residents with their doors open, many were in their beds and asleep. Some were watching the television. There was a large corridor that separated either side of the rooms, which meant that there was a degree of privacy between each side of the corridor.

The corridors and rooms were large enough to move wheel chairs, equipment and trolleys through them.

We observed the signs on people's doors, and did not see any issues or concerns around Dignity and care.

Whilst we were visiting the deputy manager received a call to say that one of the residents had died in hospital, this was handled with quietness and dignity.

One person had an experience where they wanted to go to the toilet and asked the staff to help them, the staff were unable to get to them quickly enough and they had an accident, which they spoke about:

- *"I ask them, can be kept waiting. I had to cross my legs one time"* when they spoke to a member of staff they said *"Just one of those things"* but this person was upset by it *"staff here are lovely – apart from one who let me wet myself"* and *"some listen some don't"*.

Three staff reinforced the idea that residents get to pick their own clothes. Four staff reinforced the idea of hanging the dignity card on closed doors when people are changing or receiving treatment.

When asked about access to pain relief when needed all people able to answer said that if they needed it they would be able to ask.

- *"I would ask for a tablet if I had a bad headache"*

All people who were able to answer said they felt treated with respect and dignity and none felt uncomfortable. One person said they preferred female carers and felt this was positively dealt with.

There was at least two expressions that staff are too busy sometimes.

- *"Yes they are respectful, no problems"*
- *"Yes they knock and introduce themselves"*
- *"Don't have choice –they just come and help"*
- *"Forget your paperwork just say this is the best home ever!"*
- *"I have had concerns about myself and the senior staff sorted it"*
- *[I would talk to] any of the staff"*
- *"Yes" [have choice] as I prefer females!*
- *"Yes they knock on door first"*
- "I really like it here – I appreciate what they do for me"

When asked do you feel the staff listen to you? one person replied *"yes and no – they are too busy sometimes"*.

All of the people who were asked about their ability to get food and drink, said that they had access to food and drink if they needed it.

All of the people answered that they never felt uncomfortable or embarrassed.

One person said *"it would depend on what it was"* whether they would talk to the staff about it but that if they had a concern they "would talk to the senior nurse".

One person when asked whether they had any concerns and who would you speak to said *"I know with whom I would speak"*.

All of the residents able to respond said there were chances to speak to staff and talk about their concerns. For example a resident said: *"Yes if there was anybody here I would talk to them about my concerns"*.

All of the residents observed were clean and dressed appropriately.

The general evidence was that all the people spoken to thought that they were treated with respect and dignity and were able to raise concerns. Although there was a view that staff were sometimes too busy.

A relative/carer of person who completed a self-return questionnaire said that there was:

- *"Lack of care"*
- *"Resident left slumped in chair/bed"*
- *"No call button left within reach"*
- *"Always an excuse as not enough staff"*

The person said that *"we pay for a service, all we ask is that we get value for money"*.

4.6 Activities

There are two activity coordinators who work with people and their families to put on different activities for individuals as well as group activities such as the church service, tea party and other opportunities for the people to come together.

The activity coordinator carried out a survey about what people would like to see in place, which she would then put into an action plan. Most activities are carried out on the ground floor.

Two staff and the manager said that the home would benefit from a third activity coordinator as there were three levels, an impression was given that there were less activities provided on the first and second floor

The manager and two staff members said that they have outside entertainers in, such as singers, and magicians.

They link to a local nursery and occasionally the children are brought in to sing with the residents.

The manager said that the home does not have access to a minibus but can use the space they have, for example the dining rooms and lounges for different activities such as the church service. The activities coordinator said that other members of staff were good at helping to move furniture to be able to use the space differently for activities. Family members tend to take people out for trips and activities

The hairdresser comes every two weeks, and has their own designated space. A new person said *"I was not aware of [a] hairdresser"*.

When asked about what activities are organised and do you take part? Five of the six people spoken to were aware of activities and could choose whether they wanted to join in with them

One relative/carer said *"what I do know about this is they ask the residents if they want to participate in activities – they are not pushed into something they don't want to do"*.

One person said they would like more *"quizzes and singing"*.

A staff member said *"we hold a residents forum every 2 weeks and discuss what activity is taking place"*.

A staff member said *"we could do with more budget for equipment"*.

When asked about the activities they can participate in residents said:

- *"Tea party, singing, music, quizzes*
- *"I don't feel like the party – but I like the music"*
- *"Yes if I can"*
- *"I miss dining out going to theatre or a night out drinking – I might go down to activities – I might not"*

When asked if they were able to go to a quiet area one person said the "dining room". Four of the people interviewed said "my room" one person said they "could be quiet in a crowd"

One person said *"I am happy with everything"*.

The manager notified us that there was also going to be a tea party later on, also downstairs. We were aware of people returning to their floors after the service.

One member of staff (not activities coordinator) said that it was busy every day. There was singing, reminiscence, festivals, quizzes and birthday celebrations.

When asked about their favourite thing about the care home a resident said: *"The people, the staff, the environment".*

4.7 Garden Environment

The outside garden area was a purpose built laid out area and had been created with additional funding. It included dementia friendly designs including old Coventry signposts, paths with special rubber surfaces and a variety of planting. Although a little bit overgrown the garden was a pleasant and could be a useable space. We observed bird dropping on the seats which would need cleaning to ensure it was safe. We did not see any residents using the garden, although it was a warm and sunny day.

Residents said about using the garden:

- "*Haven't been to garden – not a great gardener, but wouldn't mind going outside"*
- *"Not bothered about garden, happy relaxing"*
- *"Yes if it's a nice day"*
- *"Not bothered"*
- *"Yes but haven't been out yet".*

4.8 Dementia Friendly Design

There were green carpets on each floor, which made the layout a bit confusing, with each area looking the same to someone new.

It was also noted that the flooring travelled up the walls and this was potentially confusing for someone with dementia. The shiny floor in the corridors and part of the dining rooms could also be confusing for someone with dementia.

There were differences in décor between the lounge, corridor and dining room, which meant that they could be recognised as different spaces.

In the bathrooms, there were signs with words and pictures on the walls to help people to understand functions and equipment.

Downstairs the taps in the bathroom had faded red and blue tops, which might be an issue for someone with dementia.

In places, there were large mirrors that could create a problem for people with dementia.

5. Conclusion

We observed a lot of good practice and heard from residents who were very positive about their experience at Sovereign House. We heard from staff who were very passionate and positive about their work showing dedication to their roles, as well as a willingness to support and share with their manager/senior staff. Overall the residents spoken to felt that they were treated with respect and dignity, and we observed positive and enabling interactions between staff and residents.

We observed a very busy home, on the second floor we saw very few staff as they all appeared to be engaged with residents. We were told that on the second floor staff do not always get a morning break due to the volume of work.

A lack of staff was mentioned several times by both staff and residents and we observed staff doing additional work to cover their work colleagues who were not available.

We also saw one person on the second floor who was new to the unit who appeared distressed and did not appear to have anyone to support them, although staff were aware of this person, and a doctor had been called for them. We were concerned that they did not have anyone to sit with them and were mainly on their own in a new place. They were also in the lounge where their distress might upset other residents.

The home offered a range of activities which residents felt able to take part in. There is an active residents' forum. There was the potential to use space by moving chairs and equipment in and out of the dining rooms and lounge area. There was a sense that staff supported the activities and were willing to help.

Most of the activities in the home take place on the ground floor, which residents can access via the lift, which means that the first and second floor are quieter places for residents. The garden is a purpose built space which needs cleaning and a little TLC, it could then be used more by residents for activities.

We identified some issues with furniture on the day and these were attended to straight away, however we do not know how long those pieces of furniture had been faulty.

Several issues were raised by a carer/relative on their returned survey around care for their relative and this should be used to inform practice to ensure that residents are observed and checked frequently.

6. Healthwatch Recommendations *(the response from the Care Home will be added in the right hand column below before the report is published)*

We observed the care staff, and saw their personal and professional attitudes as well as examples of good practice within the care home, alongside feedback from relatives that most care was viewed positively as meeting residents' needs, nevertheless, there were some areas where improvements could be made:

Following our visit Healthwatch recommends:

Recommendation	Response from Home manager
1. Make use of the excellent garden facility by tidying it up (including the benches) and encouraging/ enabling residents to use space – this could be as part of an activities programme/plan	Garden maintenance arranged to take place 15.09.18. Total clearance of weeds and overgrown shrubs. Sourcing estimates for regular routine maintenance and gardening incorporated into handyman duties. Gardening committee in development in resident/relatives forms
2. Implement the following aspects of dementia friendly design: A) Risk assess mirrors for any risks for residents with dementia B) Replace shiny floors with dementia friendly flooring C) Define walls from the floors by removing floor covering that travels up the walls D) Replace red and blue covers on taps with dementia friendly hot and cold signs	 A) Risk assessments (general) in place – individual risk assessments to be formulated in person centred way as needed for each resident B) Discussed improvements with estates C) Discussed improvements with estates D) Discussed improvements with estates

Recommendation	Response from Home manager
3. Clear areas inside and outside the bathroom on ground floor used to store reablement equipment and put in place an additional purpose built storage. Bring this bathroom back into use.	Clearance of bathroom commenced. Rehab equipment supplies liaised with to arrange prompt pick up service of equipment no longer required Sourcing quotes for outside storage area
4. Further develop activities and one to one interactions ensuring that residents on Floor 2 and 3 have access to both group and one to one activities on the floor where they live.	Resident/activity surveys sent out to source ideas and preferences. Planning in residents rooms to locate and provide choice of activities. Duty of staff role to support residents accessing areas activities taking place.
5. Ensure the compliments/complaints policy is visible and accessible.	Complaints policy on display in reception area and in service user guide. Poster on display with compliment / comment book being made available
6. Review staffing levels within the Units.	Staffing forum tool in use to identify requirements according to residents' dependency. Feedback from staff sourced at daily managers walk round

7. 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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