



Unannounced Care Inspection Report 22 July 2018



Wood Green Nursing Home

Type of Service: Nursing Home (NH)

Address: Wood Green, Circular Road, Jordanstown, BT37 0RJ

Tel No: 028 9036 9901

Inspector: Elizabeth Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 26 persons.

3.0 Service details

Organisation/Registered Provider: Wood Green Management Company (NI) Limited Responsible Individual: Mrs Yvonne Diamond	Registered Manager: See Below
Person in charge at the time of inspection: Nelly Kwenaeetile Siubhán O Connor: Innoviacare Debby Gibson: manager registration pending	Date manager registered: Yvonne Diamond (Acting)
Categories of care: Nursing Home (NH) DE – Dementia. I – Old age not falling within any other category.	Number of registered places: 26 comprising: 19 NH-DE 7 NH-I

4.0 Inspection summary

An unannounced inspection took place on 22 July 2018 from 09.30 to 15.10 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, and risk management. There was also evidence of good practice identified in relation to the management of complaints and incidents, and maintaining good relationships within the home. The environment of the home, with the exception of the areas identified for improvement, was conducive to the needs of the patients and was attractive and comfortable.

Areas requiring improvement were identified in relation to the secure storage of medication, infection prevention and control, some aspects of the environment, care records, communication with patients and quality improvement.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*8

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Debbie Gibson, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 February 2018

The most recent inspection of the home was an announced preregistration premises inspection undertaken on 19 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with eight patients, five staff, and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey and staff not on duty during the inspection.

The following records were examined during the inspection:

- duty rota for all staff from 9 July to 30 July 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training matrix
- incident and accident records
- staff recruitment tracker
- four patient care records

- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 February 2018

The most recent inspection of the home was an announced preregistration premises inspection. The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 13 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that the designated storage areas are clearly defined in the home and managed in accordance with best practice.	Partially met
	Action taken as confirmed during the inspection: Observation confirmed that not all designated storage areas were clearly defined, some storage areas had items stored on the floor This area for improvement has been partially met and has been stated for a second time.	

Area for improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure that the dining experience is reviewed in order to enable patients to be independent in their choices regarding food preferences. The menu should be clearly displayed and items of choice should be visible to patients to promote choices.	Partially met
	Action taken as confirmed during the inspection: Observation and review of documentation confirmed that the menu was not clearly displayed and items of choice were not visible to patients to promote choices. However staff were observed offering patients a choice of meal. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 3 Ref: Standard 11 Stated: First time	The registered person shall ensure activities are arranged on a regular basis and a formal activity plan is formulated and followed.	Met
	Action taken as confirmed during the inspection: Observation and review of documentation confirmed that activities are arranged on a regular basis and a formal activity plan is formulated and followed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge and manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 9 July to 6 August 2018 evidenced that a significant number of shifts were covered by blocked booked agency staff. The manager stated that this was largely due to annual leave granted by the previous registered manager and some vacancies. A review of the staffing rota from 6 August to 12 August 2018 confirmed that staff had returned from annual leave and some staff had been successfully recruited. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of the patients. However the past two weeks have been difficult due to leave commitments, staff confirmed that shifts had been covered. We also sought staff opinion on staffing via the online survey, no staff questionnaires were returned.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Wood Green Nursing Home. We also sought the opinion of patients on staffing via questionnaires, no patient questionnaires were returned.

Three relatives spoken with were concerned about staff turnover and continuity of care in recent weeks. We also sought relatives' opinion on staffing via questionnaires. One questionnaire was returned and indicated that they were satisfied that staff had 'enough time to care'.

The relatives included the following comment:

- "There has been a period of change with new people in management and nursing roles. Sometimes it is not clear who is permanent/agency staff and this can lead to delays in following up medical appointments."

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of the staff recruitment tracker confirmed that the home was actively recruiting staff in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. There were systems and processes in place to ensure that alerts issued by Chief Nursing Officer (CNO) were managed appropriately and shared with key staff.

We discussed the provision of mandatory training with staff and reviewed the staff training matrix. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Confirmation to RQIA was received by electronic mail on 7 August 2018 that staff appraisals will be completed by the end of August 2018.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

During the inspection it was observed that medicines were left unattended. On one trolley creams and insulin pens were stored on the top of the trolley and on the other trolley medications for several patients had been left unattended. This was discussed with the manager and an area for improvement against the regulations was made. This matter was also referred to the pharmacist inspector for information purposes.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. Review of some patient's bedrooms found some areas of the paintwork on the walls to be marked, the manager stated that some bedrooms have been identified for decoration. Some areas of the small kitchen attached to the dining room needed more detailed cleaning. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients, representatives, and staff spoken with were complimentary in respect of the home's environment. At the previous care inspection an area for improvement was made to clearly define all designated storage areas, and ensure they are tidy and clutter free. This area for improvement has been partially met and has been stated for a second time.

Observation of practices evidenced that infection prevention and control (IPC) measures were generally adhered to. However it was observed that the sharps box on a medication trolley was open and not secure. Also three bottles of tena wash were observed in a toilet area. These had not been identified for individual patients therefore creating the potential for communal use. An area for improvement against the standards has been made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. There was also evidence of consultation with relevant persons, and appropriate care plans were in place for the management of bedrails/alarm mats.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, staff recruitment, training, appraisal, adult safeguarding, and risk management.

Areas for improvement

One area for improvement under the regulations was made in relation to the safe and secure storage of medications.

Three areas for improvement under the standards were made in relation to the IPC, the environment, and ensuring all designated storage areas are clearly defined, tidy and clutter free which has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	1	3*

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of four patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records generally contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Deficits were identified regarding wound care in one care record. A change in the wound had not been followed through by others nurses and the change had not been recorded in the daily record. An area for improvement under the standards was identified.

A computerised system is used for the recording of care. The system needs to be reviewed in relation to repositioning charts. This was discussed with the manager who stated that a representative from the company had been in the home on the day of the inspection and had corrected the issue. This will be reviewed at a future care inspection.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Supplementary care charts such as food and fluid intake records did not fully evidence a contemporaneous record over a 24 hours period. An area for improvement under the standards was identified.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records. The manager advised that patient and relatives meetings were held and minutes were available.

Patient representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patient's representatives expressed concerns in relation to staff turnover and continuity of care and the admission policy. They stated that in recent months there had been approximately three patients in the home that seemed unsuitable because of their behaviour; however this appeared to be resolved now. This was discussed with the manager who agreed to speak with the relatives. This will be reviewed again at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement under the standards were made in relation to wound care and supplementary care records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09.30 hours and were greeted by staff who were helpful and attentive. Some patients were enjoying a late breakfast in the dining room. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Staff interactions with patients were generally observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. However staff interactions with patients when serving and assisting them with their meals could be improved and more attention is needed to ensure appropriate music is played in the dining area. An area for improvement under the standards was identified.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. At the previous care inspection an area for improvement was made to ensure that the dining experience is reviewed in order to enable patients to be independent in their choices regarding food preferences and the menu clearly displayed and items of choice visible to patients to promote choices. This area for improvement has been partially met and has been stated for a second time.

Cards and letters of compliment and thanks were displayed in the home. There were systems in place to obtain the views of patients and their representatives on the running of the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten relative questionnaires were provided; one was returned within the timescale. The relative indicated that they were satisfied with the care provided across the safe, effective and compassionate domains, however were undecided if the service was well led. The one comment made is recorded in section 6.4.

Staff were asked to complete an on line survey, we had no responses within the timescale specified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy.

Areas for improvement

Two areas for improvement under the standards were made in relation to communication and the display of appropriate menus which has been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	2*

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been a change in management arrangements. RQIA were notified appropriately. An application for the manager to be registered with RQIA has been received. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were not yet clearly recorded as she was still on induction.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, and care records. In addition monthly key performance indicators were collected; however these were not meaningful and did not provide an ongoing indication of quality. This area was discussed with the manager who agreed to review these, this area will be reviewed at a future inspection.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/ The Care Standards for Nursing Homes. Review of these records noted that recurring issues were not being addressed including previous areas of improvement identified by RQIA. This area was discussed with the manager and an area under the standards was identified.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, and maintaining good working relationships.

Areas for improvement

One area for improvement under the standards was made in relation to ensuring areas for improvement highlighted in the monthly quality monitoring visits are actioned.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Debby Gibson, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 4(a) Stated: First time To be completed by: 22 August 2018	<p>The registered person shall ensure that medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All staff verbally reminded of importance of security around their medication trolley, Medication Policy has been reviewed and it gives clear guidance on security and safety of medication. Management continue to monitor same.</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Stated: First time To be completed by: 22 October 2018	<p>The registered person shall ensure that the following areas relating to the environment are addressed:</p> <ul style="list-style-type: none"> • Redecorate the identified bedrooms. • Deep clean the small kitchen area attached to the dining room. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Schedule for re-painting of rooms has been devised including all rooms which had marks on the walls. The small kitchen area was deep cleaned following the inspection. A schedule has been put in place to ensure cleanliness of the kitchen area is maintained, Management continue to monitor.</p>
Area for improvement 2 Ref: Standard 44 Stated: Second time To be completed by: 22 August 2018	<p>The registered person shall ensure that the designated storage areas are clearly defined in the home and managed in accordance with best practice.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Signage in place to clearly define the storage areas.</p>
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed by:	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff, specifically:</p> <ul style="list-style-type: none"> • The sharps box on the medication trolley should be secure and the aperture closed when not in use. • Wash creams should be for individual use only.

22 August 2018	<p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Sharp boxes removed from top of trolley, creams are individual use, same reiterated to staff. Checks of trolley during rounds being completed by the management team to ensure staff continue to follow guidance.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2018</p>	<p>The registered persons shall ensure that patients' food and fluid intake records evidence a contemporaneous record over a 24 hours period</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All staff are completing food and fluid intake records over a 24 hour period.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2018</p>	<p>The registered person shall ensure that appropriate action is taken in relation to any changes in the condition of a wound and that any identified deficits are recorded in the daily progress notes.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered nurse includes an entry into the progress notes for any changes to the condition in wounds.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2018</p>	<p>The registered person shall ensure that staff interactions with patients when serving and assisting them with their meals are improved and appropriate music is played in the dining area.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Discussed with staff, random checks carried out during meal times by management team to ensure a suitable environment and atmosphere during meal times.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: 22 August 2018</p>	<p>The registered person shall ensure that the dining experience is reviewed in order to enable patients to be independent in their choices regarding food preferences. The menu should be clearly displayed and items of choice should be visible to patients to promote choices.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Pictorial Menu Board in place in the dining room to promote choice.</p>

	Staff continue to offer choice prior to mealtimes and again at the table if they wish to take a different option.
<p>Area for improvement 8</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 22 August 2018</p>	<p>The registered person shall ensure that areas for improvement highlighted in the monthly quality monitoring visits are actioned.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Action plans continue to be devised following each monitoring visit, and are moving forward positively, review of the completion dates of actions has been agreed with responsible person and registered manager.</p>

Please ensure this document is completed in full and returned via Web Portal



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