

Unannounced Care Inspection Report 22 September 2016



The Beeches Professional and Therapeutic Services

Type of service: Residential Care Home
Address: 41 Lisburn Road, Ballynahinch, BT24 8TT
Tel no: 028 9756 1800
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Beeches Professional and Therapeutic Services took place on 22 September 2016 from 09.40 to 16.45.

The inspection sought to assess progress with any issues raised since the previous inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment and selection practices, staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

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

One recommendation was made in regard to staff meetings.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Roisin McClenaghan, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: The Beeches Professional & Therapeutic Services Ltd/James Brian Wilson	Registered manager: Mrs Roisin McClenaghan
Person in charge of the home at the time of inspection: Mrs Roisin McClenaghan	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 34

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with seven residents and with others in groups, the registered manager, three care staff, one member of administrative staff and a member of laundry staff. No visiting professionals or residents' visitors/representative were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff

- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Recruitment files of two staff members
- Care files of three residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls) and complaints
- Equipment maintenance /cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 31 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 17 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06 September 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 September 2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 3 x deputy managers
- 3 x senior support workers, level 2
- 7 x support workers
- 1 x day care co-ordinator
- 1 x administrator
- 1 x cook
- 1 x kitchen assistant
- 1 x laundry assistant
- 3 x domestic staff
- 1 x driver

Three deputy managers, four senior support workers and nine support workers (including two members of twilight staff) were due to be on duty later in the day. One deputy manager, one senior support worker and four support workers were scheduled to be on overnight duty.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed and was found to be structured and comprehensive.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. The registered manager also provided evidence that an audit of personnel files was completed twice annually.

There were arrangements in place to monitor the registration status of staff with their professional body (where applicable). The home retained information on staff registration certificate numbers and the dates of renewal of registrations. Staff were reminded of the

necessity to make annual registration fee payments by means of an automated text messaging system; this was also used to communicate with the staff team regarding other work events, for example, planned training sessions. Registration status was also a permanent item on the agenda of staff meetings.

The adult safeguarding policies and procedures in place were not consistent with the current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The registered manager advised that these policies and procedures were in the process of being reviewed. The home's existing adult safeguarding policies and procedures included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion).

Discussion with staff confirmed that they were aware of the new regional guidance and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors and keypad entry systems. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager confirmed that if individual restraint was employed, the appropriate persons/bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager advised that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and inspection of maintenance and cleaning records confirmed that this was so.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with sensory impairments. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The fire safety risk assessment, dated 16 November 2015, was viewed at the last care inspection and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every six months, most recently on 27 April 2016 and 14 August 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked daily and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

17 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- "Here at The Beeches my home is very safe and the staff are always so caring and supportive."

- “Very good and I feel very safe at The Beeches.”

Comments received from residents’ representatives were as follows:

- “Staff know our (relative’s) moods very well now. We feel that he is kept safe during difficult times.”
- “Staff are available who are good at their job. There is no problem talking to staff. The environment is clean and well maintained.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of three residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

It was noted that Human Rights considerations were integrated throughout care plans. Separate restrictive practice assessments and behaviour risk assessments were completed for those individual residents for whom restrictions may be necessary.

Discussion with staff confirmed that staff were familiar with person centred care and that a person centred approach underpinned practice. For example, a staff member was able to describe, in detail, how the care needs of one individual resident were gradually changing as a result of ageing, also how staff responded to such changes.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

There was evidence that the monitoring and audit of accidents was used to the benefit of residents. An example of this is was when a resident sustained a number of falls. A referral was made to a specialist Occupational Therapist who devised a bespoke care plan; this resulted in a reduction in the number of falls. The completion of a care and responsibility audit informed the decision to review risk assessments and identified that some restrictions used in the home could be safely reduced. This targeted approach to areas of risk identified where positive risks could be taken. Three out of the four cottages now have open doors, allowing residents more safe freedom to move throughout the home. This considered approach was to be commended.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Inspection of the minutes of staff meetings identified that meetings were held for the senior staff team and for the staff in the four smaller units, known as cottages, within the home. For these smaller units, staff meetings were not held at least quarterly. A recommendation was made in this regard. Separate staff meetings were held for kitchen staff which allowed for feedback from residents meetings to be discussed and suggestions taken forward. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication. Minutes of resident meetings were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Annual health checks were completed for each resident by a General Practitioner and a Consultant Psychiatrist conducted a quarterly clinic in The Beeches for residents who experienced mental ill health. The registered manager also confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

17 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents, including a resident's representative who provided a comment below, described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- "Overall the care is very effective and always the staff are there to help."
- "The care here at The Beeches is very good."

Comments received from residents' representatives were as follows:

- "Excellent - our (relative) did not have to go to hospital, thanks to the prompt action taken by staff."
- "Staff keep me informed of any services or support (my relative) may require."
- "Would like our (relative) to go swimming...at the moment no staff available."

Areas for improvement

One area for improvement was identified. This was in relation to staff meetings in the four smaller units being held at least quarterly.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected, for example, through ensuring that private conversations were conducted in a discreet manner and that written records were stored securely.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A day care co-ordinator was employed on a full time basis. This helped to ensure that residents were able to avail of a variety of stimulating activities within the home. There were also arrangements in place for residents to maintain links with their friends, families and wider community. One resident described how she had attended a local community college and had completed qualification courses in computer studies and in catering.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example, residents had a good understanding of the Human Rights Act and of how this applied to their everyday life in the home.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified. Two separate stakeholder consultations were undertaken annually with residents' representatives, friends and healthcare professionals and with staff.

Each consultation report indicated a very high level of satisfaction with the facilities and services provided by The Beeches.

Residents spoken with during the inspection made the following comments:

- “This is a great place!”
- “I love living here. I go out all the time.”
- “I love it here. It’s a really good place to live. The staff provide a first rate, very professional service.”

17 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents were as follows:

- “The care at The Beeches is very good.”
- “The care that I receive is really good, and again the staff are always there and give plenty of support.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The registered manager also confirmed that the health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they had received training on complaints management during induction and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff development was also a priority for the home and there were plans to reintroduce a mentoring and coaching scheme in order to prepare staff members for promotion opportunities within the organisation. The registered manager advised that it was usual for several staff members to enter higher education each year with a view to achieving professional qualification in nursing or social work. These staff often continued to work in the home as bank staff while completing their education; this contributed greatly to the staff team. Staff were also provided with additional training opportunities relevant to any specific needs of the residents for example epilepsy awareness and emergency management of seizures, swallow awareness and sensory awareness.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. Two staff members were currently completing QCF level 5 award in leadership and management in residential care. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was frequently present in the home and was kept informed regarding the day to day running of the home.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

17 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from residents were as follows:

- "When I feel there is someone I would like to talk to, the staff give me plenty of support and care. If I need to speak to Roisin, the person in charge, she will always help out."
- "The service here at The Beeches is the best."

Comments received from residents' representatives were as follows:

- "(My relative) is in a home away from home. We are very happy that he is in a well run unit which is person centred. He is always happy to return to his 'friends' at The Beeches."
- "At times I am not always made aware of changes in the bungalow, e.g. new residents."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Roisin McClenaghan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 residential care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 25.8 Stated: First time To be completed by: 30 December 2016	The registered provider should ensure that staff meetings in the four smaller units are held at least quarterly.
	Response by registered provider detailing the actions taken: Senior staff responsible have been reminded that it is Beeches policy to hold quarterly staff meetings.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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