

Porthaven Care Homes Limited

Chiltern Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 23 and 24 May 2016. During our last inspection in October 2015 we found nine breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the CQC (Registration) Regulations 2009. During this inspection we found improvements had been made in all areas apart from the administration of medicines and care plans which required further improvements.

A requirement of registration is the necessity of a registered manager to be in place in the home. There was no registered manager in place, however a new manager had commenced employment in the home two weeks prior to the inspection. It was their intention to register with the commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously inspected the service in October 2015. We found that people did not consistently receive safe care and treatment, in relation to medicines, record keeping, staff training, support for staff and notifying the commission of events in the home. The provider sent us an action plan, to tell us what action they were taking to improve the service.

Over all people spoke positively about the care and support they received in the home. Their only criticism was in relation to agency staff. This was because they felt the agency staff did not know what their individual needs were. The home had relied heavily on agency staff due to a high staff vacancy rate. This situation had improved recently due to a new intake of permanent staff.

The home has also been through many changes of management over the last couple of years, however a new manager is now in place and people and staff appear to have confidence in their ability to improve the service on offer.

Staff knew how to protect people against the risk of abuse, and the whistleblowing policy was up to date and accessible to staff.

We found a number of concerns related to the administration of medicines to people living on the ground floor. There were incomplete records of stock balances, and for one person with epilepsy there was no seizure chart. Another person's pain chart had not been reviewed until the day of the inspection. One person's medicine had not been signed as given and stocks of medicines did not tally with the expected recorded amount. Records on the other two floors were accurate and up to date.

The provider had a tool to assess the number of staff required on each floor to meet people's needs. People and one staff member told us there were insufficient staff members on the ground floor. During our inspection we found there appeared to be enough staff available to meet people's needs. We have made a

recommendation about reviewing the staff numbers on the ground floor.

Appropriate checks were made in relation to the recruitment of staff, to ensure where possible only candidates safe to work with people were employed.

Improvements had been made to the assessments of risk to people's health and safety since the last inspection. This included Legionella, fire, control of substances hazardous to health (COSHH).

During our last inspection we had concerns regarding the lack of training and support for staff. This had improved. We found staff were encouraged to attend appropriate training to enhance their skills and knowledge. Further work was underway to ensure all staff received appropriate training and support.

Mental capacity assessments were appropriately completed and where appropriate applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS).

During our last inspection we had concerns about the lack of support for people with their eating and drinking. During this inspection we found this had improved. Food was both nutritional and appetising. It was well presented and both the staff and the chef were aware of people's dietary needs.

Staff were observed to be kind and caring. People spoke positively about their relationships with staff. We saw staff interact with people in a friendly but respectful way.

During our previous inspection we had concerns about the way the provider responded to complaints. During this inspection we found improvements had been made to the way complaints were responded to and documents related to complaints. Improvements had been made to the relationship between the GP practice and the home,

Activities were available to people for their participation and to protect them from the risk of social isolation.

Care plans and risk assessments were in place; however we found it difficult to locate information in the care plans and had to search for information. Care plans were not all up to date and accurate. This was acknowledged by the management team at the home, and work had started to improve in this area.

The new manager was aware of the problems the home had faced in the past. They were visible within the home and staff felt comfortable coming to see them to discuss work issues. Daily meetings enabled all the senior staff to be aware of events in the home each day.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Records related to the safe administration and storage of medicines on the ground floor were not up to date and accurate.

People told us there were not enough staff on the ground floor.

Documents showed risks to people's health and welfare had been assessed and risk assessments had been completed.

Requires Improvement ●

Is the service effective?

The service was effective.

Support for staff through appropriate training and supervision had improved since our last inspection in October 2015.

Where people required staff to implement the Mental Capacity Act to ensure their welfare, this had been done appropriately. Where people's liberty was being restricted this had been authorised by the local authority.

Good ●

Is the service caring?

The service was caring.

People told us the staff were caring and we observed this to be true. Staff showed consideration and kindness in their interactions with people.

Staff knew the importance of showing respect to people and preserving their privacy and dignity.

Good ●

Is the service responsive?

The service was not always responsive.

Documents failed to show some people or their representatives had been consulted about their care.

Records related to end of life care were not always in place and

Requires Improvement ●

up to date.

People told us there were activities in place which they enjoyed.

Is the service well-led?

The service was not always well led.

Historically the home has been without a registered manager since 28 April 2015.

Improvements had been made to the requirement to notify the commission of any changes or events that had occurred in the home since the last inspection.

Checks had been carried out to ensure the safe management of the home. This ensured people living and visiting the home were as safe as possible.

Requires Improvement ●

Chiltern Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 23 and 24 May 2016.

The inspection team included a pharmacist inspector, and specialist nurse advisor, a social care inspector and an expert by experience who was experienced in using health care provision. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We reviewed information provided by the local authority and the local GP surgery about the service.

During the inspection we spoke with 14 staff including the manager, project manager, operations director, care, nursing and training staff. We spoke with 10 people who lived in the home, eight relatives and two health professionals. We carried out observations of care and reviewed documents associated to nine people's care and 30 people's medicines. We reviewed records related the employment of four staff and audits connected to the running of the home.

Is the service safe?

Our findings

During the last inspection in October 2015 we had concerns about the safeguarding of adults and how staff could report concerns. The provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found these had been improved upon since the last inspection. The whistleblowing policy had been amended to include contact details for outside agencies for staff to contact if they did not wish to report a concern within the organisation. The provider had in place a safeguarding policy. This documented how the staff and management should respond in the event of concerns being identified. This was in line with the local authorities' multi agency agreement for providers. We found the manager was aware of how to report allegations of abuse and how to protect evidence. They told us they were booked to attend safeguarding training in the next week. Staff also knew how to identify indicators of abuse and who and how to report concerns to. We noted the local authority reporting procedure was visible throughout the home, this would assist staff with reporting concerns.

During our last inspection in October 2015 we found a number of concerns related to the safe administration of medicines. During this inspection we found areas of concern remained.

We audited four people prescribed anticoagulants. Anticoagulants are medicines that help prevent blood clots. For two people on one floor we were unable to match the stocks of their anticoagulants because the records were incomplete and the records of how much had been given were unclear.

On the ground floor we were unable to audit many medicines because the records related to the stock of medicines held in the home was incomplete. We found for one person that their medicines had not been signed as given on the morning of the inspection; they were not in the pack so they were assumed to have been given. For another medicine we checked against the records we found 11 tablets in stock, but according to the records there should only have been eight. For a person who received their medicines through a patch, we found that instead of 25 patches there were 24 patches in stock.

We found the home did not have a policy for the use of prescribed anticoagulants and one for managing people's medicines when they were away from the home. Although a resident's safety check form was completed prior to people spending time away from the home, it did not identify the medicine dosage, time or how it was administered. Following the inspection the provider informed us they attached the relevant information related to medicine dosages, time and how to administer the medicines to the form. This information was not forthcoming during the inspection. A clear policy on how medicines should be stored and administered would guide staff on safe practice and protect people from the risk of harm. People's health may be put at risk if medicines are not given as prescribed.

We observed protocols were in place for people prescribed "as required" medicines such as those for pain relief and for agitation. These protocols provided guidance as to when it was appropriate to administer an 'as required' medicine and ensure that people received their medicines in a consistent manner. The

protocols described how a person may demonstrate their requirement for the medicine, so that staff knew when it was appropriate to administer it. We noted that there were none for 'as required' rectal diazepam for controlling epilepsy seizures and for one person who had had two seizures earlier in the year there was no seizure chart to enable a medical review of the person. We observed a pain chart and assessment for one person that was written in December 2015 was only reviewed on 24/5/2016. For the management of pain, it is important that it is reviewed and documented regularly to ensure people remain as pain free as possible.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Those who used medicines had their current prescribed medicines accurately recorded on their Medicines Administration Record (MAR) and the records correlated with medicines profiles, copy prescriptions and hospital discharge letters. We saw that one person was able to apply their own cream and there was a self-administration assessment in place, in line with the homes policies and procedures. All people had their allergy status recorded to avoid the risk of side effects of medicines.

On 1st and 2nd floor we saw no omissions in recording administration on the MAR and all counts of medicines tallied with the records. Both floors were recording receipts of all medicines when received into the home or when carried forward from one medicines cycle to the next.

We looked at storage of medicines. All were secure in locked clinical rooms. Controlled drugs were all secure and records accurate. Clinical rooms were clean and tidy and fridge temperatures were recorded accurately to ensure the maintenance of potency of the medicines stored there. Records showed staff were receiving medicines training and competency checks prior to administering medicines.

People told us the home was a safe place for people to live. One person told us "They look after me very well."

The provider had in place a dependency tool. This calculated the amount of staff time needed to meet the individual needs of the people they were caring for. From this the provider could calculate how many staff were needed throughout the day and night to care for people.

Three people on the ground floor told us there were not enough staff. They told us this was mainly at night. They also referred to the fact that the night staff included agency staff and they knew very little about people's needs. The impact was a slow response to requests for assistance. One staff member told us there were not sufficient numbers of staff on the ground floor during the day. They explained that there were three people who required hoisting and to do this safely it required two staff. This left one staff member to care for the rest of the people on the ground floor of which there were 19 at the time of the inspection. We looked at the staffing rota, we could see that the quota required was met. During our inspection we found there appeared to be enough staff available to meet people's needs. We recommend the provider reviews the number of staff required to meet people's individual needs.

Documents related to the employment of staff showed relevant checks were carried out. These checks included evidence of Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service (DBS) helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. References were obtained from previous employers and application forms were completed. Where gaps in the candidate's previous employment history were identified, these were followed up and checked. This ensured as far as possible candidates were safe to work with people.

Documents showed risks to people's health and welfare had been assessed and risk assessments had been completed. Care plans informed staff how to reduce the risk of injury to them and to people, for example, how to support people with mobilising. Environmental risk assessments were in place, for example, health and safety risk assessments and COSHH. Fire equipment and fire procedures were checked to ensure they would be effective in the event of a fire. Water temperatures had been checked to prevent the risk of scalds and Legionella testing had been completed. Regular maintenance and checks showed there had been a significant reduction from the risk of Legionella.

Is the service effective?

Our findings

People told us the permanent staff knew how to care for them. Comments included "I would prefer to have less temporary staff who don't know the ropes", "I'm very happy with staff but the agency ones are no good." A third person told us they thought day staff were very good and respectful but not the night staff. Generally people referred to the agency staff as not being as helpful or able to help them in the way they wished. Until very recently the home had been short of staff which had resulted in a high usage of agency staff. Recently a new intake of permanent staff had started employment at the home, and this may have accounted for the mixed views from people.

During the last inspection in October 2015 we had concerns about the lack of training made available to staff. The provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we could see this had improved. Although not all staff had attended the training deemed mandatory by the provider we could see improvements had been made. For example, the training matrix showed 82.5% of care and nursing staff had received moving and handling training and 93% had received fire training. The matrix also showed 56% of care and nursing staff still required training in the Mental Capacity Act. All staff needed to attend dementia everyday care training and 93% of staff required training in Health and Safety, hazard identification and risk assessment. However, new staff were participating in the care certificate as part of their induction. This is an identified set of 15 standards introduced in April 2015 that health and social care workers must adhere to in their daily working life. The care certificate would include areas such as health and safety and Mental Capacity Act (MCA) training. The new training managers would oversee the completion of the course. Staff confirmed the increase in training available to them. They told us they had found it useful and helpful in developing their skills and knowledge. We saw plans were in place for staff to complete the outstanding training they required.

The frequency of supervision offered to staff had also increased. Records showed 62% of care and nursing staff had received supervision on at least two occasions since January 2016. The provider's policy stated all staff should receive supervision six times a year. We reviewed the notes from some supervision sessions, we found some to be brief and not very detailed. This did not reflect that supervision was comprehensive or thorough. Other notes however reflected the support staff had received in detail, and where conduct issues had arisen, we could see they had been addressed appropriately.

Plans for additional support for staff involved the new training manager working as a "buddy" to new staff, this would help support new staff through the induction period and with practical aspects of the work they carried out.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

During our previous inspection we found mental capacity assessments had been completed, but they were not time or decision specific. During this inspection we found the assessments were appropriately completed and where necessary referrals had been made to the local authority. We saw where people were not able to make a decision about specific aspects of their care best interest decisions had been made on their behalf. For example, several people had swallowing difficulties because of their medical conditions. Records showed multidisciplinary agreements were in place to document the decisions made about how the medicines should be administered.

During our previous inspection we had concerns about lack of appropriate support for people when eating and drinking. We found during this inspection people were well supported. We observed lunch on all three floors. On the ground floor we observed a staff member talking to a person and telling them what was available for lunch. The person did not appear to understand what the options were. The staff member showed them the meal options available. When the person saw what was available they were able to make a choice.

We saw the food was very well presented. People's comments about the food included "Food is very good but they always find something else if you don't like the menu". "There is lots of really nice food and wine in the dining room". One person told us the best thing about the home was the food. Another told us they were often offered an alternative because of their diabetes. The chef appeared knowledgeable about people's dietary needs. Drinks and snacks were available throughout the day. Where people refused to eat a main meal, finger food was provided to encourage nutrition. Finger food was also available to people as a supplement to their main diet. On both days of the inspection we saw platters of chopped fresh fruit was available to people. We experienced the food in the home and found it to be tasty and well prepared. The chef also made fortified drinks and snacks for people who required increased calorie intake to maintain their health.

Where people required food and fluid to be thickened or pureed this was done to reduce the risk of choking. Where people had difficulties with food and drink, specialist advice was sought from the multidisciplinary team and their advice was being followed. Records showed risk assessments were in place to protect people from the risk of malnutrition and dehydration. Care plans reflected people's dietary needs.

Is the service caring?

Our findings

People told us they felt the staff were caring. Some of the comments we received included "The staff are exceedingly helpful people", "They are very caring and thoughtful." "A nice young lady comes in to help me dress each day and most of the staff are absolutely wonderful."

When we observed staff interacting with people they showed kindness, patience and consideration towards people. Whilst supporting people with food, they allowed people time and told people what they were eating. We also observed smiling faces and laughter when people and staff were involved in activities. It was clear that people were having fun with staff and felt comfortable in their presence.

People told us they felt listened to. They told us staff responded to their requests for help in a considerate way. Staff were able to explain to us how they treated people as individuals. They understood the importance of obtaining people's views and understanding their preferences. They did this by talking with the person or where appropriate their relatives. Staff were able to describe to us what people's needs and preferences were. We observed new staff reading care plans in order to familiarise themselves with people's needs. Staff we spoke with who were not new were able to tell us about the personalities and the needs of people. One staff member described to us a person they were link worker for. "X is very chatty, loves her makeup and her clothes and particularly enjoys going out in the garden." They were knowledgeable about the person's needs and told us how their care was supporting their lifestyle and their health needs.

People told us staff were good at communicating with them. For example, one person told us "They (staff) explain things very well" another explained "If I want to go to the lounge they always help and have been very good at explaining how to get into my wheelchair". From our observations we saw some staff bent down to speak to people who were in wheelchairs, in order that they could maintain eye contact. This demonstrated a respectful approach to communicating with people. We also heard staff asking people what they wanted rather than telling them. People were offered choices and their choices were respected.

People's privacy was respected. Staff told us they made sure bathroom and bedroom doors were closed when people were receiving personal care. We saw staff knocking on people's doors before entering and speaking discretely to them when necessary. This protected people's dignity and privacy.

Some people were involved in the planning of their care. We noticed in some care plans people's consent had been obtained and their wishes had been recognised and documented. For example, some people had signed to show their agreement to the contents of the care plan, and the use of photographs. In other people's care plans we saw discussions had taken place with relatives and professionals about the plan of care and people's needs. This ensured people's care was appropriate.

Is the service responsive?

Our findings

During our previous inspection in October 2015 we had concerns about the way the provider had failed to respond to complaints. The provider was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found this had improved. We reviewed some of the 13 complaints received since our last inspection. We could see that the complaints had been documented and the project manager had responded either verbally or in writing. The outcomes for people had been documented; this was in line with the complaints policy. Compliments had also been received, 12 since the last inspection although not all compliments received had been documented.

Each person had a care plan, detailing the areas of support they needed and how this should be carried out, for example nutrition, moving and handling and oral care amongst others. We found the care plans difficult to navigate, we had to look in different areas of the notes to get the information we were looking for. One staff member told us they did not read the care plans as they did not understand them.

Some people but not all had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms completed in their care plans; some people also had their preferred place of death recorded. The purpose of a DNACPR decision is to provide guidance to those present on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. Without this guidance staff may fail to recognise what the person's preference was in relation to their end of life care. We were told by staff that one person was at the end of their life, their care plan had no entry to reflect this. As part of their medical condition both pain and sickness were an issue. The care plan did not give specific guidance on how sickness should be managed. The person's preferred place of death was not recorded or discussed although the person was very clear about what they wanted. For another person who was receiving pain relief for a medical condition we saw their pain assessment had not been updated since December 2015 until the day of the inspection.

We found care plans were very generalised and not particularly focussed on the person they were being written about. For example, not everyone had documents demonstrating either they or their representatives had been involved in planning the care they were receiving. We discussed this with the senior managers. They told us this was an area that they were hoping to improve and work had already started. We saw one care plan that was more person centred in its records. Without personalised care planning people are at risk of not having their specific needs met.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were activities available for them to participate in. The home had one activity organiser and another was being recruited. During our inspection we observed activities being carried out by staff. There was a mixture of physical activity with bouncing balls and balloons and also some drawing and

reading. People told us they went out on the minibus into the local community. The home had its own hairdressing salon. Some people preferred to stay in their rooms and watch television or read. One person's relatives told us due to the person's medical condition they were unable to attend group activities and felt individual activities in their room would be beneficial to the person. We fed this back to the provider who informed us all residents were asked about their activity preferences. One to one activities in resident rooms were carried with individuals who required this.

The provider sent out an annual questionnaires to people and their relatives regarding the quality of the care provided at the home.19 responses were returned Feedback was mostly positive with regards to the care provided. As we were only given a graph showing the results we could not analyse the areas of excellent, very good, average or negative. Prior to the inspection we were aware of concerning feedback given by the GP surgery in relation to the nursing aspects of care. Through an improvement action plan we could see the provider had taken steps to address the concerns raised. We contacted the surgery prior to the inspection and spoke with the GP during the inspection. They confirmed on the whole things had improved.

Is the service well-led?

Our findings

During the last inspection in October 2015 we had concerns regarding the lack of notifications we had received from the provider about changes that had occurred in the service. The provider was in breach of regulation 12 and 15 of CQC (Registration) Regulations 2009. This has improved and the commission is now receiving notifications in a timely way.

During our previous inspection we had concerns related to the assessment, monitoring and mitigation of the risks related to the health, safety and welfare of people and others in the home had not been completed regularly and in sufficient detail to protect people from harm. During this inspection we spoke with the maintenance technician. They told us they were aware of the areas we had highlighted in the previous inspection and were able to show us documents which highlighted where improvements had been made. For example, actions had been taken to reduce the risk of Legionella, portable electrical testing had been completed. Tests to the fire alarm, fire drills and maintenance of fire equipment had also been undertaken. This ensured the safety of staff and people living in and visiting the home.

Our records show there has not been a registered manager in place for one year one month. Although managers have been employed in the service this has not resulted in them being registered. We could not improve the rating for Well led from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The home had a new manager in place. They had commenced employment two weeks prior to the inspection. Overall the comments made about the new manager by relatives, people and staff were very positive. One staff member commented they had returned from leave and the atmosphere in the home had changed since the new manager had started. They described it as feeling as though they had come back to a "new home". They told us staff morale had been lifted and there were more staff in post which they were pleased about. Another staff member told us they liked the new manager as they spoke to the staff when they were walking around the home. They felt confident they would be making positive changes in the home.

One relative was sceptical about the new manager. They told us they had met with them at a resident and relatives meeting. They feared they had heard the promises made before by previous managers, and these hadn't come to fruition. We discussed this concern with the manager who was sensitive and understanding about the views of people. The manager felt it was still "early days". Their top priority was to stabilise the staff team. They planned to do this through training, education and support for staff. Any changes that needed to be made would be made slowly. They stated "We need to get consistency across the board and get processes in place that work." They were aware of the previous difficulties experienced in the home and told us they were committed to improving the service going forward. They told us they were "In it for the long haul."

People told us they thought the management was good. There was still apprehension due to the amount of change there had been in the home over recent months. Staff felt encouraged by the new management, and

told us they felt they could go to the manager if they needed support or advice. We observed staff coming to speak to the manager during the inspection. We also observed the manager walking around the home and speaking to people and staff. Staff were able to feedback to the manager on a day to day basis or through the team meetings. Records showed these had been held in February and April 2016. A daily meeting was also held between the manager (any visiting managers) head of catering, housekeeping, maintenance, activities and nursing from each floor. The meeting focused on what each department was doing that day and any challenges they perceived. This enabled all the senior staff to be kept up to date with what was happening in the home each day.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the proper and safe management of medicines. Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks associated with inaccurate and incomplete records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;. Regulation 17 (1) (2) (a) (b) (c)