

Real Life Options

Real Life Options - 12 Linden Road

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 June 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The service was last inspected in April 2016 and was rated good. However, at that inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. We found records had not always been fully completed and contained gaps. We took action by requiring the provider to send us an action plan setting out how they would improve the service. When we returned for this inspection, we found that records had improved, but the provider was still in breach of the regulation relating to good governance as their governance processes had not identified or acted on the issues we found during our visit.

At the 2016 inspection we also found that the provider was in breach of the Care Quality Commission (Registration) Regulations 2009 as they had not submitted all required notifications to CQC. We took action to address this outside of our inspection process by writing to the provider to remind them of their duties under the regulations.

Real Life Options – 12 Linden Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It accommodates up to six people in one adapted building. At the time of our inspection six people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager. The manager had joined the service at the beginning of 2018 and was in the process of applying to become the registered manager. 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.

The premises were not maintained in a way that was safe for people to use. Fire safety procedures were not always followed or in place.

Personal risks to people arising out of their health conditions and support needs were assessed and action taken to address them. Accidents and incidents were monitored to see if improvements could be made to help keep people safe. People were safeguarded from abuse. People's medicines were managed safely. The manager and provider monitored staffing levels to ensure enough staff were deployed to support people

safely. The provider's recruitment processes reduced the risk of unsuitable staff being employed.

Staff received the training they needed to support people effectively and were supported with regular supervision and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems at the service supported this practice. People were supported to maintain a healthy diet. People were supported to access external professionals to monitor and promote their health.

The building the service was based in had been adapted for the use of people living there. We made a recommendation that the provider reviews the accessibility of the garden to ensure it is accessible for people using the service.

Throughout the inspection we saw staff offering support in a kind and caring way. People were treated with dignity and respect and were encouraged to maintain their independence. People were supported to access advocacy services.

People received personalised support based on their assessed needs and preferences. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to support this where necessary.

The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Staff spoke positively about the leadership provided by the manager. Feedback was sought from people using the service and their relatives. The manager told us that they were working to build and sustain links with the local community to help people living at the service to participate more fully should they wish to.

We found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to safe care and treatment and good governance. You can see what action we took at the back of the full version of this 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?

Requires Improvement 

The service was not always safe.

The premises were not maintained in a way that was safe for people to use.

Fire safety policies were not always followed.

Policies and procedures were in place to safeguard people from abuse.

People's medicines were managed safely.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good 

The service was effective.

The premises were adapted to the needs of the people living there.

We made a recommendation about access to the service's garden.

Staff were supported through regular training, supervisions and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

Is the service caring?

Good 

The service was caring.

People received kind and caring support.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

Is the service responsive?

Good ●

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

People were supported to take part in activities they enjoyed.

The service had a complaints policy and procedures in place.

Policies and procedures were in place to provide end of life care where needed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance processes had not identified the issues we found during the inspection.

Staff spoke positively about the leadership of the manager.

Feedback was sought from people using the service and acted on.

Real Life Options - 12 Linden Road

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 inspection took place on 14 June 2018 and was unannounced. This meant the provider and staff did not know we would be visiting. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, other professionals who worked with the service to gain their views of the care provided by Real Life Options – 12 Linden Road.

People using the service were not always able to communicate verbally. However, we did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We did not use SOFI as the service was small and people moved between their own rooms and communal areas a lot. We communicated with two people who used the service, verbally and using writing.

We looked at two care plans, two medicine administration records (MARs) and handover sheets. We spoke with four members of staff, including the manager and support workers. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

The building was owned by a registered social landlord and the service was its tenant. However, the provider retained responsibility for ensuring that the accommodation was safe for people to use. The premises were not always maintained in a way that ensured they were safe for people to use. Two radiators in communal bathrooms had sections that had detached and were jutting out from the bottom. The radiators had also heavily rusted in some sections. Five bedrooms at the property were located on the first floor along a corridor running the length of the house. There were no windows or natural light in the corridor, with the only light provided from two ceiling light fittings. One of the lightbulbs was not working, which meant half of the corridor was extremely dark with low visibility, including outside of one person's bedroom. Staff we spoke with said they were unable to say how long the bulb had been off for, and we could not see any record of it being recorded as needing replacing in the service's maintenance book.

When we arrived for the inspection we saw a member of staff cleaning communal areas. However, there was still a malodour in communal areas and furniture was in need of a deep clean. Paintwork had worn away from some areas, including bannisters on stairwells. This had exposed the bare wood underneath and meant these areas could not be effectively cleaned. We spoke with the manager, who said the issue with the radiators and the general state of repair of the building had been reported to the provider's landlord.

Fire safety procedures were not always followed or in place. The provider's fire safety policy required fire evacuation drills to be carried out every six months as a minimum. The fire brigade carried out a fire safety audit in May 2017 and recommended that drills be increased to every three months to ensure all staff had participated. Since our last inspection in April 2016, only three fire drills had been recorded. This meant the provider had failed to ensure its policy was carried out and had not followed fire brigade advice. Of the three fire drills carried out, two had taken place after the manager joined the service at the beginning of 2018. We saw evidence that these had involved staff reflecting on how the drill had gone and how safety measures could be improved. One drill had identified that one person who was immobile, had no clear routes of escape from the garden of the service once they had cleared the building. The manager said action was being taken to address this.

A fire risk assessment had been carried out by an external fire safety company in July 2015. The assessment recommended reviewing the assessment every 12 months, but no further risk assessment had been carried out by an external fire safety company. Staff at the service carried out an internal risk assessment, but the manager said she had identified the need for an updated risk assessment when they joined the service. The manager was concerned about the lack of visible fire escape signage in the communal corridor on the first floor, and said they had also spoken to the landlord about this. We saw that there was no signage to indicate evacuation routes from the first-floor corridor, which was dark as a result of there being no natural light and only one functional light.

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

Required test and maintenance certificates were in place for the premises and equipment, including for gas and electrical safety. Staff carried out regular health and safety checks, though we saw these did not include checks of window restrictors. We spoke with the manager about this, who said they would be added as a specific item to check immediately.

People had personal emergency evacuation plans (PEEPs). PEEPs are documents that are designed to give staff and emergency services an overview of people's support needs in emergency situations. The provider had a business contingency plan to help ensure people received continuity of care in emergency situations that disrupted the service.

Personal risks to people arising out of their health conditions and support needs were assessed. Where a risk was identified, plans were put in place to reduce the chances of this occurring. We did see that some risk assessments were generic templates that made it difficult to see which risks actually applied to the person and which did not. We also saw that one person did not have a risk assessment in place for one of their behaviours that could challenge. We spoke with the manager about this, who said risk assessments would be reviewed. Accidents and incidents were monitored to see if improvements could be made to help keep people safe. The manager carried out a monthly analysis to see if any accident trends were emerging that required action. Records showed that accidents and incidents were responded to quickly to see if any lessons could be learned.

People were safeguarded from abuse. Staff received safeguarding training and had access to the provider's safeguarding policy. Staff we spoke with said they would not hesitate to report any concerns they had. One member of staff we spoke with said, "We keep an eye out for things and would report them." Records confirmed that where issues had been raised, for example, medicine errors, they had been dealt with in line with the provider's policy.

People's medicines were managed safely. Staff had access to the provider's medicines policy. This set contained guidance on medicine storage, administration and recording. Staff received medicine training and had medicine competency checks to ensure their practice was safe. Medicines were safely and appropriately stored in secure cabinets. People's medicine support needs were documented in their support plans and on medicine administration records (MARs). A MAR is a document used to record when people's medicines have been administered. We looked at two people's MARs and saw they had been completed without errors or unexplained gaps. Consideration was always given to whether people could manage their own medicines, and for one person a plan was in place to slowly introduce them to taking responsibility for this. Protocols were in place for the use of 'when required' medicines. Topical MARs were used for the recording of creams and ointments.

The manager and provider monitored staffing levels to ensure enough staff were deployed to support people safely. Staffing was based on the assessed level of support people needed, which was regularly reviewed. As a minimum, there were always two support workers present at the service. One person at the service communicated using writing, and we wrote asking them if there were enough staff to support them. They responded, 'Yes'. Staff we spoke with said there were generally enough staff at the service. One member of staff told us, "I think there are enough, except on the back shift (afternoon)." The manager said the provider was trying to recruit additional support workers to ensure they had enough in place as people got older and their support needs increased. We saw evidence of the steps the provider had taken to recruit additional staff.

The provider's recruitment processes reduced the risk of unsuitable staff being employed. Applicants for positions were required to complete an application form setting out their employment history, give details

of referees who would provide written references and proof of identity and undergo a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults.

Is the service effective?

Our findings

The building the service was based in had been adapted for the use of people living there. Communal areas were available, including a lounge and dining room, and we saw these being used during the inspection. People came and went around the building as they pleased, and throughout the inspection we saw people using the kitchen to prepare drinks. Photographs of people had been placed in communal areas, which helped to emphasise that it was their home. Bedrooms had been decorated to people's individual preferences and reflected their personalities and interests through the objects in them. The building and people's bedrooms had also been adapted to make them suitable for any equipment people used as part of their support. Where people wanted them their bedroom doors had their names on to help them move around the building. However, we did see that the garden at the rear of the property was up a steep bank which made it inaccessible for people using the service. The manager said the landlord had discussed installing a ramp and other measures so people using the service could access it, but so far this had not been done.

We recommend that the provider reviews the accessibility of the garden to ensure it is accessible for people using the service.

People's physical, mental health and social needs were assessed to ensure the correct support was made available to them. These assessments included information from other professionals working with people and reflected current best practice. For example, one person's support plan contained advice from a continence nurse.

Staff received the training they needed to deliver the support people needed. Mandatory training covered areas such as positive behavioural support, first aid, moving and handling, food hygiene, equality and diversity and nutrition and hydration. Mandatory training is the training and updates the provider deems necessary to support people safely. The manager monitored and planned training using the provider's computer system. We reviewed this and saw training was either up-to-date or planned. The provider had its own training department, which provided most training for staff. Where people developed new support needs, records showed external professionals had been approached and had provided training on those needs. For example, when one person started to use a catheter the local district nurse team trained staff in the management of this. The provider had recently received funding to train staff on the use of the Malnutrition Universal Screening Tool (MUST). MUST is a tool to identify people who are malnourished or at risk of malnourishment. Training was regularly refreshed to ensure it reflected the latest national guidance and best practice.

Staff spoke positively about the training they received and said they could request more if they felt it was needed. One member of staff told us, "The training is good. It's a mixture of classroom learning and e-learning, and they cover everything we need."

Staff were supported with regular supervisions and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received a total of six

supervision and appraisal meetings a year. The manager used a chart to monitor these, and it showed they were up to date with further meetings planned in 2018. Records of meetings showed they were used to discuss staff training, welfare and any other issues they wished to raise. Where issues were raised by staff, records also showed action was taken to address them. Staff spoke positively about supervisions and appraisals and said they would be confident to raise any issues they had. One member of staff we spoke with said, "We get supervisions and appraisals regularly, and we can ask for extra if we would like them."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection five people were subject to DoLS authorisations. These were clearly recorded in their support plans. Best interest decisions were recorded, and support plans contained information on how people could be supported to make as many decisions as possible for themselves. For example, one person's support plan had lots of detail on how staff should position themselves when speaking with the person in order to maximise the chances of the person being able to participate in a discussion and decisions. Records we looked at confirmed that people were supported to be involved in decisions about their support and as many aspects of their daily living as they could. For example, one person had a communication book staff used to write messages to them and in which the person could write responses. This contained detailed records of staff asking questions on a daily basis, including whether they could support the person with various tasks, where they would like to spend their day and what they would like to do.

People were supported to maintain a healthy diet. People's nutritional support needs and preferences were included in their support plans, including any specialist dietary needs they had. People were involved in developing a weekly menu, and photographs of food and drink were used to help them decide what they would like. We saw people accessing the kitchen throughout the inspection, and staff offered them drinks and snacks throughout the day. People's weight was monitored to ensure they were maintaining a healthy diet. During the inspection we saw staff asking one person what they would like to eat and showing them the food options on offer. By giving the person this information and choice in a format they could access, we saw they were able to make the decision for themselves. One person we communicated with said they liked to have sausages at the service and told us some of the items in the fridge belonged to them.

People were supported to access external professionals to monitor and promote their health. Support records contained evidence of the involvement of professionals such as occupational therapists (OT), continence care nurses, dieticians, wheelchair services, district nurses, GPs, opticians and dentists in people's care. For example, one person had recently visited the optician for an annual eye test. People using the service had lived there for many years and were not planning on transferring to other services. However, procedures were in place to share information with other professionals should this be needed. This meant people were supported to access healthcare professionals when they were needed.

Is the service caring?

Our findings

We asked one person who lived at the service if they were happy living there. They nodded and smiled before pointing to their room.

Throughout the inspection we saw staff offering support in a kind and caring way. For example, one person was sitting in the dining room after breakfast so a member of staff came over and sat with them. They spoke with the person at length about how they were feeling, what they would like to do and explaining why we were visiting the service. Later in the day we saw the staff member playing a game with the person, which they were clearly enjoying. In another example, a person came into the dining room to see what we were doing and decided to stay and colour in on the table next to us. A member of staff saw this and reminded the person they had some new pens they enjoyed using. The member of staff went off to get these and when they returned and gave them to the person who we saw enjoyed using them.

People were treated with dignity and respect. Staff referred to people using their preferred names and asked for permission before delivering support. Staff communicated with people in ways they were able to understand which empowered them to take control of their daily lives. For example, one person's support plan directed staff to stand close and in front them so the person could see their face and lips when they were talking. We saw staff doing this throughout the inspection, which enabled the person to understand and make decisions such as where they would like to sit, what they would like to eat and drink and to make plans for later that evening. Staff spoke with people in a friendly but professional way at all times.

During the inspection we were sitting in the dining room and lounge area to review documents. Staff asked us to move to a different seat whenever a person came in and wanted to sit where we were. This helped to emphasise that the service was people's home and that they were free to come and go as they pleased.

People were encouraged to maintain their independence. We saw staff promoted this during our visit by including people in tasks around the home and encouraging them to do what they could for themselves. For example, after breakfast one person was asked if they could help clear away the dishes. We saw them taking the dishes into the kitchen and smiling when they came back. In another example, we saw a person and member of staff in the kitchen discussing what food they had in the fridge and what they might need when they next went shopping. The member of staff asked if the person would like to walk to the shops to buy some more milk. We saw later that they had done this.

Staff told us they enjoyed working at the service and supporting the people who lived there. One member of staff we spoke with said, "It's a lovely place to work. The people are great and we all get on really well. It's their home."

At the time of our inspection five people were using advocates. Advocates help to ensure that people's views and preferences are heard. Details of the involvement of advocates were recorded in people's support plans. Records also showed the manager had advised and supported one person on a change to their advocate.

Is the service responsive?

Our findings

At our last inspection in April 2016 we found gaps in some of the records we looked at. Some of the support plans lacked information on people's support needs and had not been regularly updated. Reviews of other documents had not always been regularly carried out. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. We took action by requiring the provider to send us an action plan setting out how they would improve in this area. When we returned for this inspection we found that records had improved.

Before people started using the service their needs were assessed. Where a support need was identified a plan was drawn up setting out the help the person needed and how they would like this to be delivered. Plans also set out what the person liked to do for themselves, which built a sense of independence into people's support plans. For example, one person had a support plan for their personal care. This set out tasks they would like to do themselves, such as washing their face, and areas they would like support with, such as brushing their teeth.

Support plans also contained information on people's life history, hobbies, interests and other personal information. This helped staff to gain a sense of the person as a whole and to provide support that was personalised to them. For example, one person's support plans said they were a football fan. During the inspection we saw staff using this information to have meaningful conversations with the person about the team they supported and we used it to talk with them about the World Cup.

Records confirmed that support plans were regularly reviewed, and that people and their relatives were involved in this. Information was provided to people in a way that helped them to participate in reviewing the support they received. For example, one person had been involved in reviewing their medicine support by staff writing messages for them to respond to. Documents were made available to people in easy read formats, and staff took time to help them read and understand them.

Staff spoke positively about people's support plans and said they contained all of the information they needed. One member of staff we spoke with said, "We get all of the information we need to support people." Staff were knowledgeable about people's support needs and were able to tell us in detail about how they liked this support to be delivered.

People were supported to access activities they enjoyed, including accessing local day centres, visiting pubs and local amenities and trips to local sights. Details of people's hobbies and interests were recorded in their support plans and we saw evidence that they were supported to enjoy these. For example, one person liked to go to the pub and choose what they would like to drink. Their support plan contained photographs of them doing this and enjoying themselves. Another person was supported to watch their local football team. Activities were discussed during reviews of people's support plans, and where they expressed an interest in a new activity, staff supported them to try this. For example, during a support plan review, one person said they would like to try horse-riding. This had been arranged for them and the person had won an award when doing this. People had been supported to volunteer for organisations they supported. The manager said

they would be also be supported to access work opportunities where appropriate if they were interested in these. This meant people were supported to maintain and expand their interests and hobbies.

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy, which was given to people and their relatives when they started using the service. This was also made available in an easy read format and displayed publicly around the service. The policy set out how issues could be raised and how they could be investigated. Where issues had been raised, they had been investigated and dealt with in line with the provider's policy. We did see that for one issue no outcome had been recorded. We spoke with the manager about this who said that the matter had been dealt with outside of the complaints process, and that in future it would be recorded where this occurred.

At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to support this where necessary, and the manager said discussion would take place with people if they wanted to talk about this.

Is the service well-led?

Our findings

The manager and provider carried out a number of quality assurance audits at the service, but these had not identified or remedied the issues we identified during our inspection. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Audits carried out included checks of health and safety, medicines, staff files and support plans. Some of these audits had led to improvements at the service. For example, a medicines audit by the manager in April 2018 had identified some issues in relation to medicines storage. A plan was put in place to address this and action was taken as a result.

However, during our inspection we found issues in relation to the maintenance of the premises and fire safety measures. The manager had identified some of these in advance of our visit, but we saw that remedial action had not been taken by the provider to address them.

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

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. At our last inspection of the service in 2016 we found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they had not submitted all required notifications to CQC. We took action to address this outside of our inspection process by writing to the provider to remind them of their duties to notify under the regulations. At this latest inspection we found the service had submitted required notifications.

The manager had been in post since the beginning of 2018 and was in the process of applying to CQC to become the registered manager. Staff spoke positively about the leadership provided by the manager and said positive changes had been made since they arrived. One member of staff we spoke with said, "[Manager] is good as manager and is trying to introduce good things." Another member of staff told us, "I like it. There is good support." A third member of staff said, "I like [Manager] as manager. Things are less regimented now and they have introduced new things and choices for residents."

Feedback was sought from people using the service and their relatives. A survey was carried out with people when their support plans were reviewed, and the responses were sent to the provider's head office for analysis. The manager said the provider was still reviewing responses to the last survey. We saw that staff asked people how they were doing and if they were happy at the service throughout the inspection, and the manager said this took place daily due to the size of the service. Where people had raised issues we saw that action was taken to address them. Feedback was also sought from staff, at supervisions and appraisals and at staff meetings. Records of meetings showed that staff were encouraged to raise any support needs they

had.

The manager told us that they were working to build and sustain links with the local community to help people living at the service to participate more fully should they wish to. People were supported to access a local community centre, leisure facilities and social clubs. Discussions had taken place with people over whether they wished to access local churches and places of worship.

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 The premises were not maintained in a way that was safe for people to use. Fire safety policies were not always followed. Regulation 12(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance processes had not identified or remedied issues in relation to the premises and fire safety procedures. Regulation 17(2)(b).