

Nurtured Care Ltd

Nurtured Care Head Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 2,6,7 and 27 February, 2 and 27 March 2017 and was unannounced. This was the first comprehensive inspection of the service since it was registered. The service was formally registered with the Commission in April 2016.

Nurtured Care is a domiciliary care agency providing care and support to people in their own homes. The agency provides 24 hour personal care and support to some people with complex support needs. It is registered to deliver personal care.

A registered manager was in place who is also the registered provider. 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.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. People received their medicines in a safe way. Vetting procedures were carried out for all staff before they began working with people. However, risk assessments were not all in place that accurately identified current risks to the person. People told us their appointments were sometimes late or missed and they were not kept informed.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. Staff told us communication was effective to ensure any changes in people's care and support needs were met. However, people who used the service told us communication with the main office needed to be improved.

Regular staff knew the people they were supporting well. Care was provided with kindness and people's privacy and dignity were respected. Staff had an understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves.

Staff received opportunities for training to meet peoples' care needs and in a safe way. A system was in place for staff to receive supervision and appraisal but it needed a regular audit to identify where staff had not received a recent supervision. Records were not all in place to ensure people received appropriate care and support at all times. A complaints procedure was available. Improvements were required to any complaints received to ensure they were dealt with according to the agency's complaints procedure.

People told us the management team and staff were approachable. They told us they were asked their views about the service they received. A quality assurance system was in place but it needed to be more robust. The audits used to assess the quality of the service provided were not effective as they had not identified the issues that we found during the inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to handling of complaints, record keeping and quality assurance.

You can see what action we told the provider to take 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?

The service was not always safe.

Although people told us they felt safe we found systems were not in place to ensure their safety and well-being at all times.

People told us they felt safe when staff supported them with care needs. Staff told us they had received training in relation to safeguarding adults and would report any concerns. Risk assessments were not all in place regarding the delivery of care in people's own homes.

Appropriate checks were carried out before staff began work with people. People told us there were not enough staff and appointments were sometimes late or missed.

Systems were in place for people to receive their medicines safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs. However, nutritional care plans were not all in place to document the support required by staff.

Staff had access to training and the provider had a system in place to ensure this was up to date. Regular supervision was not carried out with all staff.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were unable to give consent to their care and treatment.

Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Most people told us they were happy with the care they received and were well supported by staff. However not all people were satisfied with the care and support provided.

Regular staff knew people's care and support needs and backgrounds and personalities to help deliver person-centred care to the individual. We observed staff supporting people appropriately and with dignity and respect

Staff supported people to access an advocate if the person had no family involvement. Advocates can represent the views and wishes for people who are not able express their wishes.

Is the service responsive?

The service was not always responsive.

Records were not all in place in all people's homes to ensure people received safe care and support in the way they wanted and needed.

People had information to help them complain. Information was not always available to show that all complaints were dealt with appropriately to show the action taken where a complaint had been received.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A registered manager was in place who was registered with the CQC.

Some people told us communication in the office needed to be improved.

A quality assurance system was in place but it needed strengthening. The systems used to assess the quality of the service had not identified the issues that we found during the inspection. Therefore the quality assurance processes were not effective as they had not ensured that people received safe care that met their needs.

Staff and relatives told us the management team were supportive and could be approached at any time for advice and information.

Requires Improvement ●

Nurtured Care Head Office

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 2,6,7, 27 February, 2 and 27 March 2017 and was unannounced.

It was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for older people. During the inspection the inspector visited the provider's head office to look at records and speak with staff. After the inspection the inspector visited some people who used the service to speak with them and telephoned staff who were employed by the agency. An expert by experience carried out telephone interviews with some people who used the service and some relatives.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities and health authorities who contracted people's care. We spoke with the local safeguarding teams.

We spoke on the telephone with 11 people who used the service and two relatives. We also visited four people in their own homes to obtain their views on the care and support they received. We interviewed ten staff members and the registered manager for the service.

We reviewed a range of documents and records including; four care records for people who used the service, five records of staff employed by the agency, complaints records, accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Is the service safe?

Our findings

Although people told us they felt safe we had concerns risk assessments were not all in place to reflect current risk to people.

We were told assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for falls, pressure area care and nutrition to keep people safe. Records were available in the office and although regular staff knew people's care and support needs records were not available in people's houses that showed these assessments were carried out. Those assessments that were in place were not all regularly reviewed to ensure they reflected current risks to the person. Records were not always available that showed risk assessments formed part of the person's care plan with a clear link between care plans and risk assessments.

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

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. Two people were not involved in interviewing applicants with an interview check list used by both for questioning applicants to ensure a fair process was followed and to promote equal opportunities. The registered manager told us that this would be addressed at future interviews to ensure good practice.

People we visited and spoke with on the telephone told us they felt safe when receiving care. Comments from people included, "I feel safe with staff", "I trust the staff who support me", "I feel safe and well looked after", "I've had falls and staff have come around quickly" and "I have to trust the carers, I have no choice to do otherwise." However, we received several comments from people who used the service about late, rushed and missed calls. 12 of the people we spoke with told us care workers had poor time keeping, sometimes waiting up to one hour and some missed calls altogether. Their comments included, "The carers rush in and out", "Recently I was given an extra 15 minutes twice a week for a shower, its manageable but a bit of a rush" and "They rush me a lot."

Some people told us they thought there were not enough staff employed by the service as they told us there had been late or missed calls. Their comments included, "Staff are sometimes late and no one lets me know", "I was in tears one day just waiting for them to arrive", "Their time keeping is quite poor", "Carers are often late, they say it's due to traffic or their car", "Carers turn up at the wrong time", "They didn't arrive a few nights ago, when I called the office I was told they didn't have anyone in the area" and "In the beginning it was some bother as carers were not arriving on time or not coming at all." The person's son told us "It's a

little better now."

We discussed with the registered manager people's comments and the lateness of calls. We were told the health or local authority commissioner arranged the times of people's calls with the person before they were referred to the service. However, this time was not always available at the agency when the person started to use the service as staff were already allocated to these timeslots as they supported other people. We were told this was now being addressed with commissioners as the agency should be making people aware before they started to use the service as part of their pre-admission assessment if they can meet the agreed times required. The registered manager told us one of the challenges was finding staff available at the right time. The agency were continually recruiting to try and maintain a good core of available staff.

At the time of inspection 61 members of staff were employed. People who used the service told us there had been missed calls in the past, but the situation had improved for some people in recent months. The registered manager told us an electronic system was to be introduced to monitor staff calls and their timings. After the inspection we were notified this was to commence the week of 4 May 2017.

Staff told us they had received training in relation to safeguarding. All the staff we spoke with understood the need to protect people who were potentially vulnerable and report any concerns to managers or the local authority safeguarding adults team. They were clear about making sure homes were secure when they left and ensuring people were safe. All staff were aware that the provider had a whistleblowing policy. A number of safeguarding alerts had been raised due to late and missed calls by staff which had been investigated and improvements to systems were being made as required to improve outcomes for people.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the registered manager as required to help protect people.

We checked the management of medicines. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines.

Is the service effective?

Our findings

People were provided with different levels of support to meet their nutritional needs. This ranged from support in making choices about and preparing meals, to assisting people with eating and drinking, and specialist feeding techniques. However, although people were assisted with their nutritional needs care plans were not in all place that provided guidance for staff to show the support the person may need with their nutrition.

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

A relative commented, "The sandwich the carer had made for [Name]'s lunch was stale and the cup of tea was cold. I would have expected them to make sure they ate something." Other people told us staff were helpful in ensuring they had plenty to eat and drink. One person told us, "They (staff) come at 12:00ish to give me my lunch."

Staff were positive about the opportunities for training. Comments from staff included, "My training is up to date", "I've done end of life care training and dementia care", "We have face to face training", "The training I've received made me confident in my job", "I'm completing a National Vocational Qualification "(now known as the diploma in health and social care.) Comments from people who use the service included "Some staff are more efficient than others", "I'm not sure some of the staff have been trained in catheter procedures", "I think staff could benefit from more training in dementia" and "Some staff could do with more training." We discussed this with the registered manager and training officer who told us staff teams received training according to the needs of the people they were allocated to support.

A training schedule was maintained to ensure staff had up to date training and to plan for future training needs. There was a dedicated member of staff whose responsibility was to monitor and plan training for all the staff providing the service. Staff told us they received training when they first joined the service and then updated training. One staff member told us "There's always something new or a refresher course." All staff were expected to attend key training topic at clearly defined intervals. Topics covered included health and safety and care related topics, including dementia awareness elements.

Staff told us when they began working at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff for two days. This ensured they had the basic knowledge needed to begin work. Two staff members told us they received a two day induction before they began to work with people to give them information about the agency and training for their role. They said initial training consisted of a mixture of work books, face to face and practical training. The registered manager told us new staff were studying for the new Care Certificate in health and social care as part of their induction training.

Staff spoken with told us they were supported by the management team. They said management were supportive and could be contacted for advice over the 24 hour period. The registered manager told us there

was formal system for staff to receive individual supervision and support every two to three months from the team leader. However, some staff we spoke with said they did not always receive this opportunity. One staff member commented, "I was due supervision but the care coordinator changed" and another staff member told us "Supervision doesn't happen." The registered manager told us that this was being addressed. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. Staff told us they worked in teams and handover meetings were held. This process ensured staff were kept well informed about the care needs of the people who used the service. Staff members' comments included "We have a handover mornings and night with the staff team supporting the person" and "We discuss the health and well-being of the person at handover."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

The registered manager told us that to their knowledge no one who was being supported by the service had any restriction on the freedom applied by the Court of Protection. Staff told us they received training with regard to the Mental Capacity Act 2005 and understood the concept of best interests and ensuring people could make choices where ever possible.

People who used the service were involved in identifying the support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us care workers always asked their permission before acting and checked they were happy with the care the workers were providing. At home visits we saw care workers checked the person was happy for them to proceed as they provided support to the person.

People told us communication from the office was not always good and they were not always contacted if care workers were going to be late. Some people told us communication had been an issue and calls were sometime not returned, but things had improved in recent months. Care managers and health professionals told us they were happy with the communication they received from the service. They said they were contacted in an appropriate and timely manner about any issues with people they were supporting.

People who used the service were supported by staff to have their healthcare needs met. People told us staff worked closely with other professionals to ensure their care was joined up. Staff told us they would contact the district nurse or a person's general practitioner if they were worried about them. People told us they had access to other professionals and staff worked closely with them to ensure they received the required care and support. People's care records showed that staff liaised with GPs, occupational therapists, nurses, and other professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. For example, a specialist nurse had been involved to provide training about the use of a Percutaneous Endoscopic Gastrostomy (PEG) to show staff how to feed a person. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines.

Is the service caring?

Our findings

Most people we spoke with were appreciative and spoke well of the care provided by staff. They told us staff were kind and caring. Comments included, "The girls are very nice, they're all very nice people", "I'm quite happy with them, but they keep changing the staff", "Fantastic support and amazing care", "Staff are all very caring and they keep good timekeeping", "My care is fine, there are good days and bad days." People also commented "On the whole I am very happy with the care I receive", "Some carers don't talk very much", "Carers respect me, they are my friends" and "Staff are kind and caring, we enjoy a laugh sometimes."

However, other people's comments included "Some of the carers are useless, it depends who they send. I tell them what to do and if they can't do it I send them off", "Some of the 'young people are not as reliable as older staff", "The staff are really no problem but many of them are so young" and "The older ones are okay but some of the young ones, they don't give a monkeys."

We discussed these comments with the registered manager who said they would be addressed with staff. They said induction would be used to help check staff attitude and their caring ethos.

We spent some time during the inspection observing staff care practice. Staff we observed had time to chat with and build positive relationships with people, in addition to carrying out other care tasks and duties. People we visited were supported by staff who were warm, kind, caring, considerate and respectful. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. The registered manager said they created a staff team to work with each person to help ensure consistency of care for the person.

People said their privacy and dignity were respected. We saw people being prompted and encouraged considerately. Staff we spoke with were able to clearly explain the practical steps they would take to preserve people's privacy, for example when providing personal care.

Important information about people's future care was stored prominently within their care records, for instance where a person had made Advance Decisions about their future care. Staff told us relevant people were involved in decisions about a person's end of life care choices. For example, a person had an end of life care plan in place that had been discussed with the person, their family and the GP.

We observed staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the agency any issues or concerns. This sometimes led to a more formal advocacy arrangement being put in place with external advocacy services. Advocates can present the views for people who are not able to express their wishes.

Is the service responsive?

Our findings

Although up to date records were available in the agency office we had concerns records were not in place in the homes of all people to ensure staff provided appropriate care and support.

A number of people did not have pre-admission assessment information or a care plan in their home to help staff deliver the correct care and support. In one house we saw some information was written on the back of an envelope about the person's routine. Several people we spoke with were not aware of a care plan of their care and support needs. Regular staff knew people's care and support needs. However, we received comments from people who use the service who stated that staff who were not regularly providing support did not know the person and did not know the care to provide. Their comments included "Two complete strangers turned up and I had to explain what to do", "Tend to be different staff at the weekend who don't know what's needed", "Odd times they send new staff who haven't a clue what to do" and "I had to request a copy of my care plan."

Records were not available for all people that contained information about people's likes, dislikes and preferred routines. Regular staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. However, as records were not all in place staff who did not know people were unable to provide such a personalised service.

People were unable to tell us their care was reviewed on a regular basis but they did say it could be changed if they needed it to be. Relatives we spoke with said they were able to discuss their relative's care needs, and their relative's care was discussed on an on-going basis. However, a system of review was not in place for all people that showed that regular reviews or meetings took place for people to discuss their care and to ensure their care and support needs were still being met. Staff we spoke with confirmed they received a telephone call from the office to update them if a person's needs had changed.

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

Care plans that were in place covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were sufficiently detailed to guide staffs care practice. For example, one person's 'My Day-My Way' record for personal care stated, 'I like to wash my own hands and face and select my clothing' and 'I tend to my own hair and make-up.' The input of other care professionals had also been reflected in some individual care plans. For example, the occupational therapist had become involved where a person had been identified as being at risk of falling from their bed.

To monitor people's needs, and evidence what support was provided, staff kept daily progress notes. These offered a record of people's wellbeing and outlined what care was provided. Staff also completed a daily handover record, so oncoming staff were aware of people's health and immediate needs.

We had concerns not all complaints were appropriately dealt with.

People we spoke with told us they knew how to complain. Eight people told us they had complained in the last 18 months. Their comments included, "I complained and they just said it won't happen again" and "I'm in dispute with the Company at the moment." The agency's complaints policy provided guidance for staff about how to deal with complaints. People also had a copy of the complaints procedure that was available in the information they received when they started to use the service. A record of complaints was maintained. Only three complaints had been logged since the last inspection. We noted these did not include the complaints received by the Care Quality Commission and passed to the agency to investigate. There was some evidence that showed the action was taken to address the concerns but this was inconsistent. The complaints file did not contain details for all complaints to show what action was taken, including any remedial action. There was no acknowledgement or outcome letter for the complaint in all cases with an apology if appropriate. This meant people were not always listened to and their concerns acted upon.

This was a breach of Regulation 16 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

Is the service well-led?

Our findings

A registered manager was in place who was also the registered provider. They had registered with the CQC when the service was registered in April 2016. The service had a defined management and staffing structure with field supervisors responsible for different staff teams assigned to geographical areas. The registered manager told us they were keen to promote a culture of person centred care, for each individual to receive care in the way they wanted.

We had concerns effective systems were not all in place to monitor the quality of care provided.

The audit and governance processes had failed to identify deficits in certain aspects of the running of the agency. For example, record keeping and ensuring action was taken to capture and act on all people's comments.

Some of the comments we received led us to conclude areas of improvement were required in aspects of the management of the service. Comments from people showed that people were not all listened to and meaningfully consulted with regard to their daily living requirements.

This was the first comprehensive inspection of the agency since it was registered and there were systems that still needed to be established to ensure that people received safe and effective care that met their needs. We noted the swift action that was taken after safeguarding meetings to respond to individual concerns that had been raised. However, the provider needed to take action to check the systems that were in place were being delivered effectively through more robust quality assurance processes.

People told us senior staff members called at their homes to check on the work carried out by the care workers. Staff confirmed there were regular spot checks carried out including checks on uniform, badges and general care. People also told us they were contacted by a supervisor, by telephone, or through a direct visit, to ascertain if they were happy with the service provided and whether they had any issues or concerns they wished to raise. However, not all people we spoke with told us that this occurred.

We were told audits were completed internally to monitor service provision and to ensure the safety of people who used the service. They included health and safety, infection control, training, care provision, medicines, personnel documentation and care documentation. Information was not available that identified actions that needed to be taken as the result of audits. These audits were not all effective as there had been several safeguarding's about late or missed calls. Some people were not informed of changes in their care worker. Records were not available in the homes of all people who received care and support to ensure they received safe care that met their needs. A regular analysis of complaints did not take place to identify any trends.

The registered provider monitored the quality of service provision through information collected from comments, compliments and complaints that were received from people who used the service.

We saw some comments that had been obtained from people who used the service and their relatives in 2017, however a system to analyse the comments and show follow up action as a result of comments where improvements were required was not in place. Comments received from people included 'All the staff are very good, all guardian angels, don't know what I'd do without them', 'I'd like a phone call if they (staff) are going to be late, but not late very often ', 'Staff are doing a great job, I get on well with all carers', 'Staff work well together', 'I like going out to the shops with my carer', 'I'm happy with most of the carers', 'Clients should be informed by telephone if going to be any lateness', 'Some people are useless,' 'New carers need more supervision and help from trainers' and 'Your staff are a real credit to your organisation.'

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

The registered manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary.

Staff received a company handbook when they started to work at the service to make them aware of conditions of service. Most staff supported the ethos of the service and people maintained staff were kind and caring. In some instances as identified and discussed with the registered manager some people who used the service were not as positive about the kindness and commitment of staff. The registered manager told us they would address this through induction and monitoring.

Most staff said they felt well-supported. Comments from staff included, "The manager is very approachable", "I can't speak more highly of the company", "Really good company to work for", "I'm happy with the agency" and "I don't feel isolated." Some other staff told us that communication and organisation wasn't very good in the main office. A relative commented "The carers are nice, it's not the carers that are the problem, the office has no organisation whatsoever."

The registered manager told us office staff had a daily meeting to ensure the smooth running of the service and a monthly staff meeting also took place. Meeting minutes were available that showed areas of discussion included, staff performance, health and safety, safeguarding and support worker duties. Staff told us care team meetings were held, led by team leaders to co-ordinate effective care delivery to people. They discussed communication and training requirements in any areas of care specific to individual people.

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
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Complaints were not always handled effectively according to the agency's complaints procedure.</p> <p>Regulation 16(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were not protected from the risk of inappropriate care and treatment due to a lack of information or failure to maintain accurate records. Robust systems were not in place to monitor the quality of care provided.</p> <p>Regulation 17(1)(2) (a)(b)(c)(d)(e)(f)</p>