

Brightwell Care Limited

Stanton Court

Inspection report

Stanton Drew
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Bristol
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Date of inspection visit: 29 September 2015
Date of publication: 18/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out this inspection on 29 September 2015 and this was an unannounced inspection. During a previous inspection of this service in March 2014 there were no breaches of the legal requirements identified.

Stanton Court provides personal and nursing care for a maximum of 36 people. At the time of the inspection there were 30 people living in the home. The home provided care to some people living with dementia.

A registered manager was not in post at the time of inspection. 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 and associated Regulations about how the service is run. A manager was in post who was currently undertaking the process to become registered with us.

The provider did not ensure that medicines were managed safely. We found that records relating to people's medicines were not always accurately maintained and the disposal of a prescribed medicine had not been completed where required.

We found the provider had not ensured governance systems were robust to assess, monitor and mitigate the

Summary of findings

risks relating to the health, safety and welfare of people. People's records were not always accurate and completed correctly which placed them at risk of unsafe or inappropriate care.

Incidents and accidents were reviewed, however it was not evident this information was shared to learn from incidents. People's care plans contained risk management guidance and equipment within the service was maintained.

The staffing levels within the service were appropriate to meet people's needs and safe recruitment procedures were completed.

Staff felt the training they received ensured they provided effective care. Staff told us they felt supported by the new manager at the service, however we found that no formal supervision had been completed since January 2015. New staff employed at the service received an induction that was now aligned to the new care certificate.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We highlighted a condition within a DoLS authorisation that may require a review.

People received the assistance they required at meal times and where required, professional guidance was followed to support people in meeting their nutrition and hydration needs. People had access to a GP when needed and additional healthcare advice and support was obtained when required.

We observed friendly and positive interactions throughout our inspection and it was clear staff knew people well. People and their relatives spoke highly of the staff at the home. Where possible, people were involved in making decisions about their care and treatment. People felt their privacy and dignity was respected by staff and we made observations to support this.

Although most people spoke positively about the responsiveness of staff, we found an example of where care was not always person centred and in line with people's preferences. Although some people's life histories were recorded, this was not consistent throughout all of the records we reviewed.

People's care records were regularly reviewed and the provider had an activities programme for people. People commented positively on the available activities and we saw people's relatives were encouraged to participate in social events. The provider had a complaints process and people felt able to complain.

People and staff were aware of the new management change at the service. We received positive feedback about the new manager from people, their relatives and staff. We saw that since assuming post, the manager had held a meeting and staff commented positively on how they were invited to voice their views on how to improve the service.

We found 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 this report.

Summary of findings

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 safe.

People were not fully protected against the risks associated with medicines.

People's risk assessments gave staff appropriate guidance on risk management.

There were sufficient staff on duty and recruitment was safe.

Staff understood how to safeguard people in the service and report concerns.

Equipment within the service was regularly maintained.

Requires improvement



Is the service effective?

The service was not consistently safe.

Staff felt supported by the management team however formal supervision had not been completed frequently.

The service met the requirements of the Deprivation of Liberty safeguards.

Staff received regular training to provide effective care.

People received the support they required with their nutrition and hydration needs.

People had access to healthcare professionals when needed.

Requires improvement



Is the service caring?

The service was caring.

Staff had built good relationships with people and their relatives.

People were treated with consideration and respect by staff.

People's privacy was respected and they were able to entertain their visitors.

Staff offered people choices and knew people's individual preferences.

Good



Is the service responsive?

The service was not always responsive.

We found an example of when care was not consistently person centred.

People's records and care needs were reviewed.

People could participate in activities within the service and in the local community.

The provider had a complaints procedure and people felt able to complain.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well led.

Governance systems to assess and monitor risks were not robust.

People's records were incomplete and inaccurate.

People, their relatives and staff spoke positively of the new manager.

The manager communicated with staff about their roles and their opinions were sought on driving improvement.

There were systems to monitor the environment and equipment.

Requires improvement



Stanton Court

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 was carried out by one inspector and an expert-by-experience who had experience of services for older people and for people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A previous inspection of this service was undertaken in March 2014 and we had not identified any breaches of the legal requirements.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia. People had complex needs and not all were able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at five people's care and support records.

On the day of the inspection we spoke with eight people who used the service and eight people's relatives. We also spoke with a visiting GP. We spoke with nine members of staff. This included the manager, the deputy manager, the clinical lead and care staff.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

The provider did not consistently manage medicines safely. For example, we found that medicines that required refrigerated storage were stored correctly, however the temperature of the refrigerator had not been consistently monitored. We reviewed the refrigerator recording records for August and September 2015. These showed that on nine days in the month of August and three days in the month of September staff had failed to record the temperature of the refrigerator. This meant there was a risk of medicines being stored outside of their recommended temperature range may not be effective when used.

We found people's individual Medicine Administration Records (MAR) were not always fully completed as required. We reviewed the five people's MAR and identified recording omissions on all of these MAR. We found multiple gaps where staff had failed to record any entry about the administration of the person's medicine. This meant there was a risk that people had not always received their medicines as prescribed as there was no way to confirm if people had received their medicines on the dates of the staff recording omissions.

Medicine that was no longer required were not disposed of correctly and the date when a liquid medicine was opened was unclear. For example, during a review of a medicines trolley with a nurse, there was a liquid medicine that had two recorded opening dates approximately six months apart. We spoke with the nurse about this medicine who told us the person had received new stock of this medicine and removed the opened bottle from the trolley for disposal. The medicine being in the trolley meant there was a risk of people receiving medicines no longer suitable for consumption.

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

Incidents and accidents within the home were reviewed individually however there was no current system to identify any patterns or trends to assist in preventing or reducing reoccurrence. We spoke with the clinical lead who explained that following an incident or a fall a record was completed and placed within the person's care file. This record would then subsequently be reviewed by a senior member of staff. We discussed this with the manager who was unaware of any trends or patterns. This highlighted this

current method would not ensure all staff were aware of any trends or patterns in reported falls or incidents as the absence of a formal periodic review does not ensure this information would be shared.

All of the people we spoke with and their relatives said they felt safe. People's relatives commented on how they felt their loved ones were safe, well cared for and that the staff would try to do as much as possible to make them feel that this really was their home. One person we spoke with said, "I feel very safe here. Mostly it's the same staff but there are lots of part-time people." One person's relative told us they felt their relative was, "Very safe" and told us they had been involved in the assessment at home before their relative moved to the service."

There were appropriate arrangements to identify and respond to the risk of abuse. A safeguarding and whistleblowing policy were available for staff that gave guidance for staff on the different types of abuse and what action should be undertaken by staff should they be concerned for a person's welfare. Staff we spoke with demonstrated an understanding about safeguarding and explained reporting procedures both internally within the service and how to report concerns externally to the Commission or local safeguarding team. Staff told us they had received training in safeguarding which was confirmed by supporting records. Staff were familiar with the concept of whistleblowing to report poor practice and how they could contact external agencies in confidence if they had any concerns.

The home had undertaken an assessment of people risks and risk management care plans had been completed where required. For example, assessments for some people's mobility showed how they required hoisting for some aspects of their care to ensure they were safe. Where this was the case, the type of hoist, the colour and size or the hoist strap required and the number of staff required to support the person was recorded. People's records also contained information regarding people's personal care needs, the person's risk of developing skin damage and their nutritional needs. Where a risk had been identified, guidance for staff on how to reduce this risk and meet the person's needs had been recorded. For example, for people at risk of developing a pressure ulcer the equipment used such as an air mattress and specialist cushion.

Equipment used within the home was maintained to ensure it was safe to use. The manager showed us the

Is the service safe?

supporting records that detailed the regular maintenance and servicing of mobility equipment within the home. For example, equipment such as mobility hoists and the passenger lift was serviced and maintained. Maintenance contracts and servicing documentation was also noted for gas appliances within the home and the extractor system. We highlighted to the manager there was a loose fixing on an upstairs fire extinguisher and some exposed water pipes within a cupboard people may gain access to. They told us they would address these issues with the provider. It was highlighted to the manager that we received several negative comments about the reliability of the passenger lift with some people even commenting they didn't feel safe in it. The manager told us the lift was scheduled to be replaced in the future.

The home had sufficient staff on duty to support people safely. The manager told us that a set structured staff number were employed at different times throughout the day which met people's needs. People felt there were sufficient staff available to help them and staff we spoke with felt they could meet people's needs on the current

staffing levels. Staff commented that at times of staff sickness it could be busy in the mornings, however they told us this was not frequent. The manager explained how an additional post for two hours a day was currently being advertised to have a designated activities provider. Staff felt the creation of this additional post would be beneficial to people.

Safe recruitment processes were completed before new staff were appointed. Staff had completed an application form and provided information for employment and character references. The files showed these references had been obtained by the home. Proof of the person's identity was available and where appropriate documentation had been obtained when foreign nationals were employed. A Disclosure and Barring Service (DBS) check had been completed for staff which ensures that people barred from working with certain groups such as vulnerable adults are identified. Where required the service had ensured nursing staff were correctly registered with the Nursing and Midwifery Council.

Is the service effective?

Our findings

The provider had not ensured staff had received regular supervision. We reviewed the current supervision and appraisal documentation with the manager. From this review, it was established that the manager could not produce any supervision or performance records after January 2015. The manager told us they had not completed any supervision or appraisal since assuming post in April 2015 and told us this would be a priority to ensure this was commenced. Although staff had received an annual appraisal in January 2015, we spoke with staff who confirmed they had not received formal supervision for a long period of time. They told us support from the manager or other senior staff was always available. Although staff felt supported, regular supervision and appraisal would ensure staff support and development plans were recorded and full compliance with the standard was achieved.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. At the time of our inspection there were 11 people with DoLS living at the service and an application had been made to the local authority for three other people. We spoke with staff about the DoLS framework and staff knowledge varied. Although some staff had a basic working knowledge, others were unable to clearly demonstrate an understanding. It was evident from the training records that although staff had received training, some had not received training for nearly three years which may be contributing to this absence in knowledge. The manager told us this would be addressed and further training arranged.

Within a DoLS authorisation, the person who has granted the authorisation may impose a condition on the service as part of the authorisation. The service is obligated to meet the conditions set within the authorisation. We found although the conditions had been met, one condition had not been reviewed for a period of time. For example, within one person's authorisation, there was a condition that the service should regularly review the type of clothing worn by a person that was deemed necessary to support them safely. Although we found the service had completed a

review within the person's records, it was highlighted to the manager it had been approximately 12 months prior to the date of the inspection. The manager told us would ensure more regular reviews were completed and recorded.

People and their relatives generally spoke positively about the effectiveness of the service and the staff employed. One person we spoke with said, "staff encourage me to be independent but are there to help when I need it." Another told us, "They look after me very well." A relative we spoke with commented, "Staff are very kind and chatty." They told us their relative, "Always looks lovely, very clean and tidy with matching clothes."

Staff received training relevant to their roles which enabled them to provide safe and effective care to people. Staff told us they felt supported by the provider through regular training and that the training they received enabled them to meet the needs of people in the home and support them safely. The staff completed regular training in subjects such as manual handling, fire training, first aid, safeguarding adults and infection control. In addition, staff completed training in dementia, to enable them to understand and support people better within the service. It was evident within the training records that nursing staff at the service required updated training in dementia to ensure they were aligned to current and best practice.

An induction was completed following a new staff member starting work. The induction training provided at the service was now aligned to the new care certificate and one member of staff had been employed since the introduction of this and was undertaking the Care Certificate as their induction process. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support.

We observed that when people required support from staff to eat and drink they received the care they needed. People ate their meals where they chose within the service and a choice of meals where available. Staff were observed supporting people where required and this was done at the pace of the person and there were positive interactions throughout. Where professional guidance had been sought, for example from a speech and language therapist, we saw that this guidance was followed. For example,

Is the service effective?

where people required their meals to be of a modified consistency to reduce their risk of choking, this was completed. The service regularly recorded people's weights. Where required, any significant variance in people's weight was communicated to the appropriate healthcare professionals.

People were supported to use healthcare services when required. Most people within the home were registered with a local GP practice and continuity of care was

maintained as people had the same GP. The GP completed scheduled visits every Tuesday and also as necessary to meet people's needs. During our inspection, we spoke with the GP for the service. They told us they felt the service communicated well with them and that appropriate referrals were made when required. We saw that additional healthcare professionals were consulted where required, this included speech and language therapists, chiropodists and opticians.

Is the service caring?

Our findings

People and the relative we spoke with were complimentary about the staff at the service and told us they felt well cared for. All of the comments we received when we asked about the care, coupled with the observations we made showed there were good relationships between people and staff.

One person we spoke with told us, "They look after me very well here and help me to dress." A person's relative commented, "The staff are very kind and accommodating and are very hospitable to anyone that comes. The food is very good and the drinks are personalised."

Staff demonstrated they understood people's individual care needs and staff told us how some people preferred to be cared for. During our conversations with staff, we spoke about different people's care and treatment needs. Staff were able to explain different people's needs, for example staff were able to demonstrate they knew how often some people needed turning in their bed to reduce their risk of developing a pressure ulcer. Staff understood people's mobility needs and explained what equipment people used and how they supported them whilst promoting their independence.

The service had a compliment s log where positive feedback from people and their relatives was recorded. We reviewed a selection of recent compliments and recorded extracts. One compliment read, "May I take this opportunity on behalf of the whole family to reiterate our sincere thanks to the entire Stanton Court team." Another compliment said, "I should also like to thank you and all the staff for the loving care you gave."

People we spoke with felt their privacy and dignity was respected by the staff and we made observations where staff ensured people's dignity was upheld. During our observations, we saw that within the service people liked to be in various different areas. For example, some people stayed within the lounge area of the service and a group of others stayed within a large conservatory at the rear of the building. Other people stayed within their rooms and people told us this was their choice. We made observations

when staff discreetly asked people if they wished to use the toilet. On one occasion, we observed that when a person required support from staff in the lounge area, a staff member obtained a dignity screen to put up whilst they supported the person. This demonstrated staff were aware of the importance in ensuring people's privacy and dignity was maintained.

We observed that staff had a good relationship and bond with the people they cared for and supported. Staff communicated in a friendly way and demonstrated they had an understanding of people as an individual. Staff interacted continuously throughout the day, both verbally and non-verbally such as waving at people. When staff entered different rooms, we saw that people were acknowledged and not ignored. We saw that at times, staff were able to sit and talk with people for periods of time. We observed this during the inspection and saw staff sitting with people reading magazines and discussing the content of them and also current affairs. Staff told us that although they were busy during times of personal care and meal periods, there were points during the day they were able to sit with people and talk with them.

People's relatives were welcomed to the home and visited during our inspection. We saw that a large amount of people's relatives were welcomed into the home on the day of our inspection by the staff. Staff told us it was normal that many relatives would visit during the day and the staff clearly had a good relationship with the visitors. One person told us, "My husband visits me every day and there is no problem with him coming at any time." Another when asked about the service commented, "There was open visiting where they were made very welcome." We saw that people's relatives were also encouraged to join in with social events in the local community such as trips to the local public house.

People were involved in decisions about their care and treatment. People told us they felt they could make decisions within the home and that staff respected their decisions. We saw people being given choices about their care and treatment during our observations.

Is the service responsive?

Our findings

People said they felt their needs were met and that staff were responsive to their needs. Overall we received positive comments about the responsiveness of staff. However, we received some information from some people and their relatives that indicated that people's views were not always taken into account and that care was not consistently person centred.

We discussed person centred care with people who could express their views and people's relatives. Some people told us they felt they were offered choice within the service. For example, one person we spoke with told us, "I can choose if I want to lie in the morning." However, some people mentioned that occasionally this was not always the case. Overall, people told us their views were respected, however gave examples of when this was not always the case.

We discussed the choice of going to bed and waking up with one person. They told us, "Getting up at 6.30am is suggested, as are times for going to bed in the evening." We asked the person about evenings and the choice they had going to bed. They told us, "They do want to get us ready for bed quite early in the evening, but I can sit and watch TV until later if I want. I just have to get changed for bed before the night staff come on." A different person's relative also made a similar remark when speaking with us. When we asked about the choice people had in the service they said, "Staffing was okay but at weekends it was not always as good and that there were issues over going to bed times as it seemed as though the day staff wanted to put the residents to bed before the night staff came on." This did not demonstrate that care was consistently based on people's choice and had, on occasions, been done for the convenience of staff.

Although people's records contained person centred information about people, sections for staff to document a person's life story were not consistently completed. Within some people's records there was a 'This is me' document and historical photographs taken throughout the person's life. Within other files we reviewed it was evident this was not consistent and not all files contained this information. The manager told us they planned to implement additional documents within people's records. Following the inspection, the provider wrote to us and explained that the service always request people and their families discuss

their personal life history with them. They told us that although some people and their families were willing to do this others would not which accounted for the inconsistent levels of information within people's records.

We saw examples of how staff responded to meet people's care needs, in the lounge people received assistance when they needed it with their meals. People were supported with their mobility, whilst being verbally encouraged to be as independent as possible when it was safe to do so. Where people required a pressure relieving air mattress on their bed they were in place and specialist cushions on chairs where required which reduced the risk of people receiving skin damage. Staff responded when people asked them for drinks or assistance with things such as answering questions about various matters.

People's care records and support plans were reviewed to identify any changes in the level of support people may require. Care records showed us that reviews were completed regularly of people's needs. Within one person's care record we saw they had been admitted to the service with a pressure ulcer. The service had been responsive to this and a plan of care that involved continual reviews was in place. There was a body map in place, showing the pressure ulcer location and the treatment needed to aid in healing. There were photographs of the ulcer and where required, advice following professional input was recorded. Regular reviews were completed to monitor the progression and healing of any pressure ulcers.

A range of daily activities were available for people to participate in. There were different activities held on most days throughout the month. Although the home did not have dedicated activities staff, the provider had recently advertised a vacancy for two hours a day to support the current staff in providing entertainment. The activities available to people ranged from crafts, bingo, singing, a gardening club and external entertainers who provided activities such as memory related activities attended the service. In addition, trips into the local community to the places like the local public house were done. People told us there had been a recent improvement in activities. One person said, "It wasn't always like this, but now we tend to get involved doing things rather than just sitting there." Another person commented, "Things are changing a bit,

Is the service responsive?

yesterday we did some cooking in the dining room making jam tarts. When we had made them they cooked them in the kitchen for us and then we had fun sampling each other's cooking."

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. People

and the relative we spoke with told us they had not had any reason to complain. A relative said, "I would be happy to raise a concern or make complaint." Another relative told us they, "Would be happy to raise a complaint or concern." The service had received one complaint during 2015 which had been responded to in accordance with policy.

Is the service well-led?

Our findings

People were not protected against the risks associated with poor record keeping. For example, within people's daily records, the provider had a record entitled 'Daily Life' that showed what activities people had done that day. We found multiple examples of where staff had not completed these records. In addition, a record of the personal care people received should have been maintained within their care records. We again found numerous examples of when this had not been completed by staff. We reviewed the records that showed when a person had been repositioned in bed to reduce their risk of skin damage. We found that although all of the staff we spoke with knew the frequency the person should be turned and most of the records were completed, recording omissions were identified. In addition to this, we asked the manager to produce the records of air mattress audits for the service for September 2015 and these records could not be located.

The provider had governance systems to monitor the health, safety and welfare of people, however we found these were not always used frequently and effectively. For example, there was a governance system in operation to monitor medicines. We saw that when this system was used, staff recording errors were identified and this message was conveyed to staff. However, we found this system had not been used since April 2015. This meant that there had been no system to identify further recording omissions and storage errors like those that we identified during our inspection.

The provider had a system to audit people's care records to ensure they contained complete and accurate information, however these audits were not robust and did not identify care records with recording errors or omissions as highlighted in this report. This meant the absence of a robust governance system to ensure records were completed accurately by staff exposed people to risks of unsafe or inappropriate care or treatment.

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

People and their relatives understood there had been a change in the management at the service and we received

positive comments. People and their relatives were positive about the interactions they had with the service and the level of communication. One relative we spoke with said, "Communication is good between us and the home, and the manager is seen on the floor and is very approachable." Another relative we spoke with commented there was, "Good communications" and said that, "The manager sought to make changes to suit the residents and make them feel more at home."

Staff spoke positively about their employment and Stanton Court and told us the new manager appeared approachable. Staff told us that on the whole, there was a good team spirit within the service and said that all of the staff wanted to ensure a good quality of life for people. One member of staff told us, "We are a good team and we work well together." We asked a member of staff about the new manager told us, "He's always about and we can go and see him if we have any issues."

Staff spoke positively about a meeting recently held by the manager since they assumed post in July 2015. They told us the manager had explained their vision for the service with some staff commenting on good and positive ideas. Staff commented positively about the fact the manager welcomed ideas from staff about how to improve the service, and they said this made them feel involved in the future direction of the service. We saw from the meeting minutes that matters such as the management structure, care staff roles, staff meals and breaks and privacy and dignity were addressed.

There were some effective systems in place to manage the health, safety and welfare of people using the service. The service had auditing systems to ensure that good infection control practice was undertaken by staff. Although we found the service on the whole to be clean, it was highlighted to the manager that the last recorded infection control audit was in March 2015. Additional audits were completed to ensure the environment was safe were completed. Other parts of the audit monitored if things such as handrails were safe, if walkways were clear of obstructions and if clinical waste was being disposed of properly. The last audit of this type was completed in April 2015 and the manager told us they would review the frequency of this audit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with medicines.

Regulation 12(2)(g)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured governance systems were robust to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Accurate records in respect of each service user had not been maintained.

Regulation 17(2)(b) and 17(2)(c).