Centenary Care Homes Limited

Centenary House

Inspection report

70 Charlton Road
Shepton Mallet
Somerset
BA4 5PD

Tel: 01749342727
Website: www.centenarycare.co.uk

Date of inspection visit:
06 September 2016
07 September 2016

Date of publication:
05 December 2016

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**

Summary of findings

Overall summary

This inspection took place on 06 and 07 September 2016 and was unannounced.

Centenary House is registered for older people and provides care and accommodation for up to 13 people. At the time of our inspection there were 13 people using the service.

There is no registered manager in post. However the manager has made an application to be 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.

There were failings in the administration and management of medicines. People were at risk of not receiving their medicines and some medicines had been given to people when it should have been discarded because they were out of date. There were errors in how records had been kept and changes in medicines recorded without a clear record of when and who had made the decision. This had resulted in one instance where there was unclear instructions as to the administering of medicine.

There was a lack of meaningful activities reflecting the likes and interests of people in the home. People and staff commented on how there were little or no activities. One person said "There is little to do here, I just sit all day." and another "There used to be things happening but there seems very little now."

Care planning was very task focused and did not provide staff with information about the person as an individual in respect of their life experience, relationships, interests and hobbies.

People told us they felt safe in the home. This was because as one person told us "There are always staff around when you need them." and " Staff always know what they have to do and have had the training." People could be confident staff had a good understanding of their responsibilities about reporting any concerns of possible abuse or staff practice which was potentially abusive.

There was inconsistency in how people were supported to have their meals. On occasions people were not receiving the assistance they needed to have their meals.

Staff were clear about their responsibilities in reporting any concerns about possible abuse. The manager had acted in a open and professional manner when responding to concerns which had been investigated by the local authority and found to be unsubstantiated.

Improvements had been made in the staffing arrangements in the home and this was commented on by people and staff. One person said "It is better now seem more staff around." A staff member said "It has improved dramatically." People told us how they were confident about the skills staff had and how they

were very responsive to requests for assistance.

People's rights were protected because consent was sought where equipment was being used which could be viewed as restrictive such as bed rails and in one instance a stair gate positioned at the door of a person's room.

People were being cared for by staff who were seen by people as caring and kind. One person had told us "Carers treat us very kindly respecting my privacy, they talk to us nicely. You see them looking after other residents the same, we are all treated the same." Another person when asked what care workers do well replied "They treat you with respect." However we observed inconsistencies in how staff interacted with people on occasions doing so with respect and respecting people's dignity on other occasions failing to do so.

There was a welcoming environment where people could maintain important relationships. One person told us how through having regular family visitors they felt they were still in touch with what was happening. Relatives spoke of feeling able to visit at any time and felt comfortable doing so.

There were inconsistencies in how the service engaged with people. People spoke of being able to voice any concerns and how approachable the manager was. However there was a failure to follow through and take action where people had made comments about where they thought improvements could be made in the quality of the service. People felt confident in asking for help particularly where their needs had change but there were no formal ways of involving people in reviewing their care arrangements.

The manager had failed to notify us, as required by regulation, of specific incidents and events. This meant we had been unable to ensure at the time of these events people's health, welfare and care needs were still being met.

Whilst there were audits and monitoring of the service they had failed to identify areas for improvement. There was a lack of actions being taken as a result of audits and people's comments about the quality of the service.

The manager was working to promote a culture of openness and this was illustrated by comments made to us by people and staff. One person saying how the manager was approachable and always available. Another person told us "They (manager) are always around asking about us and seeing everything is ok." A staff member also commented on how communications and team working had improved since the manager had arrived.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009.

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.

People could not be confident there were safe arrangements for the administration and management of medicines.

People were protected from the risk of abuse through staff having an awareness and understanding of how to protect vulnerable people.

People received support and assistance at the time it was needed

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did not benefit from consistent practice when supported by staff to have their meals.

People were supported by trained and skilled staff however this could be improved.

People benefitted from professional health and social care support so that the service could meet their needs effectively.

Is the service caring?

Good

The service was caring

People were supported in a caring and supportive manner.

People were treated with respect and their privacy upheld.

People's choice about their daily routine was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive

People did not benefit from being able to participate in

meaningful activities.

People's life and experiences were not reflected in care planning.

People did not have the opportunity to formally review their care arrangements.

People felt comfortable about voicing any concerns or worries about the quality of care they received.

Is the service well-led?

Requires Improvement

The service was not always well led

Because of failure to notify CQC of incidents we could not be assured people's health and welfare were not placed at risk.

People could not benefit from the provider having effective monitoring and auditing of the service to identify any areas for improvement.

There was an open culture in the home enabling people and staff to voice their views.

There were inconsistencies in how the service responded to people views and concerns about the service.

Centenary House

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. The inspection was unannounced and took place on 06 and 07 September 2016.

The inspection was undertaken by an adult care 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 this type of care service.

As part of the inspection we spoke with six people living in Centenary House, three relatives, two care professionals and six members of staff. Before the inspection we reviewed all the information we held about the service included incidents and events we had been advised about as part of the provider's notification responsibilities. As part of the inspection we looked at care planning records for five people, quality assurance monitoring audits, minutes of staff and "residents" meetings and other information about the service.

As part of our inspection methodology before commencing inspections we ask providers to complete a provider information return (PIR). We did not request a PIR from this provider. However we looked at information about the service such as training and staffing which are areas which would have been included in the PIR.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe

There were failings in the management and administration of medicines. There were a number of gaps in the administering record which meant there was no evidence some people had received their medicines as prescribed. For one person who had been prescribed anti-biotics the remaining stock did not correspond with the records of medicine given. There were two above the stated record which meant the person had not received the medicine as prescribed. We raised this with the senior member of staff on duty who contacted the person's GP for advice about the missed dose.

There were two people who were being administered eye drops. These medicines had limited life once opened. One had no date of opening, one had date of opening and was still in use despite it being after discard date. This meant these medicines were potentially not safe to administer.

"As required" medicines entries on the administering records did not indicate if the person had refused or taken the medicines. An "X" was written rather than "R" (refused) or signature indicating the person had taken this medicine. For another person "N" had been recorded for 15 days in relation to required medicines. This is recommended where a person has nausea and vomiting. However, when we asked about this we were told it was because none was available rather than as recorded nausea and vomiting. This was highlighted to the acting senior on duty so action could be taken to ensure prescribed medicines were available to be administered and correct recording of administration was made. This meant there were not safe arrangements for the management and administering of medicines ensuring people received their prescribed medicines.

There were a number of handwritten entries on the medicines administration record. These included "Stopped by doctor", "PRN" "Doctor changed" and "Withheld by GP". However there was no date or signature of GP or staff member who had made the record. We could not establish through other records such as GP visits when these changes had been made. This meant there was no auditable trial or accountability as to these decisions being made and there was potential risk people would not receive their correct medicines.

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

People were protected by staff who understood their responsibility to report any concerns about possible abuse. Staff were able to tell us differing types of abuse from financial to physical and emotional. Staff were clear about reporting any concerns about possible abuse to their manager and their right to go outside the organisation if they wished. The manager had responded professionally and worked collaboratively with the local safeguarding team where safeguarding concerns had been raised. These concerns about the quality of care had been fully investigated and had not been substantiated.

One person told us they felt safe in the home because "I only have to ring the bell and someone comes." and "I feel safe, staff always here, they are all around if I need them. Another person said "I feel safe because staff know what they are doing."

People and staff told us the staffing arrangements had improved with the addition of one care staff in the mornings. This had been an area we had identified for improvement at our previous inspection. One person told us "It is better now, seems more staff around." A staff member told us "It is better with three on in the mornings it doesn't feel so rushed." Another when asked about staffing said "It has improved dramatically." A relative had commented in a questionnaire "With another member of staff my mum has received more care." We observed staff responding promptly to requests for assistance and being available to people. There was availability of staff in the communal areas of the home and at mealtimes. However we have commented on the, at times, lack of interaction from staff with people.

Risk assessments had been completed in relation to specific areas of care. These included eating and drinking for example one person had been assessed by a outside professional to have their meals pureed because of risks of choking through having difficulties swallowing. A community nurse had completed a skin integrity assessment and recommended regular repositioning to alleviate risk of skin breakdown. Records confirmed care staff were following this recommendation. Another person had been assessed by a community nurse for the use of bed rails because of concerns about them falling out of bed. These had been put in place to remove this risk. This meant the home had responded to possible risks to people's health and welfare and taken action to alleviate such risks.

We were unable to look at staff records such as recruitment because of an incident which had occurred at the time of our inspection. However all of the staff we spoke with confirmed they had provided two references and had had criminal record checks as part of their recruitment arrangements. These criminal record checks are in place as part of ensuring fit and proper persons are employed.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective

At lunchtime staff were available to support and assist people with their meal if this was needed. There was a relaxed and unhurried and social atmosphere. One person preferred vegetable different to that on the menu and this was provided. People told us they enjoyed the meals and were always offered choice of meal. One person told us "The food is good I enjoy the meals. If there is something I don't like the chef will always do something else for me." We noted at lunchtime there were no condiments on tables and people were reliant on staff bringing them and offering to people rather than people being able to have when they wished. However we observed on two separate occasions people sitting with their breakfast and over a period of 30 minutes not attempting to eat their meal. No staff member approached to offer assistance with the meal throughout this time. The meal was taken away uneaten. We were subsequently told one person was unwell and was later offered snack biscuits which they ate. This meant there was inconsistent practice when supporting people with their meals and in ensuring people's nutritional needs were being met effectively.

To support one person an assessment had been made by a speech and language professional to ensure their meal was prepared in a safe way and meet their nutritional needs effectively. They had recommended pureed meal to prevent risk of choking and ensure the person received the necessary nutrition. This was being provided however we saw how the meal was given with all parts of the meal in one mixture rather than separately. Their action plan (care plan) said " (Name) should have a main meal prepared which should be pureed into separate areas, paying attention to presentations to tempt (name)" We spoke with the chef who told us in future they would present the meal in this way.

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

We looked at the use of equipment such as bed rails which could be viewed as restrictive specifically whether people had given consent for their use. One person had bed rails which had been assessed by a community nurse. This had involved discussion and agreed with the person. There was also another person who had a stair gate fixed to their room door. They said this was with their agreement. This meant people were involved in making these decisions and their rights upheld.

People told us they felt confident about staff having the skills to support them effectively. One person said " They always seem to know what they are doing particularly when they have to use equipment." another said "I don't worry about staff they know what they are doing." Staff spoke positively of the training they had received. All of the staff we spoke with had completed core skills training i.e. moving people, infection

control, health and safety. Other training available included dementia awareness, medicines, equality and diversity and first aid. This was confirmed by records. However one staff member when asked if anything could be done better said "More training would be good." and another said "It would be good to have some training about physical disabilities such as stroke and diabetes." There was e- learning training as well as classroom type training. One staff member when asked the best thing about training said "Hands on training, E-Learning lacks hands on experience." Another said they felt the competency of staff had improved.

Staff told us they received regular one to one supervision this was confirmed by records. This is where the person's performance, any concerns, individual training and development needs can be discussed. One staff member said "Supervision is good we can talk about what issues we may have." and another said "I have had regular supervision but can go to the senior or manager at any time if I want to discuss anything." This meant the performance of staff is managed through this supervision and staff supported in their role.

People had access to community based services such as community nurses. One person told us they had been seen by a nurse weekly because of problems with their legs. They said "I can see the nurse or doctor when I want I only have to say." There were regular visits from a podiatrist and where there had been concerns about people's nutrition or weight loss they had been seen by a nutritionist. There were arrangements for people to see other health professionals such as opticians, GPs and consultants. The home had actively ensured one person had been assessed by the mental health team because of concerns about their welfare and change in behaviour. Some people received support from local authority social workers where they had been assessed to live in residential care and decided to live in the home. One professional was visiting to review the care arrangements for one person. A family member told us how the registered manager had made contact with one person's doctor to review their medicines. This had resulted in improvements in the person physical wellbeing. This meant the service was proactive in seeking health professionals advice and support to ensure people's needs were met effectively.

Good

Is the service caring?

Our findings

The service was caring.

We observed staff acting in a respectful way for example talking at eye level with people and referring to people by their chosen name. This was confirmed to us by one person who was very clear staff called them by the name they wished to be called not being their birth name. However we observed on some occasions staff walking through the lounge area and not acknowledging or interacting with people.

People told us they found staff caring and kind. One person told us "Carers treat us very kindly respecting my privacy, they talk to us nicely. You see them looking after other residents the same, we are all treated the same." Another person when asked what care workers do well replied "They treat you with respect." A relative told us "The outstanding part of the home are the friendly caring staff."

People told us they felt their dignity was upheld. One person told us "Staff never make me feel awkward or embarrassed when giving me personal care. hey make me feel comfortable." Another said "Staff don't intrude and respect my dignity especially when I am having a bath." Staff told us how they always make sure when providing personal such as helping someone to the toilet they protect the person's dignity. One said " It is a very personal thing and I try to be as sensitive as I can." We observed people being hoisted and this was done in a dignified and sensitive manner.

One person told us how they had been encouraged by care staff to do as much as they could for themselves. They said " Staff are there if you want but I like to be as independent as possible and the staff know this." They told us how staff had been very supportive when they were unwell but once better had "Let me get on with things again." Another person told how staff supported them in being as independent as possible: "Staff are there if I want them but know I like to take my time doing it myself. That is how I like it."

Staff showed how they knew people by being able to re-assure and calm people evidencing supportive and caring relationships with the person. On one occasion a person was not clear what they wanted to do or where they wanted to be. Staff spoke with the person in a calm and quiet manner explaining to the person the choices they had about where they wished to sit. They also offered the choice of the person returning to their room and helping them do this.

People were supported by staff who had a good knowledge of individual routines and preferences. For example they spoke of one person who preferred getting up later in the morning and then after lunch sometimes liked to join others in the lounge. For another person staff told us they preferred particular staff to assist them with a bath.

People told us they could chose what time they went to bed and got up. One person said "It is my choice what I do staff are very good and giving me a choice for example where I want to be in my room or in the lounge. Another person told us how they chose to remain in their room and "Staff respect it is what I want." We observed care staff asking people where they wanted to sit when bought into the lounge areas of the

home. Staff had a good understanding of the importance of offering choice to people. One told us "When I get (Name) up I always show a choice of clothing rather than just making an assumption what they want to wear that day."

Relatives told us there were no restrictions on visiting except when people were having their meals. One relative told us "We can visit whenever we want I come at all times and it is never a problem." One person said they had visitors "All the time, it is never a problem staff know this is my home." Staff confirmed to us that other than mealtimes visitors were welcome at any time.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive.

Improvements were needed to ensure people had opportunities for meaningful activities. People told us there were limited activities in the service. One person said " Sometimes there doesn't seem to be much going on. I don't mind the television but I don't like it on all the time." Another person when asked what they did during the day said "I just laze around. There is not anything going on." Whilst we observed in the afternoon of our visit some activity taking place such as one person having their nails manicured this was very limited. There were no arrangements in place for regular activities and this was confirmed by a staff member. One staff member said it was difficult to spend time with people and activities "Probably could be better." One person had commented in the provider monthly visit "There never seems to be much going on here and I spend a lot of time sitting around." Activities had been discussed at a staff meeting and having activity plans in place. However this has not been actioned. People's care plans known as "Action Plan" did not provide information about people's interests or provide guidance to staff about how staff could engage the person from a person centred perspective in terms of activities. This meant people did not benefit from being stimulated through interactions with staff and others through taking part in social activities.

Care plans were centred on tasks such as washing, dressing, mobility and failed to provide information to staff to support the providing of person centred care. Care plans and pre-admission assessments were transferred to "Action Plans". However, these again focused on tasks rather than personalised information such as past history, important relationships and interests and hobbies. These "Action Plans" were not readily available to staff and this was confirmed by the manager. However, these plans did provide detailed information about the person in relation to their daily routine. For example, for one person under mobility it stated "(NAME) should be asked where they would like to be moved to either remain in their room and overall prefers to be in the lounge." and "(NAME) to be asked if they would like their breakfast in bed and then wash and dress or wash and dress and have her breakfast in bed." When talking with staff about this person they were able to confirm these aspects of the person's daily routine. For another person there was detailed information about their going to bed routine and how they liked their meals. This was known by care staff. This meant that whilst elements of "Action Plans" were person centred it was restricted to tasks e.g. diet, medication, bathing, continence. One member of staff was able to tell us personal information about one person namely about their previous employment and interests. However, this was not known by other staff we spoke with and not in their "Action Plan." This meant people benefitted from person centred care in relations to care tasks. However people's lives and experiences were not reflected in care planning so care staff could have a greater understanding of the person as an individual.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us how staff and the manager always asked if they needed more help. One person said "I know I can say what help I need and staff will do it." another said "We spoke with the manager when I came here about the help I needed." A relative said they had, as part of the pre-admission assessment, spoken with the

manager about their family member's care needs. There were regular reviews of care plans and we saw where they had been updated when people's needs had changed. However there were no arrangements for people to be formally involved in reviewing their care needs and discussing any changes in their care needs. There was no evidence from records that people or family members had been involved in reviewing care arrangements. This meant people did not have an opportunity to regularly discuss and review their care arrangements.

People told us they could have visitors at any time. One person told us they had regular visits from their family and how this "Helps me keep in touch." A relative told us how they were always made to feel welcome and "Staff are always friendly and keep me informed." Another visitor told us how they found the home and registered manager welcoming and said "It is always very friendly and I never feel it is problem whenever I visit." This meant the home promoted an environment where people were able to maintain relationships that were important to them.

People told us they regularly saw the manager and were able to talk with him about any concerns. One person said "I know I can either talk to staff or the manager if I have a worry. I have never had to make a complaint but know I could if I wanted too." Another person said "I asked about changes to my room and they were done. It wasn't a complaint as such. They listened and done something that was good." A family member told us "I know I can make a complaint if I wished but I prefer just to talk with the manager and he has always been helpful and listened to what I had to say." There had been no formal complaints since our previous inspection. This meant there was an environment where people and their family members felt able to voice concerns or make a complaint.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led.

Whilst the manager had advised the Care Quality Commission (CQC) of some events as required under CQC regulations they failed to notify us of other events. For example, where the police had been involved following an incident at the home and failure of hot water supplies to the home. The failure of hot water supplies had significant impact on people because of the boiler failure and there being no working back-up arrangements for two weeks. The home had now remedied this and ensured alternative supplies will be available in the event of any future boiler failure. The manager was not aware of their responsibility to report such events to CQC. The failure to notify us meant we could not ensure at the time these incidents occurred people were not at risk and their care and welfare was being protected.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Part 4.

A number of audits had been undertaken by the manager and provider. Audits included: medication and infection control and weekly infection control and environmental. We noted for three consecutive months the audit had identified the same improvement i.e. need for improved laundry facilities (storage of soiled washing) and toilet equipment. However, no action had been taken to address these areas for improvement.

We identified during this inspection improvements were needed in ensuring care plans provided the information care staff needed to provide person centred care and reflected people's lives. There were no arrangements for the manager to review care plans to ensure they provided this information.

The manager had recently met with an infection control nurse to discuss how they could monitor and improve infection control in the service. Working with the nurse the manager was undertaking a more comprehensive audit to identify any areas for improvement. The medication audit had failed to identify areas for improvement which we found during this inspection. Whilst there were accidents and incident records there was no audit of these events to identify any improvements in the environment or actions to alleviate risks of further incidents such as falls. This demonstrated that the system in place for auditing and monitoring of aspects of the service were not efficient in ensuring shortfalls were identified and improvements made.

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

People and staff told us the manager was approachable and worked hard to ensure people and staff could discuss any matters of concerns or voice their view about the care provided in the home. One person told us "The manager is always around and always comes to see me." Another person said "He (the manager) is very approachable, friendly and always around the home." A relative spoke of the manager "He will listen to any concerns and do something about it." A number of staff spoke positively of the manager's approach: "He always asks how we are" and "It has improved since he was manager, more staff meetings, we work better

as a team." and "You can always ask him for advice."

We asked staff what they thought the manager wanted to achieve when providing care. They told us "He wants everyone to get the care they need." and "He wants to improve the quality of care, make sure we have the training we need." When discussing this with the manager he told us he wanted to engage more with people and staff, have a full complement of staff, have good relationships with professionals and ensure there was good working relationships with the local authority. He felt there had been real improvement in the quality of care and how staff were working better and this had been reflecting in the reduction of safeguarding allegations and that those which had been made were all found to be unsubstantiated.

The manager told us he was working with other care home managers to get advice and support. He was also undertaking management qualification and improving staff skills by encouraging staff to undertake the Care Certificate a professional qualification for those working in the caring profession. He said he was also supported by the provider who was always available for advice and support.

There were inconsistencies in practice and actions taken as a result of "Residents Meeting" and surveys. The manager had introduced these meetings to improve the opportunities for people to talk about the service they received. We noted however that minutes of the last meeting held on 04/04/2016 and previous meeting were identical. These recorded discussions about meals, staffing and activities. There was no record of any actions taken where people had made suggestions about the meals provided in the home. However, the chef told us they had attended one of the meetings and had made changes to the menu as a result. A "Residents Survey" had taken place in September 2016. This had recorded people's comments about "More detail provided to cleaning and appearance of the home". There were also comments about staff training i.e. food handling. There was no action plan or record of actions taken as a result of these comments. However, there were a number of positive comments from people including; "Staff are amazing feels like home." and "Great staff feels homely."

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 18 Registration Regulations 2009 Notifications of other incidents The manager failed to notify the Care Quality Commission of events and incidents as required under this regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a failure to provide meaningful activities reflecting the likes and dislikes and life experiences of people living in the home. Regulation 9 (3) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure the management and administration of medicines was safe. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to make sure they assessed and monitored the quality of the service and make improvements where these are identified. Regulation 17 (1)