

Reeson Care Homes Limited

Parkside

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 1 June 2015 and was announced. We had visited the service on 29 May 2015 and found that people were away on a planned activity, so we informed the provider that we would visit on the next working day to ensure that people were at home.

Parkside is a care home registered for three people with a learning disability situated in the London Borough of Brent. The service is also registered to provide personal care. This registration relates to care provided at a nearby supported living service that provides accommodation for three people. At the time of our inspection there were two people living at the care home and two people at the supported living service. The people who used the service had significant support needs because of their

learning disabilities. The majority of people had additional needs such as autistic spectrum conditions, mental health conditions, and communication impairments.

There was a registered manager in post. 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.

During a previous inspection of Parkside on 5 August 2014, we found that the service was in breach of two regulations. These were in relation to training in the

Summary of findings

Deprivation of Liberty Safeguards (DoLS) that are part of The Mental Capacity Act (2005), and ensuring that actions taken in respect of issues arising from quality assurance processes were addressed. During this inspection we found that the provider had taken significant steps to improve the service in order to address the concerns raised at the previous inspection.

A person who used the service that they felt safe, and this was confirmed by family member whom we spoke with. We observed that people appeared comfortable and familiar with the staff supporting them.

People were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately. However we had concerns about the management of people's monies. People were paying expenses for staff members supporting them on community outings, but there was no record of agreement for this. The Oyster Cards that staff members used when accompanying people on public transport were not registered and the provider had no way of ensuring that statements of journeys undertaken showed that they were being used appropriately.

Medicines at the service were generally well managed. People's medicines were managed and given to them appropriately and records of medicines were well maintained. Although medicines in the care home were securely locked in a medicines cabinet, medicines at the supported living service were stored in a filing cabinet that was unlocked although the door to the office where the cabinet was placed was locked. Current guidance provided by the Royal Pharmaceutical Society is clear that filing cabinets are not suitable storage where medicines are stored centrally within a service.

We saw that staff at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the needs of the people using the service.

Staff who worked at the home received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of

the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Assessments of capacity had been undertaken and applications for Deprivation of Liberty Safeguards (DoLS) had been made to the relevant local authority. Staff members had received training undertaken training in MCA and DoLS, and those we spoke with were able to describe their roles and responsibilities in relation to supporting people who lacked capacity to make decisions.

People's nutritional needs were well met. Meals provided were varied and met guidance provided in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

Care plans and risk assessments were person centred and provided detailed guidance for staff around meeting people's needs. Care plans were provided in easy read picture-assisted formats.

The service provided a range of individual and group activities for people to participate in throughout the week. Staff members engaged people supportively in participation in activities. People's cultural and religious needs were supported by the service and detailed information about these was contained in people's care plans.

The service had a complaints procedure that was available in a picture-assisted version. A family member told us that they knew how to make a complaint, and we saw evidence that complaints were dealt with quickly and appropriately.

The care documentation that we saw showed that people's health needs were regularly reviewed. The service liaised with health professionals to ensure that people received the support that they needed.

We saw that there were systems in place to review and monitor the quality of the service, and action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date.

Summary of findings

People who used the service, their relatives and staff members spoke positively about the management of the home.

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

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 always safe. Although medicines were generally well managed, storage arrangements at the supported living service did not meet the current guidance provided by the Royal Pharmaceutical Society.

Arrangements for staff expenses when supporting people to participate in activities meant that people were at potential risk of financial abuse.

Staff members were aware of safeguarding policies and procedures and were able to describe their role in ensuring that people were safeguarded.

Up to date risk assessments were in place and these provided detailed guidance for staff around managing risk to people

Requires Improvement



Is the service effective?

The service was effective. People who used the service and their family members were satisfied with the support that was provided.

Staff members received the training and support they required to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act.

People who used the service and their family members were involved in decisions about people's care. People were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to eat and drink.

Good



Is the service caring?

The service was caring. People who used the service and their family members told us that they were satisfied with the care provided by staff. We observed that staff members communicated with people using methods that were relevant to their needs.

Staff members spoke positively about the people whom they supported, and we observed that interactions between staff members and people who used the service were positive and caring

People's religious and cultural needs were respected and supported.

Good



Is the service responsive?

The service was responsive. People and their relatives told that their needs were addressed by staff.

Care plans were up to date and person centred and included guidance for staff to support them in meeting people's needs.

Good



Summary of findings

People were able to participate in a wide range of activities.

The home had a complaints procedure that was available in a picture-assisted format. Complaints had been managed in an appropriate and timely way.

Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager demonstrated leadership and accountability. He was approachable and available to people who used the service, staff members and visitors.

Staff members told us that they felt well supported by their manager. A family member of a person who used the service felt that the home was well managed.

The registered manager had a good working relationship with health and social care professionals and organisations. Links with the community were promoted on behalf of people who used the service.

Good



Parkside

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 1 June 2015 and was announced. When we had arrived to inspect the service on 29 May 2015, people were away from the home on an outing accompanied by staff members, so we gave 48 hours' notice to ensure that someone would be in during our inspection.

The inspection was carried out by a single inspector.

Before our inspection we reviewed the information that we held about the service. This included the report of the

previous inspection of this service, notifications that we have received from the service and safeguarding referrals relating to the provider. We also made contact with the commissioning team from the local authority.

During our visit we spoke with one person who lived at the supported living service. Other people whom we met were unable to communicate with us verbally. However, we were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. We also spoke with one family member. In addition we spoke with the registered manager, the care co-ordinator and two members of the care team. We looked at records, which included four people's care records, four staff recruitment records, policies and procedures, medicines records, and records relating to the management of the service.

Is the service safe?

Our findings

One person who used the service told us, “staff look after me.” A family member said, “this is the best place they could be. They are really looked after here.”

People’s medicines were generally managed safely. The provider had an up to date medicines procedure. Staff members had received medicines administration training, which was confirmed by the staff members that we spoke with and the records that we viewed. Records of medicines in both the care home and the supported living service were of a good standard, and included details of ordering, administration and disposal of medicines.

However we had concerns about storage of medicines at the supported living service. Medicines at the care home were stored safely in a lockable medicines cupboard and the key was held by a shift leader during our inspection. However, medicines at the supported living service were maintained in a lockable filing cabinet within the service’s office. During our inspection we saw that, although the door to the office was locked, the filing cabinet was not. This could have presented a risk if a staff member had neglected to lock the office door. Furthermore, although current medicines guidance for supported living services contained within The Royal Pharmaceutical Society’s guidance ‘The Handling of Medicines in Social Care’ does not provide specific information in relation to supported living services, its general guidance on storage of medicines specifies that filing cabinets are not suitable storage facilities where medicines are stored centrally within a service.

We discussed this with the registered manager who told us that they would take action to ensure that an appropriate medicines cabinet would be ordered for the supported living service.

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

Monies for people who used the service were managed by the registered manager. There was a policy and procedure in relation to this and we saw that detailed expenditure records including receipts were maintained for each person. The home did not have a budget for staff expenses in relation to supporting people to participate in activities outside the home, and these were paid for from the person’s funds. The registered manager told us that this

arrangement had been agreed with family members and social workers, as otherwise the cost of providing people with community-based activities would be prohibitive for the service. However, there was no formal recorded agreement to this. In addition, Oyster Cards were held for each person so that they could be used by staff members when supporting people on buses, but the service had not registered these in order to obtain detailed statements of usage, so receipts for these only showed records of costs in relation to when they were ‘topped’ up. The lack of formal recorded agreements for staff expenditure in supporting people and of details regarding usage of the Oyster Cards meant that the service could not ensure that people were protected from the risk of financial abuse.

We discussed our concerns with the registered manager who told us that they would take immediate action to address these.

This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff had received training in safeguarding and regular refresher sessions were arranged to ensure staff knowledge was up to date. Staff members that we spoke with demonstrated a good understanding of the signs of abuse and neglect and were aware of their responsibilities in ensuring that people were safe. There was an up to date safeguarding policy and procedure that referred to local multi-agency procedures. Staff members that we spoke with were aware of this and know how to report concerns or suspicions of abuse using the procedure. We reviewed the safeguarding records and history for the service and saw that there had been no safeguarding concerns raised since our previous inspection.

The service had suitable arrangements in place to protect people from identified risks associated with day to day living and wellbeing. Risk assessments for people who used the service were personalised and had been completed for a range of areas including people’s behaviours, mental health needs, anxieties, health and mobility needs, and epilepsy. We saw that these were up to date and had been reviewed on a regular basis. Risk management plans were generally detailed and included guidance for staff around how they should manage identified risks. Where relevant this was situational. For example, we saw behavioural and epilepsy risk assessments that provided guidance for staff supporting people both at home and in the community, including when taking part in valued activities, such as

Is the service safe?

swimming. Behavioural risk assessments included guidance for staff around providing positive approaches to supporting people and identifying and reducing 'triggers' that might create anxieties.

The home environment in both the care home and supported living service was suitable for the needs of the people who lived there. We saw that the sensory arousal needs of people with autism were supported. Items that aroused anxieties or unsafe behaviours were removed from the communal or bedroom environment, and information regarding the reasons for this was recorded in individual risk assessments. Staff members that we spoke with were knowledgeable about sensory and environmental risks that impacted on people's behaviours.

We saw from the services staffing rotas and our observations of staff supporting people during our inspection that the provider had made appropriate arrangements to ensure that people received the support that they required, and that there was continuity of care from a stable staff team. Staffing rotas were designed to provide flexibility of support. For example, some people required one-to-one support at home, and two-to-one support when accessing individual community-based activities. During our inspection we saw that the staff support that people received reflected this. The registered manager told us that, whilst core care teams were maintained in the care home and supported living service, some staff members worked across both services to provide additional support where required. The care co-ordinator told us that they worked in both services, and provided care support where required to enable people to participate in community activities. We observed that

people who used the service were familiar with the staff members supporting them, and the staff members that we spoke with were knowledgeable about people's individual care and support needs.

We looked at four staff files and these showed us that the provider had arrangements in place to ensure that they recruited staff who were suitable to work with the people whom they supported. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Detailed policies and procedures were in place in relation to staff recruitment and the staffing records showed that these had been followed.

The care home and supported living service were well furnished, clean and well maintained. An environmental audit of the safety of the buildings had taken place in May 2015. This included an action plan and we saw that these had been addressed. Although the care home was owned by the provider, the supported living service was leased from a private landlord. The registered manager told us that the landlord was prompt in responding to maintenance issues. Health and safety records showed that safety checks for both properties, for example in relation to gas, electricity, fire equipment, and portable electrical appliances, were up to date.

Accident and incident information was appropriately recorded. Staff members described emergency procedures at the home, and we saw evidence that fire drills and fire safety checks took place regularly.

The provider maintained an out of hours emergency contact service and staff we spoke with were aware of this and how to use it.

Is the service effective?

Our findings

One person that we spoke with told that they were happy with the support from staff. They said that, “staff help me.” A family member told us, “they are really good at making sure that (the person) has what they need.”

Staff told us that they had received an induction when they started working at the service. The induction included information about people using the service, policies and procedures and service specific information such as the fire procedure, report writing and the environment. One staff member told us, “The induction was really helpful.” Induction to the service was recorded on a template and each activity was ‘signed off’ when completed by the staff member and the registered manager. We saw that all staff had received mandatory training such as safeguarding of adults, infection control, manual handling, epilepsy awareness and medicines awareness. Staff also had opportunities to take up care specific qualifications and we saw that a number of staff members either had these or were currently working towards achieving them. Training in relation to specific needs was also provided. We saw, for example, that the service was planning to deliver Makaton training to enable staff members were better able to support people who communicated non-verbally. Staff members told us that they had received regular supervisions and appraisals. The staff records that we viewed confirmed this.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005 and we saw that information about capacity assessments were clearly displayed on the office wall. These were consistent with the MCA Code of Practice for health and social care providers. Staff had received training in the MCA 2005 and demonstrated that they were aware of the key principles of the Act. We observed that staff members used a range of methods, including words, signs, pictures and objects to support people to make decisions. Information about supporting choice for people with limited or no verbal communication was contained in people’s care plans, as was information about people’s capacity to make decisions.

The MCA policy and procedure had not been updated to include information in relation to a recent Supreme Court Judgement on the Deprivation of Liberty Safeguards (DoLS). We discussed this with the registered manager who

told us that the document would be updated. However, the provider had arrangements in place to ensure that people who did not have capacity to make some decisions were not unduly restricted. People’s care plans included information about restrictions that were in place, with evidence that these had been agreed with others to be in people’s best interests. Applications had been made to the local authority for DoLS to be put in place for people who lived at the care home. The registered manager told us that actions had been put in place to seek DoLS authorisations from the Court of Protection for people who lived at the supported living service, and we saw evidence that this was the case. At our previous inspection of this service we raised concerns that staff members had not received training in DoLS. The records that we saw and our discussions with staff members demonstrated that DoLS training was now in place.

One person who used the service told us that they enjoyed the food. We observed one person eating lunch and saw that they enjoyed their meal and were given sufficient time and support to eat at their own pace. A staff member offered choices regarding food and drink. Daily records of meals provided showed us that the food was varied, including cultural dishes that met the preferences of people who used the service. Both the care home and the supported living service had homely kitchens that were accessible to the people who used the service. Snacks such as fruit and biscuits were available for people to help themselves to between meals. People’s dietary needs and preferences were recorded in their care plans, and we saw that the menus available to people reflected these. The registered manager told us that where people chose not to eat what was on the menu, they were offered alternatives. The service kept records of the food and drink consumed by people which confirmed this.

There were effective working relationships with relevant health care professionals. We saw that regular appointments were in place, for example, with the challenging behaviour and epilepsy services, as well as their GP and dentist. People had health action plans which outlined the support that they required to maintain their health and wellbeing. Hospital passports were also in place that provided information about the health and personal needs of the person for medical staff. The registered manager told us that staff members took these documents

Is the service effective?

with them when accompanying people to a GP or hospital appointment. . This demonstrated that the service made efforts to ensure that people received co-ordinated care, treatment and support.

People's families were involved in their care and their feedback was sought in regards to the care provided to their relative. A family member said that "I know the staff well, and they always make sure I am informed about changes."

Is the service caring?

Our findings

One person told us, “I like the staff,” and named the staff members who supported them. A family member said that, “the staff are very caring. I can’t fault them.”

People were supported by staff members who treated them with dignity and respect. We saw that care was delivered in a sensitive manner, and was flexible in ensuring that people were given the time that they needed for activities. For example, one person who had been due to go to an activity during the morning was supported to access this after lunch. We were told that the person was, “a bit anxious in the morning, and their behaviour told us that they didn’t want to go, so we suggested again later and they were eager.” Staff members were courteous and positive in their communications and people appeared relaxed and comfortable with the people supporting them. We saw that staff members were familiar with the people they supported, and spoke with them about the things that were meaningful to them. We observed friendly and positive interactions with staff members using words and signs that people understood, and we saw that people responded positively to this. One person showed us pictures they were drawing of the staff members on shift at the time, and laughed at the staff member’s light-hearted reactions to these.

Staff members had time to deliver person centred care and our observations showed that they knew people well. For example, we saw that staff members communicated with a person with autism in a positive way using words that they understood. The person responded with a smile and use of words and body language that indicated to us that they were happy with this communication. We observed that

staff members encouraged and supported people to complete tasks for themselves as much as possible. We saw that where people were unable to do things independently, they were supported by staff to participate as much as they could in the activity, for example, in making drinks.

The service was sensitive to people’s cultural, religious and personal needs. We saw that information about people’s religious and cultural needs were recorded in people’s care plans. Care plans also included information about people’s needs in respect of relationships and sexuality and positive guidance was provided for staff in relation to support of these.

The registered manager told us that people could access advocacy services if required, and we saw that information about local advocacy services was available at the service. However, all people had very strong links with their families who were fully involved in their care. Family members called and visited their relatives regularly. During our inspection, a relative of a person living in the supported living service was visiting them and another person was looking forward to a visit from a family member that evening.

People were involved as much as possible in decisions about their care. A staff member told us, “even if they can’t speak, they will let us know by their behaviour if they don’t like something, so then we change things to find something that they do like.” Where people were unable to express their views and wishes, family members were consulted to assist the team in making informed decisions about people’s care and support. A family member told us that they were involved in meetings and reviews of care for their relative.

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. A family member said, "we are happy about the care. We are involved in meetings about this."

Care plans were up to date and person centred, and contained guidance for staff in relation to meeting people's identified needs. The care plans were clearly laid out, written in plain English, and were picture assisted. The registered manager told us that people who used the service were unable to read their care documents, and the pictures were used by staff to help people to understand and agree what was in their plans.

The person centred plan detailed people's personal history, their spiritual and cultural needs, likes and dislikes, preferred activities, and information about the people who were important to them.

Information about people's communication needs was detailed and ensured that staff members had clear guidance on how to ensure that people were enabled to communicate their needs effectively. For example, we saw a communication passport that included a communication chart that described behaviours, what the person might be trying to communicate by these, and how staff should respond. We also saw pictures in people's communication plans that were used to assist people to make choices.

The care plans provided information for staff about the care and support that was required by the person and how this should be provided. For example, behaviour plans clearly described behaviours that might indicate that a person was anxious or distressed, along with 'triggers' to be avoided where possible. These were supported with clear stage-by stage information to reduce levels of arousal and enable staff members to support the person to manage their behaviours in a positive way. The registered manager told us that incidents of behaviours that were challenging had significantly reduced. A staff member told us, "change is difficult for people, so it is important that we introduce change slowly so people can get used to it." Behavioural

charts were maintained and reviewed regularly to identify possible triggers for and patterns of behaviours, and what worked for people in managing these. We saw that information gained from this was used to update people's care plans. Daily notes of care and support were in place and we saw that any concerns arising from day to day issues were reported and managed appropriately.

People participated in a range of activities within the local community that included shopping, walks, swimming, football, meals out and cinema trips. Outings to places of interest were planned on a fortnightly basis, and we saw that people were looking forward to trips to The London Eye and Madame Tussauds during June. Activities within the service included a baking group, art and crafts group and reading activities. During our inspection one person at the care home was out on a shopping trip, and another went for a walk in the afternoon. One person at the supported living service went to a local college on three days each week. We saw them on their return and they told us that, "college is great. I like cooking, art and reading and writing." They showed us their note book and how they were learning to copy words. Records of activities, including how people were supported were completed regularly for each person.

Family members were fully involved with the service, and we were told that regular visits were encouraged and supported. During our inspection we saw that one person's parent was visiting, and another person was expecting a visit from their family during the evening.

The service had a complaints procedure that was available in an easy read picture-assisted format. The registered manager told us that, even where people could not read the procedure, the format enabled staff members to explain it to them in a way that was more easily understood. A family member that we spoke with confirmed that they knew how to raise any complaints or concerns. The services complaints' register showed that a recent complaint from another family member had been dealt with quickly and appropriately, and that the person raising the complaint was satisfied with the outcome.

Is the service well-led?

Our findings

People and their relatives spoke positively about the manager. A person who used the service said, “he’s nice. He’s my friend.” A family member told us, “the manager and the staff team are excellent.”

The registered manager was also the service provider. They were supported by a clinical practice manager and the care-co-ordinator.

We reviewed the policies and procedures in place at the home. These were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. One told us, “he’s really supportive and always has time to listen.” We saw that the manager spent time with staff members and people who used the service, and that his interactions were positive and informal. We saw that the registered manager was readily available if staff needed any guidance or support.

Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

There were systems in place to monitor the quality of the service and we saw recorded evidence of these. Quarterly audits of, for example, food safety, medicines, infection control, record keeping and safeguarding were carried out. At our previous inspection of this service we were concerned that actions in relation to quality assurance

processes had not been put in place or addressed. The records of the audits that we saw showed that action plans were put in place where required, and there was evidence that activities to address any concerns had been carried out. Monthly provider reviews took place and we saw that these contained detailed information about how standards were met.

Satisfaction surveys took place annually, and the service was in the process of receiving feedback from a survey that was taking place at the time of our inspection. Separate survey formats were used to gain feedback from people who used the service, their family members, and from staff. The registered manager told us that responses to these were analysed and actions put in place to address any concerns. We looked at the information from the previous year’s survey, and saw that there were high satisfaction levels. The action plan showed that requests to increase the level of activities offered to people had been addressed. This demonstrated that the provider was responsive to feedback.

Minutes of staff team meetings showed that information and concerns arising from quality monitoring activities were regularly discussed. Staff members told us that they valued these meetings and that they provided opportunities to ask questions and offer suggestions that were listened to. The registered manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case.

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Information regarding appointments, meetings and visits with such professionals was recorded in people’s care files.

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 Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment People who used the service were not being protected against the risks of unsafe or inappropriate care by means of the proper and safe management of medicines. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment. People who used the service were not being safeguarded from the risk of financial abuse by means of systems and processes regarding use of their monies. Regulation 13(1)(2)