

Normanshire Care Services Ltd

# Normanshire Care - Longwood Gardens

## Inspection report

33 Longwood Gardens  
Ilford  
Essex  
IG5 0EB

Tel: 02082798327

Date of inspection visit:  
31 January 2018

Date of publication:  
28 March 2018

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on the 31 January 2018 and was unannounced. This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in April 2017.

Normanshire Care - Longwood Gardens is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide support to a maximum of six adults with learning disabilities or on the autistic spectrum. Five people were using the service at the time of our inspection.

The service had a registered manager in place. 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 the inspection we found two breaches of regulations. This was because the service did not have appropriate systems in place to ensure people's safety and quality assurance and monitoring systems were not always effective. We have made three good practice recommendations. These are related to staff induction training, pre-admission assessments and issues around capacity and consent to care. You can see what action we have asked the provider to take at the end of the full version of this report.

Systems were in place to protect people from the risk of abuse. Risk assessments were in place which included information about how to mitigate risks people faced. Sufficient numbers of staff worked at the service to meet people's needs and robust staff recruitment practices were in place.

People's needs were assessed before they commenced using the service. Staff undertook training and supervision to help develop their skills and knowledge. People were able to eat a balanced diet and said they liked the food. The service worked with other agencies to promote people's health and wellbeing. People were only deprived of their liberty where DoLS authorisations were in place.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

The service had an open and inclusive atmosphere and staff spoke positively about the registered manager. The service worked with other agencies to help develop good practice.

## 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. Medicines, infection control and fire safety were not managed in a safe way.

Systems were in place to protect people from the risk of abuse and staff were aware of their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which included guidance about supporting people who exhibited behaviours that challenged the service. The service did not use physical restraint when working with people.

There were enough staff working at the service to meet people's needs and pre-employment checks were carried out on staff to help ensure they were suitable to work at the service.

**Requires Improvement** 

### Is the service effective?

The service was not always effective. Pre-care assessments were in place but these did not cover people's needs in relation to sexuality. People were deprived of their liberty in line with the Mental Capacity Act 2005 but the service did not have effective systems in place to assess people's capacity to make decisions.

Staff received support through regular training and supervision and undertook an induction programme on commencing work at the service.

People were supported to eat a balanced diet and they told us they liked the food on offer.

People's health care needs were met and the service worked with other agencies to promote people's health and wellbeing.

**Requires Improvement** 

### Is the service caring?

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

**Good** 

### Is the service responsive?

Good ●

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner.

People were supported to engage in various activities in the home.

The service had a complaints procedure in place and people knew how to make a complaint.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led. Although systems were in place to monitor the quality and safety of care provided these were not always effective.

The service had a registered manager in place and staff spoke positively about the registered manager and the working culture at the service.

The service worked with other agencies to help develop good practice and keep up to date with relevant issues.

# Normanshire Care - Longwood Gardens

## **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 the 31 January 2018 and was unannounced. The inspection was carried out by an inspector and an inspection manager.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and notifications of any significant events they had sent us. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority who commissioned care from the service to seek their views.

During the inspection we spoke with two people and six staff. This included the nominated individual, the registered manager, two deputy managers and two support workers. We reviewed the care notes of three people including care plans and risk assessments. We checked the supervision and recruitment records of three staff and training of all staff. We examined medicine charts of five people and looked at quality assurance systems at the service and health and safety records. We observed how staff interacted with people.

# Is the service safe?

## Our findings

There were some health and safety checks in place. Fire checks were carried out, including fire alarm testing. This was done regularly, but only the same one call point was checked each time. There was a fire risk assessment in place but this had not been updated since people started living at the service and still stated that it was empty. This potentially put people at risk as the service did not have an up to date fire risk assessment setting out the steps to mitigate the risks faced by people in relation to fire.

The kitchen fire door lacked intumescent strips and both this and the laundry room door did not close fully when released. The dining room doors were on automatic releases but did not automatically close when released and the office door was propped open with a wedge. This meant that steps to prevent the spread of fire may not have been effective if a fire broke out

The service had not arranged for testing of water systems in relation to the risk of legionella infection. This increased the likelihood of the spread of legionella infection, which could have placed people at risk of harm.

The provider and registered manager had completed a monthly check of the service, but failed to identify areas of concern, such as those above or areas for re-decoration.

Food records were in place for temperatures of cooked food and fridge/freezer temperatures. There was a system for staff to check food dates. However, there were no records of disposal of foods and several items that were stored in the fridge were found to be approximately one day out of date, which meant people could potentially eat foods that were no longer safe for consumption.

Most medicines were stored in a locked and designated medicines cabinet which was kept in the office. The deputy manager told us the office was also locked when not in use. Some medicines were stored in another locked cabinet in the office.

Where people had been prescribed medicines on an as required basis guidelines were in place about when to administer this, with one exception. One person was prescribed Diazepam on an as required (PRN) basis. There were no guidelines in place about when to administer this. The nominated individual told us the person only moved in to the service on 22 December 2017. They said, and records confirmed, that they had made a referral to the psychiatry team for this person to discuss the use of this medicine. However, the medicine had been administered once by staff without any guidance in place, which meant it may have been administered inappropriately.

Medicine administration charts were in place which included details of the name, strength, dose and time of each medicine and staff signed these after each medicine administration. We saw these were accurate and up to date. Records were maintained of the amounts of medicines held in stock and we found the records tallied with the actual amounts held.

We observed a staff member administering medicines and saw they did not refer to the medicine administration chart prior to giving out the medicines. They looked at the medicine label, then gave the medicine to the person, then signed the chart. We discussed this issue with the nominated individual who told us they would address the issue with the relevant staff member. We also found that the medicines were not stored in a temperature controlled environment and that the temperature of the storage area was not checked to ensure medicines retained their effectiveness of purpose.

On the day of inspection the service was free from offensive odours although some areas were not clean, including the top of the fridge. There were no systems in place to record or monitor cleaning. This was discussed with the provider, who had some plans for development (such as a new storage room and sensory room), however; there wasn't a clear service improvement or maintenance plan. Staff were aware of the importance of taking measures to reduce the risk of the spread of infection. One staff member said, "We make sure everywhere is clean and tidy. We have different coloured mops for different areas." The same staff member said, "I wear gloves [when providing support with personal care]."

The deputy manager told us the service learnt lessons when things did not go right and implemented changes. For example, one person had exhibited behaviours that challenged the service due to issues around their room. They changed to a room with ensuite facilities and this helped the person and incidents of behaviours that challenged the service were reduced.

However, the deputy manager told us that where lessons had been learned this was largely addressed verbally with staff and records were not retained about this. Incident reports were completed by staff, who gave good details of the incident and the action which was taken. Ten incident reports between May and September 2017 were reviewed, of these, three had been reviewed by the registered manager and there was no system to regularly review incidents at the service to analyse for trends/patterns, or to show that lessons had been learned.

Overall we found various issues of concern relating to the safety at the service. Including issues with medicines management, reviewing of accidents and incidents to learn from them, out of date food, issues relating to fire safety and infection control. These constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Systems were in place to help protect people from the risk of abuse. The service had a safeguarding adult's procedure in place which made clear their responsibility for reporting any safeguarding allegations to the local authority and the Care Quality Commission (CQC). There was also a whistleblowing procedure which highlighted that staff had the right to whistle blow to outside agencies if appropriate to do so. Staff had undertaken training about safeguarding adults and were aware of their responsibility to report any allegations of abuse. One staff member said, "If they have been abused you have to report it to your manager." A second member of staff said, "I report it to the manager and if nothing happens to the CQC and the local council."

The home held money on behalf of people. This was stored securely in a locked cabinet. Records and receipts were maintained of financial transactions and staff signed each time they spent money on behalf of people. We checked the monies held and found all but one of the amounts held tallied with the recorded amount. For one person, they had £5.78 more than the records indicated. We discussed this with the deputy manager who told us this was probably due to an error been made in the record keeping and said they would investigate the matter.

Risk assessments were in place which included information about risks people faced and how to mitigate

them. Risks covered included those associated with cycling, shopping, medicines, using the kitchen and the bathroom. Risk assessments were personalised around the needs of individuals. For example, the risk assessment for one person started, "Staff must clearly communicate to [person] where they are supporting them. They can become anxious and agitated if you deviate from the activity and destination you have conveyed." Staff had a good understanding of the risks people faced and how to support them safely.

Some people exhibited behaviours that challenged the service and we found behavioural support plans were in place. These included information about behaviours that may be exhibited and guidance to staff on how to support the person. For example, the behaviour support plan for one person stated, "Try to use distractions by offering to support [person] with activities they enjoy or doing things around the house. For example, making a drink, listening to music or dancing." The deputy manager told us the service did not use any physical restraint when working with people and staff confirmed this.

The service had enough staff to meet people's needs. One staff member said, "Yeah, we have enough time [to carry out all required tasks]." People's needs had been assessed in relation to how much staff support they required and we saw that levels of staff was on duty on the day of inspection was in line with people's assessed needs. The nominated individual told us staffing levels had been agreed with the various local authorities who commissioned care from the service. We observed that people were supported with their activities and responded to in a time manner.

The service had robust staff recruitment practices in place. Staff told us and records confirmed that pre-employment checks were carried out on staff. One member of staff said, "They did all of those checks." Records confirmed that pre-employment checks had been carried out by the service, including employment references, proof of identification and criminal records checks.



## Is the service effective?

### Our findings

People told us the service was effective in meeting people's needs. A relative had written on a comments form, "[Person] seems happy and looked after at their new home and has adapted well to the staff around them."

After receiving an initial referral the service carried out an assessment of the person's needs. This was to determine if the service was able to meet those needs. The deputy manager told us, "First of all I do an assessment. We need to figure out if we can meet the person's needs. We look at behaviour, past history, medicines. Carers and people who know the person, they are involved." The deputy manager told us on occasions they had not been able to take on a person as they were unable to meet their needs. They gave an example of a person who was better suited to a smaller placement with less people using it.

We saw records of people's pre-admission assessments. These included information about needs in relation to personal care, accessing the community and medicines. There was a section on the assessment form titled 'Social relations and interests' and we saw for one person this had been left uncompleted. Further, we saw that none of the assessments included information about people's sexuality. We discussed this with the nominated individual who told us they would amend the assessment forms so they covered this area and we recommend this.

If, after assessment, it was decided it was a suitable placement, then a transition plan was developed. This involved the person visiting the service for gradually increasing periods, building up to overnight stays. This enabled the person to get used to their new home and to help them decide if they wanted to live there. It also helped the staff to get to know the person before they moved in.

Staff told us they had undertaken training in various areas to help them develop their skills and knowledge. One member of staff told us they had undertaken training about working with people with autism, working with people with learning disabilities, health and safety, medicines and safeguarding adults. Staff undertook an induction training programme on commencing work at the service. This included shadowing staff to learn how to support individuals. One staff member said, "The first week was shadowing and the supervisor was always here." Records showed staff were supported to take the Common Induction Standards a part of their induction. This was a training programme designed for staff that were new to working in the care sector. However, it has been superseded by the Care Certificate. Senior staff told us they were not aware of this. We recommended that the service begins using the Care Certificate with new staff rather than the Common Induction Standards.

Staff told us they had supervision with a senior member of staff. One staff member said, "We talked about safeguarding, whistleblowing, any other concerns we have." Records confirmed supervision took place which meant staff had the opportunity to discuss issues of importance to them with senior staff.

People told us they enjoyed the food at the service. One person said of their breakfast, "Nice, yes, I like it, it's nice." Another person told us, "I love my food, my rice and chips. Food that I like." Another person gave us a

thumbs up sign when asked if they liked the food.

Care plans included information about people's food preferences. For example, the care plan for one person stated, ""Likes to eat pasta, jacket potatoes and chicken with no bones. Likes fruit and veg but does not like tomatoes." General meal plans for the house were in place and staff told us they were working on producing person-centred versions of these.

The service worked with other agencies to promote people's health, safety and wellbeing. For example, they had worked with the speech and language therapy team in developing communication strategies for one person. People told us they were supported to have access to health professionals. One person said, "I go to the dentist with [staff member] when I have an appointment." Records showed people had access to various health care professionals including GP's, opticians, dentists, psychologists and psychiatrists. Records showed the service was pro-active in seeking to meet health care needs, for example people were supported to have a flu jab and to take smear tests. We noted that one person was supported to attend a GP appointment on the day of our inspection.

Hospital Passports had been developed for people. These included important information about the person that would be helpful to hospital staff in the event the person was admitted to hospital. For example, they included details of the person's medical history, prescribed medicines, how the person lets others know if they are in pain and how to support them if they become anxious. Health Action Plans were also in place which had information about how to support the person to live a healthy lifestyle, for example through good diet and access to health care professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had been deprived of their liberty at the service this had been done in line with legislation and appropriate DoLS authorisations were in place. One staff member told us, "You stop their liberty for their safety, in a good way" and was aware of the legislation which gave authorisation for this.

Care plans included information about supporting people with choices. For example, the care plan for one person stated, "I can choose my own clothes but need staff to help me choose clothes according to the weather." A staff member told us they showed people clothing items to wear and said, "[Person] would give thumbs up if they like them."

Where people lacked capacity to make decisions family members were involved in providing information about people. A staff member said, "We ask the family and involve them as much as possible. We always ask next of kin for their experience. This helps us prepare effective care plans and risk assessments." However, mental capacity assessments had not been recorded and although consent forms were in place to give consent to support with medicines these had not always been signed. Similarly, some care plans had not been signed by people or their representatives. We recommend the service reviews its arrangements for assessing people's capacity to make decisions and for obtaining consent to provide care.

# Is the service caring?

## Our findings

People told us staff were kind and they were treated with respect. One person said, "They [staff] are all right, they treat me well." The same person added, "I'm not sad, they [staff] talk to me." Another person gave us thumbs up sign when asked if they liked the staff. A relative had written on a comments form, "All staff involved in [person's] care have been very supportive."

People were supported to maintain and develop their independence and care plans included information about this. For example, the care plan for one person stated, "I can wash my skin with staff prompts and at times need assistance to wash areas that I can't reach. I can brush my teeth with minimum aid. Staff need to put the toothpaste on my toothbrush." The care plan for the same person stated, "I need staff support to put my shoes in the right order from right to left for me to put them on." Staff told us how they promoted people's independence. One staff said of supporting a person with personal care, "[Person] can wash themselves but we put soap in there." Another staff member said, "We prompt them. Before, [person] did not want to wash, but we prompt [person] and they wash more and more frequently."

Staff were also aware of how to promote people's dignity and privacy. One staff member told us they took clean clothes into the bathroom with the person so they could change in there after their personal care. Another member of staff said, "I make sure the toilet door is closed, privacy is most important. To protect dignity make sure they are not naked." We observed staff interacting with people in a kind and caring manner and people were seen to be at ease and relaxed in the presence of staff.

Care plans included information about supporting people with their communication needs. For example, the care plan for one person stated, "I have limited verbal communication skills and I am able to express myself in short sentences and words. When giving me information you need to explain in a clear and easy way for me to understand and make choices." The care plan for another person stated, "I use some sign language and facial expressions to communicate. I point towards things I want. I am able to use some signs, i.e. thumbs up and down." This enabled staff to support people with their communication needs.

The service sought to meet needs in relation to culture and religion. One person attended a place of worship regularly and told us, "[Staff member] takes me to [place of worship]." Care plans included information about people's ethnicity, religion and preferred language. The care plan for one person stated, "Likes to visit places where people of their colour and race are" and "Likes food of [named culture]." The deputy manager told us they were supported with this, going to the barbers of their culture and also restaurants.

Each person had their own bedroom, three of which included ensuite facilities. One person gave us a thumbs up sign when we asked if they liked their room and another person told us, "I like my room." A relative had written on a comments form, "I am pleased with [person's] room and the maintenance of it." We looked at three bedrooms and found two of them were homely in appearance and contained people's personal possessions. The third bedroom was sparsely decorated and staff told us the person destroyed anything placed in their room. The room did not have curtains, however, the windows were made with tinted glass which enabled the person to look out but prevented others from looking in, which helped to

promote the person's privacy.

## Is the service responsive?

### Our findings

People told us they were satisfied with the support from the service. One person said, "I am happy here. It's all right."

Care plans were in place which set out how to meet people's assessed needs. These covered areas including health and wellbeing, communication, personal care, mobility, finances, diet and mental health and emotional wellbeing.

Each element of the care plan was divided into sections on what the support needs were, additional information staff may need to now, risks and any aids and equipment required to meet the need. We saw care plans being followed, for example, the care plan for one person stated they required the support of two staff when in the community and this was provided. Of the three care plans we reviewed two contained comprehensive information about how to support the person. However, one care plan lacked a lot of relevant information. We discussed this with the nominated individual who showed us a revised care plan on the computer which contained the information.

People were supported to develop skills around independent living. One person told us, "I do some cleaning." Care plans included information about developing daily living skills and we observed a person sweeping the kitchen floor. The nominated individual told us they had recruited a new staff member to work with people on developing daily living skills such as making a cup of tea. They said they were due to commence working at the service in two weeks' time.

The service supported people to engage in various activities. One person said, "I am going dancing." The same person said, "I go with them [staff] to the shops to buy clothes." They added that they chose the clothes they bought. Another person gave us thumbs up sign when asked if they were able to go out to do things they liked. We observed people attended various activities on the day of inspection. Two people went to a day service where they engaged in arts and crafts session. Another person went out to a café for lunch. There was a weekly activities timetable on display in the communal area. This had the name of the person and the activity they were taking part on each day and a photograph of the staff member who was providing support. The activity was depicted in pictorial format to make it easier for people to understand. This showed activities were individualised for each person. The deputy manager told us people were involved in various activities and records confirmed this. Activities included swimming, singing lessons, painting, shopping, bowling, cinema and cafes.

People knew who they could talk to if they had any concerns. One person said, "I could talk to [named two senior staff] if I had a problem." The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could go to if they were not satisfied with the response from the service. The procedure was produced in written and pictorial formats which helped make it more accessible to people who used the service. Records showed there had been one complaint since the service was first registered and this was dealt with in line with the complaints procedure.

Care plans included an 'End of Life Form' to cover people's wishes in the event of their death. We noted for one person some of the details requested on the form had not been completed, such as who was to arrange the person's funeral director and if they wanted any special arrangements made. We discussed this with the nominated individual who told us they would speak with the person's family in order to complete the document.

## Is the service well-led?

### Our findings

The service had systems in place for monitoring the quality and safety of support provided. However, these were not always effective.

The nominated individual told us they had sent a survey out to the relatives of all people using the service. This was to seek their views on how the service was run and if they had any ideas for improvements. The nominated individual told us they had only had one survey returned so far. This contained generally positive feedback but the relative was worried about the person's oral hygiene and we found the service had taken steps to address this issue.

The nominated individual told us they carried out audits of the service. They said, "I do my audits as a director every two months. I double check medicines, any maintenance, finances, staff training, if they have new staff have they done the DBS [Disclosure and Barring Service, a check on new staff to see if they have any criminal convictions or are on any list that bars them from working with vulnerable adults], checking electrics work, the cleanliness of the house." They told us the audit had highlighted that the laundry room was too messy due to it being used as a storage room as well as a laundry room. To alleviate the problem they informed us they planned to build some new storage space to the rear of the property. This would make it easier for people to be involved with doing their own laundry. Another area of improvement highlighted was the need for a second computer. One person liked to use the computer while staff also required to use it for work purposes so it had been agreed to get a second computer so staff and people could use them at the same time.

However, quality assurance and monitoring systems were not always operated effectively to mitigate the risks relating to the health, safety and welfare of people using the service and others and had failed to identify some of the issues of concern we found during or inspection. For example they had not identified that the fire risk assessment as out of date, or that medicines were not stored in a temperature controlled environment or that legionella safety checks had not been carried out. This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had a registered manager in place who was supported in the running of the service by two deputy managers. Staff spoke positively about the registered manager. One recently recruited member of staff said, "So far they are ok. With the client's needs they make sure everything gets put in place." The same staff member said of the working culture at the service, "We have good team spirit, we get along here." Another staff member said of the registered manager, "They are very calm, settled, they will listen. Anytime you can approach them, anytime you can talk to them." The registered manager told us they were booked to undertake a training course about leadership, saying it was to, "Teach us about being a leader rather than a manager."

The service held individual one to one meetings with people. One person told us, "Yeah, I have meetings." Records showed these meetings took place and included discussions about health and appointments, activities and the person's care plan.

The service held regular staff meetings which gave the staff team the opportunity to raise issues of importance to them and share good practice. One member of staff said, "I've had two [staff meetings] since I stated. They were all right, we discussed the issues we have here." Records confirmed staff meetings took place.

The service worked with other organisations to promote the welfare of people. They worked with the local authority who commissioned care from the service and various health and social care professionals. The nominated individual told us they were registered with the National Autistic Society and they attended forums run by this organisation to keep up to date with relevant issues. They also told us they and the registered manager attended the 'Providers Forum' which was run by the local authority. The said this gave them and other care providers the opportunity to discuss issues of mutual interest. Records confirmed that the provider worked with external agencies.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care was not always provided in a safe way to service users because appropriate steps had not been taken to ensure that the premises used by the service provider were safe to use for their intended purpose; medicines were not always managed in a safe manner and effective systems were not in place to assess the risk of, and preventing, detecting and controlling the spread of infections including those that are health care related. Regulation 12 (1) (2) (d) (e) (f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)</p>