

Mr & Mrs F Barrs

Alton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 5 and 6 January 2017.

Alton House is a 23 bed care home providing accommodation and care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties and has specialist equipment to support those who need it. When we visited, 21 people were using the service.

The service had a 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 and associated Regulations about how the service is run.

At the last inspection in November 2015, we found three breaches of regulations. The arrangements for managing medicines were not robust. Peoples care plans were not detailed and the quality of service was not robustly monitored. Initial action had been taken to address the breaches but this had not been structured or completed. At this inspection, we found that although people were very happy with the service provided, the breaches had not been rectified.

Medicines were monitored and audited and were safely stored but staff competency to administer medicines, had either not been assessed or was not current. Limited information was available to enable staff to make decisions about when and how to give certain medicines. People who received their medicines without their knowledge (covertly) did not have their rights protected.

The process to improve care plans had continued and additional information had been gathered about people but care plans were still not person centred. They did not contain sufficient detail to enable staff to provide an individualised service that safely met their needs and preferences. However, there was a consistent staff team who knew people well and were aware of their needs and likes.

Management systems had not supported the necessary improvements to address the shortfalls identified at the last inspection.

Staff had received training and additional training was scheduled. They told us they received the right training to carry out their duties and that it was kept up to date.

Systems were in place to ensure that people were not unlawfully deprived of their liberty and the necessary applications had been made to the supervisory body when this was required.

We saw that staff supported people patiently and with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs and provided care in a respectful way.

People were happy to talk to the registered manager and felt they would listen and address any concerns that arose.

We have recommended that staff, relatives and 'residents' meetings be held to ensure that everyone has the opportunity to discuss the service and to give feedback on future plans and changes.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

People were happy with the food and said they had a choice of food and drink and their nutritional needs were met. If there were concerns about their eating, drinking or weight, they were discussed with the GP. We have recommended lunchtime arrangements be reviewed, changed and monitored to ensure that everyone is fully supported in a timely manner.

People's healthcare needs were monitored and they were supported to receive the healthcare they needed.

People said they were satisfied with the activities staff provided.

People told us they felt safe at Alton House and that there were always staff available to help them.

We found three 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the care provided were safe. Although the systems for the administration of medicines had improved, this was still not robust.

People were protected by the provider's recruitment process.

Systems were in place to keep people as safe as possible in the event of an emergency arising.

Systems were in place to ensure that equipment was safe to use and fit for purpose.

Requires Improvement ●

Is the service effective?

Not all aspects of the service provided were effective. The staff team received ongoing training to give them the skills and knowledge to provide people with a service that met their needs. However, training on the use of a new piece of moving and handling equipment was outstanding.

People told us that they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

Systems were in place to ensure that people were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Requires Improvement ●

Is the service caring?

The service was caring. People told us that the staff team were kind, caring and respectful. We observed that staff supported people in a kind and gentle manner and responded to them in a friendly way.

People received care and support from staff who knew their likes and preferences. Their privacy and dignity was respected.

Good ●

People were encouraged to remain as independent as possible and to do as much as they could for themselves.

Staff provided caring support to people at the end of their life.

Is the service responsive?

Not all aspects of the service were responsive. The process to improve care plans had not been completed. Further work was still needed to ensure they were person centred and contained sufficient detail to enable staff to provide an individualised service that safely met people's needs and preferences.

There was a small consistent staff team who knew people well and were aware of their needs and preferences.

People were happy with the activities provided and could choose what they wished to do.

People felt that any complaints would be addressed.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led. The governance systems had not ensured that the quality of the service had sufficiently improved and that regulations were being fully met.

People told us that the registered manager was approachable and that they would be comfortable to raise any concerns with them.

Requires Improvement ●

Alton 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.

This inspection took place on 5 and 6 January 2017 and was unannounced.

The inspection team consisted of one 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 service.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with nine people who used the service, the registered manager, the deputy manager, two care staff, the cook and two relatives. We looked at four people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

Is the service safe?

Our findings

People told us that Alton House was a safe place to live. Comments included, "Yes, I do feel safe. The staff make me safe and there is always someone around" and "Yes very safe. The [staff] here are lovely."

When we last visited the service on 12 November 2015, we found that systems were not in place to ensure people safely received all of their medicines. Although the system to ensure staff had the necessary competency and skills to safely administer medicines had improved, further checks were needed to confirm the competency of all staff who administered medicines. At this inspection the registered manager told us that they had carried out competency assessments on most staff but many of these were more than a year ago. They were not able to provide details of whose competency they had assessed or any plan to re check. Therefore systems were still not in place to ensure that staff had the necessary competency and skills to safely administer medicines.

At the last inspection we found that there was no guidance for staff about the administration of medicines which were prescribed on an 'as required' basis. At this visit we found that there was limited guidance to indicate how staff would know if a person needed the medicine. However, these were not detailed and in most cases just said that people would tell staff if they were in pain. There were no details as to how staff decided on the dosage to give or what they should do if the medicine was not effective. This meant there was still insufficient information to enable staff to make decisions as to when to give these medicines to ensure people received these when they needed them and in way which was safe.

Some medicines were administered without people knowing (covertly). There was a signed letter from a GP saying if medicine was not available in soluble form, to crush them before administering. However, this had never been reviewed and there had not been a meeting between care home staff, the health professional prescribing the medicine(s), the pharmacist and a family member to agree that administering medicines covertly was in the person's best interest. There was not an assessment of the person's capacity to understand the implications or consequences of not taking their medicines. Therefore the system for managing covert medicines was not robust and did not ensure that people's rights were protected.

The above evidences a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The arrangements for ordering, receiving and checking medicines were robust. Medicines were checked when received to ensure that they were correct and weekly audits were carried out. A system had been put in place to check the availability of medicines and to ensure that new stocks were ordered in a timely fashion. Medicine Administration Record (MAR) charts were completed and were up to date. They included people's photographs to check that medicines were given to the correct person. Allergies were also indicated. In line with good practice, opening dates were recorded on liquid medicines, to ensure that they were not used after the expiry once opened period. There was an accurate record of all of the medicines people received.

Medicines were kept safely. Medicines that were in use were stored in a locked medicines trolley. Stock medicines were stored in a locked cupboard. Controlled drugs (CD) were safely stored in a separate locked CD cupboard and a controlled drugs record was kept. CD's were checked by two people at each shift changeover. The person responsible for the administration of medicines kept the keys with them during their shift. We checked the CD's and found that the amount stored tallied with the amount recorded in the CD register. Systems were in place to ensure that medicines were safely and securely stored.

Systems were in place to safeguard people who used the service. Staff were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They told us they had received safeguarding adults training and felt confident that the registered manager would deal with any concerns they raised.

Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning properly and were safe to use. The records also confirmed that the maintenance person carried out weekly checks on fire alarms and call points to ensure that they were in good working order. Systems were in place to ensure that equipment was safe to use and fit for purpose. Staff were aware of what to do in the event of an emergency. They told us that when they were not on duty, the registered manager or deputy manager were available on call and would come in if needed. The registered manager was aware that people should have individual personal emergency evacuation plans in place and was planning to complete these. Systems were in place to keep people as safe as possible in the event of an emergency.

People were protected by the recruitment process which ensured that staff were suitable to work with people who needed support. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support.

No concerns were raised about staffing levels and we saw that staff were available to support people when needed. One relative told us, "I am happy with it. They all seem very well cared for. The same staff level at the weekend. They [staff] are always in this room [lounge] or not too far away." One person said about staffing, "Yes it's the same at the weekend and I think two at night." Another commented, "There is always someone to help me". At the time of the inspection we found that there were sufficient staff on duty to meet people's needs.

Is the service effective?

Our findings

People told us that they were happy with the service provided at Alton House and that staffed asked their permission before helping them or carrying out tasks. One person said, "The staff are great and wonderful people. They help me wherever they can." Another added, "Yes they do ask things like do you want to go to the toilet or do you want to have a shower."

Staff told us that they received the training they needed to support people. One member of staff told us, "We have lots of training and it gets updated regularly. I have had infection control and medicines recently and the end of life and the dementia training were very good." Another said, "We have loads more training now and it's as regular as clockwork. It's the right training with yearly updates." We saw confirmation that further training was booked for January for working with people living with dementia. Most of the staff team had either already obtained or were working towards a qualification in health and social care. A new type of hoist had been purchased since the last inspection to enable staff to provide more appropriate and safer support for some people. Although staff had received moving and handling training they had not received specific training on using the new equipment. We discussed this with the manager and they undertook to arrange for their external moving and handling trainers to provide the necessary training. People were supported by staff who received appropriate training to enable them to provide the support people needed.

Staff received supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) approximately every three months. They told us that the registered manager was approachable and gave them the support that they needed. They said they could call them for advice. Systems were in place to share information with staff, including handovers between shifts and a communication book. One staff member said, "We talk to each other." Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

People were provided with a choice of suitable nutritious food and drink. They told us they were happy with the quality of food and the choices available. Comments included, "Very nice, very good, edible and always have enough. Always have a couple of choices," "Food is brilliant. We always have enough vegetables," "Meals times are the best part of the day. The food is really good. I can't praise them enough about it" and "The meals are tasty and I really enjoy them. We get a couple of choices."

During the morning, the chef asked each person what they would like for lunch. In addition to the regular menu, a finger food menu had been introduced to assist those living with dementia. People could choose from either menu. At the time of the inspection, none of the people who used the service had a specific dietary requirement due to their culture or religion. The chef told us that meals could be provided to meet a variety of needs. People were supported to have meals that met their needs and preferences. However, we noted that for those who needed their food to be pureed, everything was mixed and pureed together, meaning that the person would likely be unable to enjoy the different tastes. We discussed this with the chef and the registered manager and they undertook to change this straightaway.

People were supported to eat and drink sufficient amounts to meet their needs. People said they had

enough to eat and drink. One person told us, "They will always give me a cup of tea or coffee whenever I ask for it." Another added, "I can get a drink whenever I want." In addition to tea and coffee, we saw jugs of water and juice were available and that these were refilled throughout the day. When there were concerns about a person's weight or dietary intake, we saw that advice was sought from the relevant healthcare professionals. A relative told us, "[Family member] likes it and has put on weight since they have been here which is good. Staff tried everything as [family member] wasn't chewing when they first came in. I get a cup of tea and biscuits."

The quality of the meal time experience and of the support provided was not consistent. Most people ate independently and ate in the dining area or the lounge. Two people needed assistance from staff to eat. We saw that staff appropriately supported and encouraged them to eat and that they were not hurried. However, the only time staff went into the dining area was when they were serving meals or dessert. This meant that people did not always receive timely support. For example, one person had finished their meal and their drink but due to their degree of dementia continued to scrape the plate and to try to drink from the empty glass until a member of staff eventually came back into the dining area and offered a dessert. People spent a lot of time waiting for their meal. They had been in the dining area from 11.50am and for some people, their meals were not served until 12.30pm. After people had finished eating they were still encouraged to sit in the dining area whilst staff were in the lounge area and until everyone had finished. This meant a lot of people were left in the dining area with nothing to do.

We recommend that lunchtime arrangements be reviewed, changed and monitored to ensure that everyone is fully supported in a timely manner.

People were supported to access healthcare services. They saw professionals such as GPs, district nurses and chiropodists when needed. One person told us, "Doctor comes every week or you can ask the staff and they will get one to come around when you need. Other people will come around too if you want." Another said, "Yes, I can see anyone I need too. The manager will call them for me." A relative commented, "A doctor comes in every Friday and a district nurse also comes. The optician has been here." People's files contained details of medical appointments and their outcomes and an information form to be used if they needed to be transferred to hospital. The form already had basic information about the person and there were spaces for staff to put in updated information, for example, current medicines. The areas for completion at the time of transfer were clearly highlighted to assist staff to provide all the necessary information. People's healthcare needs were therefore identified and addressed to keep them in good health.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were clear that people had the right to and should make their own choices and had received MCA and DoLS training. Since the last inspection, the registered manager had made relevant applications to the supervisory body and was waiting for their responses. One relative told us, "They have done a DoLS on [family member]. They talked to me about it before they did it and then someone from DoLS phoned me." Systems were in place to ensure that people were not being unnecessarily or unlawfully deprived of their

liberty.

Is the service caring?

Our findings

People were positive about the care and support they received. They told us that staff were kind, caring and respectful. One person said, "All the girls here are wonderful and caring and helpful. They will do anything for you." Another told us, "It is a hard job and they always do it while smiling." A relative commented, "They are very caring, very gentle with [family member] and treat them like I would want to be treated."

People were supported by a staff team who knew them well. They told us about people's individual needs and preferences. Staff had completed 'This is me' documents for each person. These contained details of people's life histories and their likes and preferences. One member of staff told us, "We get background information from families for 'This is me' and we can use this in conversations with them." There was a stable core staff group and agency staff were not used. This helped to ensure that people were consistently cared for in a way that they preferred and needed.

Staff supported people in a kind and gentle manner and responded to them in a friendly and appropriate way. We also saw staff talking to people and explaining what they were going to do before they helped them. Relatives were happy with the care their family members received. Feedback included, "I am happy that [family member] is here. The staff are great and know how to look after them."

People told us their privacy was respected and we saw staff always knocked before entering their room. Comments included, "They will knock on the door before entering. I can have it shut if I want to," "If I want a bath or a shower they will take me to the bathroom and shut the door. I don't mind walking around in my 'birthday suit' but they will always make sure I am covered" and "Yes, things like closing the door when I am in the toilet or the way they talk to me."

Staff supported people to make daily decisions about their care as far as possible. For example, what they ate and if they preferred a bath or a shower. People were encouraged to remain as independent as possible and to do as much as they could for themselves. For example, one person liked to set the tables and pour drinks at lunchtime and they were encouraged to do this.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP, district nurses and the local hospice. We saw that the staff team had been working towards accreditation for the Gold Standards Framework (GSF), which is an independent accreditation framework to support people as they near the end of their lives. At the time of the inspection this was on hold but the registered manager told us they were working in line with the principles of GSF and information relating to this was in people's files. People benefitted from the support of a caring staff team.

Is the service responsive?

Our findings

People told us that they received good care and that staff responded to their needs. A relative said, "Staff are very attentive, [family member] is well looked after."

People's individual records showed that a pre-admission assessment had been carried out before they began to use the service. Information was also obtained from other professionals and relatives. The assessments were basic but indicated the person's needs and gave staff the initial information they needed support people when they started to use the service.

At the last inspection, we found that although care plans contained information about people's needs and wishes, they were not comprehensive and did not contain specific or sufficient detail to enable staff to provide personalised care and support in line with the person's needs and wishes. Since then, staff had completed 'This is me' documents in discussion with people who used the service and their relatives. These contained useful and appropriate information which assisted staff to respond appropriately to people's needs. However, care plans still lacked the specific detail on how to support them. For example, one plan stated that the person was doubly incontinent but there was no information about how to manage this. For another person, an identified need was dementia and the support action to take, was to assist them wherever they needed it. For the same person the plan said that care staff would look after their dentures but again, there were no details.

As at the last inspection, we again found that some care plans been reviewed and updated but not others. There was a monthly checklist that staff completed and also a three monthly review. However, it was not clear from the documentation exactly what had been reviewed and consequently, we could not confirm that information was up to date. There was no record of discussions with people or their relatives. This was a small service with a consistent staff team and we saw that staff knew people well and how best to work with them. For example, we heard staff trying different ways of encouraging one person to have a shave. However, although the process to improve care plans had continued, this had not been fully achieved and the lack of specific information about how to meet people's current needs, placed them at risk of not consistently receiving the care that they required.

This above evidence a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities)

Systems were in place to tell staff about people's care needs and any identified changes. Changes in people's care needs were communicated to staff during the handover between shifts and via a communication book. A member of staff told us there was good communication and teamwork and information was passed on. They felt that they were get up to date with people's needs and any changes.

People were not always aware of their care plans and this was possibly due to their living with dementia. One person said, "Anything like that would be taken care of by my son." However, relatives were aware of care plans and said they had been consulted. One relative told us, "[Family member] has a care plan. The manager has spoken to me about it, I think twice now. I did sign it." Another said that a different family

member had 'gone through it'.

People told us that they were satisfied with the activities they were offered. Since the last inspection dementia friendly items and tactile objects had been purchased and further dementia training had been booked. There was not a designated activity person and staff on duty did activities with people. During the morning of the visit staff organised a bean bag game. Each person, who wanted to, had a go at throwing the bean bags into the holes on a board. The staff spoke to everyone cheerfully and tried to encourage them to take part. One person said, "I have quite a lot I can do. I like to help set the table before meals and clean up afterwards. I like going out. I also like reading and watching TV. I don't like to take part in the activities." Another added, "We do something all the time, like today we were throwing a bean bag into the holes, it was alright. We have played bingo before and a few other games. I usually just sleep and watch TV. I like doing that." A third commented, "There's not a lot of things I want to do now. I like talking to the other residents and watching TV that's about it."

A system was in place to receive and look into complaints. We saw that the service's complaints procedure was displayed on a notice board in a communal area. Any complaints were recorded and passed to the registered manager to address. The registered manager told us that there had not been any complaints since the last inspection. When asked who they would complain to if they were not happy, people responded, "Any of the staff, they are lovely and easy to talk to," "Anyone, they will all try and help" and "I guess I'd talk to the manager if it was a big thing. Yes she definitely would try."

People were supported by staff to make daily decisions and choices about their care as far as possible. We saw that people made choices about what they did and what they ate. One person told us, "You can do what you want to do. I like to watch TV. I get a paper everyday which I like to read top to bottom." Other comments included, "You can do whatever you want to. You can go to bed when you want. Sometimes I want to go to bed early and it is ok," "I can do anything I want. I can go for a walk outside and the staff will ask me if I want someone to go with me. I can go to sleep when I like" and "The staff will let you do anything as long as it is safe."

Is the service well-led?

Our findings

People who used the service and their relatives were happy with the way in which the service was managed. People said, "[Registered manager] is nice and knows what they are doing," "I think [Registered manager] is doing a good job" and "[Registered manager] makes time to listen to you and sort things out, they are really helpful." A relative told us, "[Registered manager] is very nice and I have no complaints about them. They are always helpful and will stand and listen to you." Staff also spoke positively about the management of the service. One commented, "The service is well managed and it's all pretty good here." Another said, "The managers are supportive and work with staff. They listen and respect out knowledge of residents. If things are not done they do say. We all try to work things out together."

However, the management of the service was not robust, as demonstrated by the continued non-compliance of regulations. Although action had been taken to address breaches of regulations this had not been structured, consistent or completed. For example, the personalisation of care plans and the checking of staff competency to administer medicines. At the last inspection, we found that the registered provider visited the service each week and spoke to people. There was no record of what was found or discussed at these visits or of the checks that had been carried out. In addition there was no evidence that the provider was monitoring progress towards the completion of the action plan or that they had discussed the outstanding tasks. The situation was the same at this inspection and we found that little progress was made. The systems in place to monitor the quality of service provided were not robust and had not ensured the quality of the service had improved or that regulations were being fully met. Improvements were needed to ensure that robust and effective systems were in place and that people received a service that was safe, effective and responsive to their needs.

There was a management structure with a registered manager and a deputy manager in post. They monitored the quality of the service on a day-to-day basis. In addition to observations and discussions with people they carried out spot checks outside their normal working hours. Issues found as a result of these checks had been appropriately addressed. They had also set up a process to audit medicines and had just introduced management checks for work carried out by the handyperson. However, the management information was not always available. For example, the registered manager was not able to provide any staff training records or tell us when staff had last received training. They did not have a system in place to identify when training needed to be updated. A training matrix had been started but not completed or kept up to date. The registered manager undertook to provide us with this a few days after the inspection but this was still not provided two weeks after the visit.

The above evidence a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that staff meetings were "not very often" and that they dealt with issues as they rose. They added that information was put on the noticeboard and notes in wage slips. They also told us that they did not hold relatives meetings as these had never been successful due to poor attendance. People who used the service told us that they did not have meetings either.

We recommend that staff meetings take place to give staff collectively the opportunity to discuss work practice, people's needs and issues that affected the service provided. Also that relatives and 'residents' meetings are organised to give people the opportunity to discuss the service provided and to give their views on future plans and wishes.

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 9 HSCA RA Regulations 2014 Person-centred care The lack of detailed and specific information about people's needs placed them at risk of not consistently receiving the care that they required. Regulation 9 (1) (a) & (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not robustly managed. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of robust management and monitoring placed people at risk of receiving a service that was not safe, effective or responsive to their needs. Regulation 17 (1) (2) (a)-(e).