

Consensus Support Services Limited

The Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Manor is a residential care service that provides accommodation and personal support for up to 14 older people with learning disabilities. Some people were also living with dementia. At the time of our inspection there were 11 people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large home, bigger than most domestic style properties. It was larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Risk assessments in place were detailed. However, some people's risk had not been recorded. This meant there was a risk that some staff may not know how to support people safely. Some medicines were not counted or recorded properly, so we could not be sure if people had received the right amount of medicine. Some information about how people liked or needed to take their medicines was missing.

The provider did not always properly assess risks relating to the environment. Work was in progress to improve the environment for people to live in and to make the service was safe for people but there was still a lot of work that needed to be done.

The provider had systems in place to monitor, assess and improve the service. Care records focused on individuals and their needs but we found gaps in some people's records and this meant some important information may be missing about their care and support.

Staff knew how to keep people safe and used lots of different way to communicate with people to find out how they were feeling and what choices they wanted to make. Care records helped staff know what was important to people and how they wanted to be supported.

There were enough staff to keep people safe, staff received training to keep them up to date with their skills and knowledge and recruitment checks made sure staff were safe to support people.

Staff supported people to follow their interests in the community and at the service. They helped people keep in contact with their family and friends. During our inspection people were very active getting ready with staff to go out or making plans for their day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support. This meant people who used the service were able to live as full a life as possible and achieve good outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 04 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Manor 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority about their most recent inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. This was because some people were unable to express their experiences of the service verbally. We spoke with three people using the service, the registered manager, the operations manager and four staff members. We also spoke with two professionals and a community volunteer who were visiting the service. We looked at records which included care records for three people, three staff files, medicines records and other records relating to the management of the service.

After the inspection

We received additional information from the operations manager to give us assurances of actions taken. We looked at training data and quality assurance records. We spoke to one friend of a person who used the service for their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always assess, monitor and review risks to people's safety. Staff were aware of people's risk and risk assessments were in people's care records covering risks at the service and in the community. However, not all risks had been recorded and plans were not in place to manage risk associated with some people's healthcare needs. This included risks such as diabetes and constipation. One person's risk assessment had not been updated with the latest guidance from healthcare professionals regarding their swallowing difficulties. We were concerned because the service was using agency staff to cover sickness this meant not all staff would know how to keep people safe.
- The provider did not always maintain a safe environment for people. During both days of our inspection we found portable oil filled heaters were being used as an additional heat source in communal areas. The surface temperature can get very hot and there was a risk of burns to people if they fell or had any prolonged contact with the surface. There was no risk assessment in place guiding staff on how to manage this risk. After our inspection the operations manager confirmed a heating engineer had been to assess the current heating system at the service and sent us copy of the new risk assessment with a guide for staff on how to ensure the safe use of portable radiators.
- People were at risk from trips and falls. Trailing leads from portable fans and radiators were a potential risk to people. The operations manager confirmed any equipment not used would be placed into storage to reduce the risk of trips and falls in the service. Externally, the garden lawn contained a large drop, where a hedge had been removed. The patio area had loose and uneven paving and there were pot holes in the drive to the front of the building. This made it difficult for those people with limited mobility to access the garden or the community safely. After our inspection the operations manager confirmed funding had been agreed to make the garden safe for people and in the meantime risk assessments had been put in place to ensure people with reduced mobility were always accompanied by a staff member to help them keep safe.

Using medicines safely

- People's medicines records were not always completed properly this meant there was a risk people did not receive the medicines they should have when they needed them. The medicine administration records for most people were completed with no gaps. However, when we looked at one person's administration record we found the balance of medicine was incorrect. We spoke to the registered manager who confirmed he would be reporting the error to the local safeguarding team and would take immediate action by speaking with staff and checking their competencies around medicine administration.
- People had PRN (medicine to be taken as required) profiles in place to guide staff on when PRN medicine may be required. However, there was a lack of information about how people would like to take their medicine, how medicines should be given and any important information for staff about foods or drinks that

should be avoided with certain types of medicine.

- Although some of this information was in people's care records they were not easily available to staff when medicines were administered. For example, one person had difficulty swallowing so the pharmacist advised crushing one type of medicine to help. Although staff knew they needed to do this, the information was not in their medicine records and there was a risk this instruction could be missed or forgotten.

Preventing and controlling infection

- Staff had received training in infection control and safe food handling. During our inspection the kitchen was being refurbished and was not in use. A makeshift kitchen had been set up in the hallway and the fridge and freezer had been moved there together with a trestle table used for staff and people to make very basic meals. On the first day of our inspection we found food in the fridge that was out of date. There was food that had been opened, but not labelled so there was no way of knowing how long it had been opened for. We spoke to the registered manager who immediately disposed of the out of date food. On the second day of our inspection we found all food was in date and had been labelled correctly.
- Generally areas around the service were clean without odours. Soap and hand drying facilities were in all the communal bath/shower rooms and toilets and staff had protective gloves and aprons to use when they needed to.

Although the provider immediately responded to our findings to make things better for people we were concerned that issues relating to risk, medicines management and the unsafe environment had either not previously been identified or had not been addressed. This amounted to a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were enough staff to keep people safe. However, during our inspection we found many staff were off work due to sickness and agency staff were being used to cover. Staff told us although they asked for the same staff from the agency this did not always happen. This meant people did not always get the continuity of care from familiar staff.
- Staff told us staff numbers were flexible depending on peoples activities or healthcare appointments. Staff told us there was enough of them on duty to meet people's needs.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. Safeguarding was discussed during staff one to one meetings so staff were aware of any updates or improvements in systems and processes. Staff had received training in safeguarding and had completed annual refresher training.
- Systems and processes were in place for managers to report, investigate and review safeguarding concerns. The manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.

Learning lessons when things go wrong

- Staff understood their responsibilities to report concerns and incidents and were fully supported, by the registered manager, to do so. The registered manager reviewed all accidents, incidents and safeguarding concerns with a view to learn lessons to make things better for people. The provider also monitored accidents and incidents so they could monitor any action taken or improvements made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The Manor is a large detached house with accommodation over three floors. People's rooms were accessed by stairs and a stair lift was in place for those people who needed it. People's rooms were homely and personalised with items of furniture, pictures and photographs.
- The service was in need of modernisation and redecoration. This kitchen was being updated at the time of our inspection. However, it was clear further improvements were needed to meet people's needs and also to reflect their views and decisions about the decor of the service. The registered manager showed us an action plan detailing the work that had already been completed and the improvements they had identified as being essential. We will look at this again during our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they first started to use the service. Assessments included information about people's mental health and physical support needs, their history, likes and dislikes together with any spiritual and cultural beliefs so staff could provide the appropriate care and support.
- Where possible, new people joining the service did so gradually, over a period of time. A transition plan was put into place covering arrangements such as pre-admission visits to the service at various times to meet people and be involved in social gatherings such as mealtimes. There were also opportunities for people to start personalising their room so they felt more at home when they moved in.
- Regular care reviews were conducted involving people, staff and family members, if appropriate.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service.
- Staff training included a mixture of e-learning and face to face training. Additional service specific training was provided, which meant staff were up to date with the current guidance and best practice to help them support people well.
- The provider monitored staff training and reminders were sent to staff when their refresher training was due. Appropriate action was taken when training was not completed to make sure all staff received their training when they needed it.
- Staff felt they were well supported by their managers and regular one to one meeting, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development.

Supporting people to eat and drink enough to maintain a balanced diet

- Although the kitchen was not in use during our inspection we observed people being offered choices about their food and drink. A makeshift kitchen in the hall area allowed people to be involved in making their own breakfast or snacks during the day while the kitchen refurbishment was underway. Staff supported people to make healthy choices about their food and made sure people had enough to drink.
- People's likes and dislikes were recorded in their care records along with any special dietary needs and when people required additional support the appropriate healthcare professionals were involved to give advice and support.
- Staff told us about people's favourite food and how they prepared this. One person needed a thickener added to their drinks to help them swallow and staff explained how the person was encouraged to do this themselves.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access the healthcare services they required. Records confirmed regular visits to GPs, and appointments with other healthcare professionals.
- Records contained details of people's health care needs. The registered manager confirmed staff had received training for oral health care and showed us the oral health assessment tool that was in the process of being completed for people. We will check this again during our next inspection.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make particular decisions had been assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The registered manager was in the process of updating people's mental capacity assessments. We observed staff offering people choice and control over their care and support needs during our inspection.
- Where the registered manager thought there were restrictions on people's liberty, applications had been made to the local authority. A log was kept of the authorisations received together with any conditions the provider needed to meet.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A friend of a person told us they thought staff were caring. They told us the person was very settled and happy at the Manor. A community volunteer told us, "The staff I see appear caring, the conversations are with humour and there is good interaction."
- During our inspection we observed people's interactions with staff were positive. The atmosphere was calm and often quiet but reflected the needs of people at the time. Many people had lived at the service for a number of years and it was obvious they felt relaxed and at home.
- Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. This included respecting people's cultural and spiritual needs. For example, one person was supported to be involved in the local church community.
- Staff were friendly and open, they spoke positively about their work and how they supported people. Comments included, "I like to see when people are happy it's just the little things", "I enjoy everything... meeting [person's name], talking with him. When I go home I am still thinking about them. I enjoy that" and "I like making people happy, helping them do what they would like to do."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and support. We observed people making choices during our inspection and staff supporting them to do this. For example, one person chose to get up late and another person chose to go to the shops.
- People's communication needs varied and staff knew the best way to speak to people and ask for their views. For example, one person used a combination of speech and Makaton (a signing system designed to support spoken language) to communicate and this helped them take an active role in making decisions about their care and support.
- Staff were patient with people when asking about their choices and decisions. We observed staff gave people time to think about what they would like for lunch or what activity they would like to do. When necessary, people had access to advocacy services if they required support making decisions.
- Staff told us they were aware of body language and signs people used to express their needs and feelings and what these were likely to mean. This meant staff were able to provide reassurance when people needed it.

Respecting and promoting people's privacy, dignity and independence

- We observed staff were respectful of people's dignity and privacy. Staff were discreet when people required personal care and told us how they respected people's privacy and dignity and encouraged independence.

People's care records centred around their choices and guided staff in how they should give people choice and encourage independence.

- People were encouraged and supported to be as independent as they could be. One person liked to be involved in the decoration of the building and took their responsibility of the weekly recycling very seriously. They showed us where the bins were stored and explained a new bin had been ordered to help them with their job.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that responded to their needs. People's care records focused on their physical, mental and social needs. People's morning and bedtime routines were recorded, including the times they liked to go to bed or wake up.
- Staff knew people's routines well and spoke about people's likes and dislikes. They respected the choices people made and gently encouraged people to think about their decisions if they may not be appropriate. For example, one person had dressed for an outing but staff suggested they may need a raincoat because the weather was very wet that day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about their individual communication needs and how these should be met. This included the best time to ask people questions, for example when people were happy and relaxed.
- Work was ongoing to improve the methods used to help people communicate. Following involvement with the provider's positive behaviour intervention team, additional resources had been recommended to help one person communicate their needs.
- Some documents were in a format that people could easily understand and staff told us they used photographs, pictures and objects of reference to help people communicate. However, the registered manager recognised there was still further work to be done to improve the way information for people was presented and told us about the areas he was working on. We will look at this again during our next inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff encourage people to maintain relationships with those who were important to them. A friend of a person told us they visited the service regularly to take the person and their friend who also used the service for lunch.
- On the first day of our inspection three people were leaving with the registered manager for a short break organised by the provider. Two people told us they were looking forward to the trip and spoke about some

of the items they had packed in preparation. One person attended a day centre and another went to a local farm that was run by the provider.

- The registered manager explained people's needs were changing as they were ageing and many people no longer wanted to go to the farm. This had previously been a main activity for people living at The Manor. Staff therefore supported people to take part in activities that were more relevant to them.
- Staff told us people attended day centres, went to the pub or the park. A music session was in progress during the morning of our first day and staff told us about yoga sessions and how helpful people found this. One person preferred not to engage in activities but enjoyed a drive out, so staff made sure they had the opportunities to go out when others were being taken to outside activities.
- People were actively engaging in activities and household chores during our inspection. Activity planners covered a broad range of in-house and community activities. Staff told us about the clubs and groups people attended and the holidays people had been on. Our observations confirmed staff supported people to be busy and active if this is what people wanted.

Improving care quality in response to complaints or concerns

- Information was available for people on what to do if they were unhappy or wanted to make a complaint. Staff asked people how they felt during regular keyworker meetings and supported people if wanted to make a complaint or were concerned about something.
- A friend of one person told us they knew who to make a complaint to if they were unhappy and would often speak to the registered manager with ideas for improvements.
- The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. These were also monitored at provider level to make sure complaints were dealt with in line with the complaints procedure.

End of life care and support

- No one using the service was receiving end of life care at the time of our inspection. The service had worked with the local hospice to achieve the steps to success program in end of life care. This offered staff the training and resources to support people to make decisions about their preferences for end of life care.
- The registered manager had put end of life care plans in place for four people and was working with relatives, healthcare professionals and advocates to make sure the views of people were known, respected and acted upon.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clear governance arrangements in place and most of the issues we found during our inspection had been identified with work in progress or planned to make improvements. However, we were concerned about the record keeping at the service. For example, although staff knew people's risk well and how to support them safely not all risks had been recorded. This included risk to the environment and risk relating to individual healthcare needs. We recorded at least six examples where daily records had not been completed for two people. There was an error in one person's medicine record that had not been identified and many of the support plans and supporting documents had not been reviewed in the specified timescale. This meant people's records were not kept up to date or completed with important information and staff or healthcare professionals may not be able to identify changes in people's needs.
- The registered manager explained they had recently appointed a senior staff member and this had started to ease the pressure of running such a large service and allowed additional time to complete the necessary checks to ensure records were completed appropriately. The registered manager showed us a recent training module he had completed with staff showing the importance of record keeping but understood more work needed to be done in this area.
- During our inspection the kitchen was out of use while a new kitchen was being fitted. Although this was essential work the provider gave little notice to the registered manager about the works and the work had exceeded the timescales given. We were concerned because such a large project spanning over a long period of time could have a negative impact, both on people's emotional and healthcare needs. After our inspection the provider contacted the contractor and was able to confirm a completion date.

We found no evidence that people had been harmed. However, poor record keeping and poor planning meant the provider was not meeting the regulatory requirements to make sure people were safe. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager knew when notifications had to be sent to the CQC and did this in a timely way. Notifications are important as they allow the CQC to monitor events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People knew the registered manager well. We observed people asking them questions and engaging in conversation with them. People were interested and asked many questions about the ongoing work at the service. They spoke about maintenance issues and improvements needed to the attention of the manager.
- Staff told us they felt the registered manager was supportive. They felt if they made suggestions for improvement they would be listened to.
- Staff encouraged people to attend regular meetings to have their say about how the service was run. When people were non-verbal staff used other forms of communication to gather people's views.
- People, their family members and staff were asked for their views and opinions on how the service was run. People were asked their views during keyworker meetings and reviews of care. Relative surveys were sent during November 2019 and the feedback was varied. Where issues had been raised the provider produced and action plan for the registered manager and staff to work with to make improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- Throughout the inspection the registered manager and staff were open and honest with their feedback and views. They had a clear vision of the improvements that were needed and were committed to improving the care for people by learning lessons when things went wrong.
- Accidents and incidents were monitored at provider level and analysed for any patterns or trends to identify if improvements are needed to make things better.
- Staff meetings and supervision gave the opportunity for the registered manager to share examples where things had gone wrong and discuss improvements to be made. Staff told us they found meetings and supervisions were useful and felt they could openly discuss any issues with the registered manager

Working in partnership with others

- The service worked in partnership with other agencies both in the community and with healthcare professionals. We spoke to one community volunteer who felt strongly supported by the staff and registered manager at the service. We were given many examples of how the service worked effectively with outside agencies. For example, working with healthcare professionals to seek advice for the best healthcare options for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always completed. The provider did not always make sure the premises was safe for people. People's medicines were not always managed in line with current legislation and guidance. Regulation 12(1)(2)(a)(d)(g)(h)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not assessed some of the risk to the health, safety and welfare of people using the service. Records were not always complete, accurate and up to date. Regulation 17 (2)(b)(c)