

County Healthcare Limited

# Beech Tree House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection visit at Beech Tree House Care Home took place on 07 June 2017 and was unannounced.

Beech Tree House Care Home is a residential care home offering accommodation and personal care for up to 31 people. The service looks after older people and people who have a dementia related condition. At the time of our inspection there were 26 people living at the home.

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 2008 and associated Regulations about how the service is run.

At the last inspection on 23 October 2014, we found the provider was meeting the requirements of the regulations inspected.

During this inspection, we observed the administration of medicines at breakfast. We looked at records related to medicines and how medicines were stored. We found medicine related to one person stored in the medicine trolley was not documented on any paperwork. When documentation stated one or two tablets to be administered there was no clear instruction to guide staff on the amount to administer. Staff were unable to find guidelines and signature sheets on the administration of topical creams for two people. We noted powder used to thicken drinks was accessible to people during our inspection. This meant people were at risk due to the unsafe management of their medicines and powders.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were safely stored and secured when not in use. We checked how staff stored and stock checked controlled drugs. We found these were appropriately documented, stored and secured safely.

As part of our inspection, we looked at care plans and guidelines on how to move and handle people should they require support. We noted paperwork was not fully completed. It did not clearly show what specific support aids people required. One person did not have personalised guidelines to manage additional risks during their moving and handling procedures. This meant people were at risk of care and support that was not safe.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. You can see what action we told the provider to take at the back of the full version of the report.

We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who used the service were met.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the management team had responded promptly when people had experienced health problems. Visiting health care professionals spoke positively about the staff team, finding them knowledgeable and organised.

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

People told us they were happy with the activities organised at Beech Tree House Care Home. Activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the registered manager was accessible, supportive and approachable.

The registered manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how the service could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Medicine protocols were safe and people received their medicines correctly according to their care plan. Evidence to show topical creams had been applied was not consistently managed safely. Record keeping related to medicines was not accurate.

Personalised guidelines around risk management needed updating. Staff were aware of assessments to support people and manage risk.

There was enough staff available to meet people's needs, wants and wishes. Recruitment procedures the service had were safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

### Is the service effective?

**Good** 

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The management team were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

### Is the service caring?

**Good** 

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke

about those they cared for in a warm, compassionate manner.

People and their families were involved in making decisions about their care and the support they received.

### Is the service responsive?

**Good** ●

The service was responsive.

People received care that was person centred and responsive to their needs likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

### Is the service well-led?

**Requires Improvement** ●

The service was well-led.

The provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had a visible presence throughout the home. People and staff we spoke with felt the provider and the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people, their relatives and staff.

# Beech Tree House Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

We took a walk around the home to make sure the environment was safe and spent time observing staff interactions with people. Not everyone was able to tell us about their experiences of life at the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with the people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included four people who lived at the home and five relatives. We spoke with the registered manager, area manager, six staff and a visiting health professional. We checked documents in relation to four people who lived at Beech Tree House Care Home and three staff files. We reviewed records about medicine administration, staff training and support, as well as those related to the management and safety of the home.

# Is the service safe?

## Our findings

Observations made during the inspection visit showed people were comfortable in the company of staff supporting them. One relative told us, "That's the biggest thing, knowing [relative] is safe, and they are." A second family member told us, "[Relative] knows what going on. If there were any concerns she would tell me. She likes it here and I trust the staff."

During this inspection we observed medicine administration, looked at the storage of medicines and related documentation. Medicines were stored in a locked trolley, which when unattended, was stored in a locked room. The staff member administered people's medicines by concentrating on one person at a time. There was a chart for each person that gave instruction and guidance specific to that individual. Each person had a medication administration recording form (MAR). The form had information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. We looked at how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines controlled drugs: safe use and management.

However, we noted when the instruction identified a variable dose could be administered, for example, one or two tablets. there were no instructions to guide staff on the amount to administer. We noted two people did not have records for the administration of daily topical creams. Three staff members looked and were unable to find the documentation. We checked the stock in the medicine trolley against medicine records. We found two boxes of pain relief tablets were not recorded in the person's medicine records. We noted powder used to thicken drinks was accessible to people living with dementia during our inspection.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment.) The provider did not maintain comprehensive, accurate and up-to-date records about medicines and topical creams for each person receiving medicines support. People were at risk due to the unsafe management of their medicines and powders.

We spoke with the area manager and registered manager about our concerns. We received correspondence after our visit that actions were being taken to ensure people received safe support with their medicines.

We looked at care plans and guidelines on how to move and handle people should they require support. We noted paperwork was not fully completed, it did not clearly show what specific support aids people required. One person had suffered an injury during a moving and handling procedure. The registered manager had completed an investigation and concluded the injury was linked to the person's ongoing health condition. There were no personalised guidelines to manage the additional risks during their moving and handling procedures and prevent a reoccurrence of the injury. We spoke with the area manager and registered manager about our concerns. The person's care plan was amended during our inspection visit to reflect the additional risks around their health condition.

This was a breach of Regulation 12 HSCA (RA) Regulations 2014 (Safe care and treatment.) The provider did

not do everything reasonably practicable to manage the risk in a safe way.

We spoke with the area manager and registered manager about our concerns and personalised guidelines were added to the care plan before we left the home. We received correspondence after our visit to say all care plans had been reviewed and information related to moving and handling was up to date, accurate and fully completed. We noted the provider had risk assessments for bed rails, slings, hoists and infection prevention. This showed they did have systems to monitor ongoing risk.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the manager would act on their concerns.

People living in the home, their relatives and staff told us there were sufficient numbers of staff available at all times to meet people's needs. We looked at staffing levels and observed care practices. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. One staff member told us the senior carer allocated tasks in the morning so everyone knew what they were doing. This showed the deployment of staff throughout the day was organised.

During the inspection, we had a walk around the home, including bedrooms, bathrooms, toilets, the kitchens and communal areas of the home. We found these areas were clean, tidy, and well maintained. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

As we completed our walk around the water temperature was checked from taps in bedrooms, bathrooms and toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. All legionella checks were systematically completed. We checked the same rooms for window restrictors and found all rooms had operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. As part of our inspection, we looked at how accidents and incidents were recorded. These were documented appropriately and in detail.

We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. All the staff we spoke with told us they did not start work supporting people until they had received their DBS check. This showed staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people who may be vulnerable.



# Is the service effective?

## Our findings

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work undertaken. People and relatives we spoke with were complimentary and positive about the care provided at Beech Tree House Care Home. One person who lived at the home said, "All the staff are lovely and good at their jobs." A relative told us, "The staff are really nice and efficient." A second relative commented, "[Family member] is very well looked after, staff know everything."

We spoke with staff members and looked at their training records. Those we spoke with said they received induction training on their appointment. One staff member told us, "I got time to read people's care plans before I met them. I appreciated that." They told us the training they received was provided at a good level and relevant to the work undertaken. One staff member said, "We do e learning for refreshers, [registered manager] tells you what you have to do and checks that you have completed it." This showed there was a framework to ensure staff had the knowledge and skills to support people effectively.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Regarding supervision a staff member said, "If I have got any problems I know I can discuss them and they will get sorted out."

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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We talked with people and looked at care records to see if people had consented to their care where they had mental capacity. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted, to do.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. One staff member told us, "It is their home and people should have choices and I respect that." Throughout our inspection, we observed staff offered people choices on food, drink and activities.

As part of our inspection, we looked at what foods and drinks were available. People could choose from a selection of meals on a set menu. A member of staff told us, "They [provider] are very good about food and drink." We observed the trolley going round with several choices of drink and biscuits and snacks. One person was offered a snack and chose yoghurt that wasn't on the trolley. The staff member went and got a yoghurt for the person, which they enjoyed.

As part of the inspection, we observed people receiving their breakfast and lunchtime meals. The food was plentiful and people took the opportunity to have more than one helping. One person told us, "There is plenty of food on offer and if you don't like it they [the staff] will get you something else." One relative told us, "The food is ok and I like the fact they offer people fresh fruit as a snack, yesterday it was fresh melon." A second relative told us, "[Family member] has diabetes, and they manage that really well." During our inspection, one person requested the inspector to take a banana to the kitchen and tell the cook they would like a banana sandwich for their tea. The cook told us this was a regular request from the person, and not a problem to accommodate. A second person sent the inspector to tell staff they would have their lunch in their bedroom. They chose to do this as a visitor had arrived. When we spoke with the person later they told us they regularly had their meal in their room. This showed the provider took a flexible person centred approach to meals and protected people from malnutrition.

We visited the kitchen during the inspection and saw it was clean, tidy and well stocked with food. We were told all meals were home cooked and freshly prepared. We confirmed this by comments we received from people who lived at the home. One person told us, "I have put 7lb on since I came here." A relative told us, "We have had to go shopping to get [family member] new clothes, as they were getting a bit tight." The chef was aware of food preferences and which people were on special diets or required pureed or soft foods.

There were cleaning schedules to guide staff to ensure people were protected against the risks of poor food hygiene. The current food hygiene rating was displayed advertising it's rating of five. Services are given their hygiene rating when a food safety officer inspects it. The top rating of five meant the home was found to have very good hygiene standards.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. Records we looked at showed involvement from various health professionals such as GPs and district nurses. A visiting health professional told us they thought the staff were good at monitoring and managing people's poor health. They told us the provider worked really well with the community health teams. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

# Is the service caring?

## Our findings

People we spoke with told us they were treated with kindness and staff were friendly and caring. One person told us about a member of staff, "She is lovely." About a second staff member, she commented, "[Staff] is so nice, so genuine." A second person commented, "I get treated with respect and I treat people with respect." We discussed care with a relative who said, "[Family member] is always well turned out, she is very well cared for."

As part of our SOFI observation process, we witnessed good interactions and communication between staff and people who lived at the home. Staff walked with people at their pace and when communicating got down to their level and used eye contact. They spent time actively listening and responding to people's questions. It was evident positive, caring relationships had developed.

We observed staff were respectful towards people. We noted people's dignity and privacy were maintained throughout our inspection. Staff knocked on people's doors before entering. When upset and agitated, we observed staff treated people with respect. We watched a staff member calmly and respectfully care for someone who was distressed. They spoke gently, listened and stayed with the person until they were happier and relaxed.

Relatives we spoke with told us they were made to feel welcome and there were no restrictions on when they could visit. One relative told us, "There are no strict rules on visiting, and they let me bring the dog in." Other visitors we spoke with confirmed they visited at various different times and were always welcome. Regular visitors had a good relationship with staff and other people living in the home. There were times throughout the day when loud laughter could be heard coming from people and staff enjoying a joke together. This showed the provider supported people to build and maintain positive relationships.

When we visited people in their rooms, we saw the rooms had been personalised with pictures, ornaments and furnishings. People were proud to show their personal belonging with one person pleased to be able to share their framed wedding photograph and discuss their late partner. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Care files we checked contained records of people's preferred means of address and how they wished to be supported. People and their relatives told us they had been involved in their care planning. We saw people had signed consent to care forms which confirmed this. One relative told us, "We have a review of the care meeting next week." This showed the provider supported people and their relatives to express their views and be involved in care planning and delivery.

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge and told us they had used advocates in the past. At the time of our inspection, no one at Beech Tree House Care Home had an advocate.

Some of the care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A

DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from the person, families and/or health care professionals. One person had information in their care plan that showed a DNACPR had been removed. This showed the provider respected people's decisions around their end of life care. We read a thank you card related to the support delivered during one person's final days. The comments included, 'Thank you for the kindness they showed to us on the night we were with mum when she passed away.' This showed staff had cared and supported people and their family positively during a sensitive time.

## Is the service responsive?

### Our findings

We asked about the care and support people received at Beech Tree House Care Home. One relative told us, "The staff know everything about my [relative]. I wouldn't leave her if they didn't know what they were doing." A second family member commented on the care delivered, "They manage my [relative's] diabetes really well, and they have put weight on."

To ensure they delivered responsive, personalised care the provider assessed each person's needs before they came to live at Beech Tree House Care Home. We spoke to the registered manager about how they ensured the care was personalised and met people's needs. They told us they completed a pre admission assessment before people moved into the home. Their care plan was built on the initial assessment and was then on going as they got to know the person. This ensured the placement would meet their needs and staff would have the skills to keep them safe.

We looked at four care plans. Within each person's plan, a personal profile provided a pen picture of the person. There was information about people's communication, which included the person's hearing and sight. We noted plans included risk assessments, psychological assessments information of hygiene and skin tissue integrity. Care plans provided staff with detail about people's preferred name, their GP details, past and present medical history, mobility and dietary needs. From the care plan, we were able to see what foods people liked and if they were supported with their meals. For example, one person required their fluids thickened to a syrup consistency. This showed the provider had gathered personalised information to guide staff to deliver support that was responsive to their needs.

Around planning people's care, the registered manager told us there were times when a person's needs change and they required guidance from multi-disciplinary agencies to ensure a safe and effective environment. For example, on the day of inspection we noted a placement review meeting take place with the local authority. Input had been sought from community based health professional and family members. This showed the registered manager was responsive to people and assessed and reviewed the care and support they received.

We asked about activities at Beech Tree House Care Home. At the beginning of our inspection, we chatted to one person in reception who was going out for the day. We spoke to them on their return, and they told us they had had a good day. Regarding activities a second person told us, "There is always something going on."

A second person was sat in reception on our arrival. We noted they were wearing a medal around their neck. They proudly told us they had won this at a regional bowling event. They told us, "We won because I am very good at bowling." During our visit we noted two people had medals on display in their rooms. Both people told us they had taken part in the bowling competition. The registered manager told us it was a regional event and Beech Tree House Care Home had entered a team and got to the final. A relative of one person said their family member had enjoyed the event and enjoyed telling them about it.

One person at the home joked with the registered manager they would show photographs of a recent pantomime put on by staff. The person was pleased when we looked at photographs and saw the registered manager dressed up and wearing a green wig. About the pantomime, the person said, "It was good and it was funny."

There were many photographs on display of previous events and activities that had taken place. There were forthcoming events advertised in the reception. For example, we saw, 'Sing along with Charlie' was a regular event. We also noted two events that involved staff dressing up for the day. One being the recreating of a Victorian tearoom, which involved staff wearing period clothes, sandwiches and cakes. This showed the provider recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

There was an up to date complaints policy. People and relatives we spoke with stated they would not have any reservations in making a complaint. Regarding complaints one relative told us, "[Relative would complain if needed, and they haven't, which is a good sign." We asked one person living at the home if they had any complaints. They disclosed they did have a complaint but had not shared it with anyone. On asking, they stated all staff and managers were nice, however, "They did not want to be any trouble." With their permission, we shared their complaint with the area manager and registered manager. We observed the management team were responsive in their actions. After our inspection visit, we received further information that showed the provider had further investigated the complaint. This showed the provider had a procedure to manage complaints. They listened to people's concerns and were responsive.

We saw a number of comment cards, which were from family members thanking staff for the care and support they had shown to their relative. These included, 'Thank you for looking after me so well. I will miss you all' and 'Thank you for the loving care given to [relative].'

## Is the service well-led?

### Our findings

Everyone we spoke with was very positive about the registered manager and management team at Beech Tree House Care Home. The provider demonstrated good management and leadership. One staff member told us, "I can go to her anytime. You should have a manager that gives you time, and she does." A second staff member commented, "If I have any problems, [registered manager] sorts them out."

Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. One staff member said, "[Registered manager] is lovely and approachable. She helps which is good."

The provider completed a range of audits as part of their quality assurance for monitoring the home. They completed regular audits of all aspects of the service, such as bedroom checks, legionella, emergency lighting, water temperature and hoist checks. They completed health and safety checks of the building. We saw there were regular infection prevention and medicine audits.

However, It was noted at the time of our inspection the provider did not have a robust quality auditing system in relation to medicines. The provider had also not responded in a timely manner to ensure people's guidelines were person centred. The provider did not meet all the standards set out in the regulations. After our inspection site visit, we received confirmation that checking the medicine trolley stock would be included within the medicines audit. On the day of inspection, guidelines related to one person were amended to incorporate their ongoing health condition.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. We saw minutes, which indicated regular staff, residents and health and safety meetings, took place. Topics included ongoing refurbishment of the home, keeping people safe and subjects related to the kitchen and people's dining experience. The chef told us they had attended the last residents meeting to receive face-to-face feedback. They told us people were complimentary about the food served.

There was a daily handover meeting between staff and the management team. One staff member said, "The meetings are good, you know what you are doing. It keeps communication open." A second staff member told us, "We have emergency staff meetings if [registered manager] has something we need to know." This showed the registered manager delivered visible leadership and was accessible.

The registered manager told us they had found using satisfaction questionnaires, a more fruitful way of gathering people's and visitors views than group meetings. We noted regular questionnaires had been dispersed and people's views collated and where appropriate actioned. The feedback we saw was positive with only one action. To provide red sauce with the fish and chips. We saw this request was responded to.

The services liability insurance was valid and in date. There was a business continuity plan in place. A business continuity plan is a response planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider is required to notify us about and working with other agencies to maintain people's welfare.



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>The provider did not do all that was reasonably practicable to mitigate the risks for people receiving care or treatment.</p> <p>The provider did not have systems in place to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2)(b)(g)</p>