

Constantia Healthcare (Middlesbrough) Limited Roseleigh Care Home

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection started on 24 July 2018 and was unannounced. This meant the provider and staff did not know we would be visiting. A second day of inspection took place on 22 August 2018, and was announced.

The service was last inspected in May and June 2017 and was rated requires improvement. At that inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to governance and management processes. We took action by requiring the provider to send us action plans setting out how they would improve the service.

When we returned for this inspection we found that the provider was still in breach of this regulation. We also identified additional breaches of regulation in relation to medicine management, person-centred care and premises and equipment.

This is the third time the service has been rated as Requires Improvement.

Roseleigh Care Home 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. Roseleigh Care Home accommodates up to 50 people across two separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with a dementia. At the time of our inspection 40 people were using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the registered manager was on planned long-term leave. The deputy manager had been acting as manager since the beginning of July 2018.

Medicines were not always managed safely. The premises were not always clean, suitable for the purpose for which they were being used or adapted for the comfort and convenience of people living at the service. Records of decisions made under the Mental Capacity Act 2005 or in people's best interests were not effectively recorded. People did not always receive person-centred support. Care plans sometimes contained limited information and were not always person-centred. The provider's quality assurance and governance processes were not always effective.

Plans were in place to support people in emergency situations. Risks arising out of people's health and care needs were assessed and plans put in place to reduce the chances of them occurring. Accidents and incidents were monitored to see if improvements could be made to keep people safe. People were safeguarded from abuse. Staffing levels were monitored to ensure enough staff were deployed to support

people safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported with food and nutrition. People were supported to access external professionals to monitor and promote their health. Staff were supported with training, supervisions and appraisals.

People spoke positively about the support they received, describing staff as caring and kind. Relatives also described the support people received as caring. People were usually treated with dignity and respect. People told us staff supported them to maintain their independence. Policies and procedures were in place to support people to access advocacy services where needed.

People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this if needed.

Feedback was sought from people, relatives and staff. The service had a number of community links with local agencies and groups for the benefit of people living there. The deputy manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

We found four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to medicine management, person-centred care, premises and equipment and good governance. You can see what action we took at the back of the full version of this 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?

The service was not always safe.

Medicines were not managed safely.

The premises were not always clean or suitable for their purpose.

Staffing levels were sufficient to provide safe support.

Emergency plans were in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Records of decisions made under the Mental Capacity Act 2005 or in people's best interests were not effectively recorded.

People did not always receive person-centred support.

The premises had not been adapted for the comfort and convenience of people living there.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People did not always receive person-centred support.

People and their relatives spoke positively about the care and support they received.

Procedures were in place to support people to access advocacy services where appropriate.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Care plans were not always person-centred.

Requires Improvement ●

People were supported to access activities they enjoyed.

Policies and procedures were in place to investigate and respond to complaints.

Is the service well-led?

The service was not always well-led.

The provider's quality assurance and governance processes were not always effective.

Feedback was sought from people using the service and their relatives and was acted on.

The service had community links with local agencies and groups for the benefit of people living there.

Requires Improvement ●

Roseleigh 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.

This inspection started on 24 July 2018 and was unannounced. This meant the provider and staff did not know we would be visiting. A second day of inspection took place on 22 August 2018 and was announced.

The inspection team consisted of three adult social care inspectors, a specialist advisor nurse 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 care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, other professionals who worked with the service to gain their views of the care provided by Roseleigh Care Home.

We spoke with nine people who used the service and five relatives of people using the service. We 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 looked at five care plans, seven medicine administration records (MARs) and handover sheets. We spoke with 15 members of staff, including the manager, a consultant hired by the provider to assist with the

management of the service, one member of maintenance staff, two kitchen staff and care staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

Medicines were not always managed safely. People's medicine support needs were usually recorded in their care plans and medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs were completed without any omissions or unexplained gaps.

However, we saw that protocols were not always in place for people using 'as and when required' (PRN) medicines. This meant staff did not always have guidance on when these medicines might be needed. Topical MARs had not always been used to record cream application. For one person there was limited information in their care plans on the management of their covert medicines. Covert medicine is the administration of any medical treatment in disguised form, usually involving disguising it by administering it in food and drink. Bowel charts not always completed, including for people prescribed constipation medicine. This meant there was no record of whether people had received the medicines they might have needed. Daily checks of medicines had not been recorded since the middle of August.

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

Premises were not always clean or suitable for the purpose for which they were being used. We saw that the laundry room was dirty and in need of a deep clean. Some skirting boards in communal areas were dirty and needed repainting. There was a malodour in some people's bedrooms. Some doorframes looked stained and marked and some windows were dirty. We saw that some towels looked worn and in need of replacing. This meant the provider did not have effective infection control processes in place.

There was a hole in the roof of the downstairs dining room. The blinds in the first-floor lounge and dining area were broken, which meant they let a lot of sunlight in. We saw that these rooms were very warm during both days of our inspection. The treatment rooms used to store people's medicines were cramped and ill-lit, and we saw holes in the walls of these rooms. The walls, floors and sinks in these rooms looked aged and worn. In one treatment room the medicine fridge was left on the floor. People's prescribed nutritional drinks were stored in the same cupboard as floor cleaner. Regular checks on the safety and maintenance of the premises were carried out, but they had not identified these issues.

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Plans were in place to support people in emergency situations. Firefighting systems were regularly checked and fire drills carried out. Required test and maintenance certificates were in place, which helped to reduce the risks to people arising from the premises. People had personal emergency evacuation plans (PEEPs) and the provider had a contingency plan to help provide a continuity of care in situations that disrupted the service.

Risks arising out of people's health and care needs were assessed and plans put in place to reduce the chances of them occurring. Records confirmed risk assessments in areas such as continence, nutrition and

falls. Recognised tools were used to help identify and manage risk, such as Waterlow score. Waterlow gives an estimated risk for the development of pressure sores. Risk assessments were regularly reviewed, but we saw these assessments were often limited to recording that there had been no change and not documenting how this was assessed or decided. We spoke with the deputy manager about this who said they would look into it and ensure assessments were fully completed.

Accidents and incidents were monitored to see if improvements could be made to keep people safe. This included an analysis of when they occurred, possible causes and actions taken needed to reduce the risk of reoccurrence. For example, lessons had been learned following one person's fall when a referral was made for advice from the local falls team and equipment put in place to reduce the risk of the person falling again.

People were safeguarded from abuse. The provider had a safeguarding policy, with guidance on how staff could report concerns. All staff we spoke with said they would not hesitate to raise issues. One member of staff said, "I just think, that's someone's mam or dad. I know how to report it." Records confirmed that issues were investigated and reported in line with the provider's policy.

Staffing levels were monitored to ensure enough staff were deployed to support people safely. Staffing levels during the day were usually two senior care assistants and four care assistants. During the night staffing levels were one senior care assistant and three care assistants. Staffing levels were based on the assessed level of support people needed, and this was regularly reviewed to ensure there were enough staff in place.

People and their relatives did not raise any concerns about staffing levels at the service. One person told us, "I am safer here than at home as there is always someone passing by." Another person said, "I never feel lonely or unsafe I am always with people and they care so well for me." Most staff we spoke with said there were enough staff to keep people safe. One said, "I think we have enough staff here." Some staff said there were not enough staff, though this was usually if staff phoned in to say they were ill at short notice. We also received some feedback that more domestic staff were needed.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included requiring applicants to set out their employment history, provide proof of identity and details of referees and complete a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Is the service effective?

Our findings

At our last inspection in May and June 2017 we found that mental capacity assessments were not decision specific and best interest decisions were not recorded. This was a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to good governance. We took action by requiring the provider to send us plans setting out how they would improve. When we returned for this latest inspection we found the provider continued to breach this regulation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

At the time of our inspection eight people were subject to DoLS authorisations. For most people we saw these had been applied for appropriately. However, a DoLS application had not been made for one person who needed an authorisation in place. We told the deputy manager about this, who said the case would be reviewed immediately. Best interests decisions for people were not always consistently made or recorded and records of capacity assessments were not always correctly completed. For example, one person's assessment simply listed their condition rather than investigating whether they might have capacity.

During the inspection we saw staff obtaining people's consent before delivering support. Where people lacked capacity, we saw staff making best interest decisions on their behalf based on staff knowledge of the person. Our judgement was that decisions were usually made in accordance with MCA principles and in people's best interests but that these were not always effectively recorded.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The premises had not always been adapted for the comfort and convenience of people living at the service. On the first day of our inspection we saw the unit for people living with a dementia had not been customised to make it dementia friendly. There was no signage available to support people to navigate around the unit. We also saw that no appropriate signage was available for people for whom English was not a first language. People's rooms were not customised and there was nothing to help people living with a dementia to distinguish one room from another.

We spoke with the deputy manager about this, and when we returned for the second day of the inspection

saw that a redecoration programme was underway. Doors had been painted different colours to distinguish them, and we were told dementia friendly signage would be installed once the redecoration was completed. However, we noted that the work had not begun until we raised these issues on the first day of inspection.

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were supported with food and nutrition, but support at mealtimes was not always person-centred. People's nutritional support needs and preferences were detailed in their care plans, including detail of any specialist dietary needs. Recognised tools such as Malnutrition Universal Screening Tool (MUST) were used to monitor people's nutritional health. MUST is a tool used to identify people who are malnourished or at risk of malnourishment. People were regularly weighed and any weight loss was acted on. We received positive feedback from people about food at the service. One person told us, "Sometimes the food is not to my liking so they prepare something just for me. I never feel as though I am being a nuisance which means I can ask without feeling worried."

We watched people eating lunch on both units during the inspection. People were told verbally what the choice of meal was but it was apparent not everyone understood this. No dementia friendly menus or pictorial aids were used to help people understand what the options were. Food was put down in front of people without staff explaining what it was, and with gravy already added so they did not have a choice. Plates were cleared away without people being asked if they would like more. Staff were busy during mealtimes and we saw little interaction between them and people on the first day of our inspection. We saw two people struggling to eat their meal and spilling food onto the table. Staff did not see this and help.

This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People's support needs were assessed to ensure the correct care was made available to them. These assessments included information from other professionals working with people and reflected current best practice.

People were supported to access external professionals to monitor and promote their health. Care plans we looked at contained evidence of working with professionals such as opticians, speech and language therapists (SALT), dieticians, GPs, dentists and district nurses. Professionals we spoke with before our inspection gave positive feedback on the service. One told us, "I have always found the staff professional and approachable. I feel I have been able to build a therapeutic relationship with the home due to this and I am comfortable that any concerns or issues would be highlighted in good time."

Training was designed around people's assessed support needs to ensure staff had the skills and knowledge needed to care for them. Mandatory training included first aid, moving and handling, fire safety, safeguarding, behaviours that can challenge and food hygiene. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. Training consisted of a mixture of practical learning, classroom-based learning and e-learning. Records showed that training was either up to date or planned.

Some staff we spoke with said they found the training material was dated and did not reflect best practice. However, most staff spoke positively about training and said it gave them the knowledge and skills needed to support people. One member of staff said, "I'm up to date with training. They're always on your back with it and make sure you've done it. The training is very good." Another member of staff told us, "The training is okay. It's good. We get all the knowledge and updates we need."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records showed that these meetings were taking place regularly and were used to discuss staff knowledge, training and any other welfare issues they wished to raise. One member of staff told us, "I get supervisions and appraisals. They're really supportive and I feel I can go in and say whatever I want."

Is the service caring?

Our findings

We saw that staff at the service were kind and committed to providing caring support. However, the provider had failed to ensure people received consistently caring support.

On the first day of our visit we saw there was limited interaction between people and staff on the unit for people living with a dementia. One person had communication cards in place to help them interact with staff, but these were not used, and we saw they spent lengthy periods without staff interaction. The person sat for almost three hours before they were asked if they would like to use the bathroom, despite us recognising that they might need it from the obvious actions they were displaying and which were described in their care plans.

When we returned for the second day of our inspection we saw there was more interaction between people and staff on the unit for people living with a dementia. However, this had only occurred after we pointed the above issues out on the first day of our visit. Our judgment was that the provider had failed to ensure people received consistently caring support.

This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People spoke positively about the support they received, describing staff as caring and kind. One person told us, "The best bit of my day is when the carers pop in for a chat and we put the world to rights as well." Another person said, "I have come from another care place and I thought it was OK but here it is like being in my own home but with all the care I could ask for."

Relatives also described the support people received as caring. One relative told us support was, "Kind, caring and patient and every time I call in it is never any different and I vary my times just to check." Another relative we spoke with said, "My relative is lucky to have such kind people looking after them nothing is too much trouble."

People were usually treated with dignity and respect. Staff knocked on people's doors and waited for permission before entering their rooms. Where people indicated that they wanted assistance staff walked over and spoke closely and quietly with them to ensure what the person said was not overheard by others. One person told us, "Talking about how I was and what I used to do does make me sad sometimes, but it's nice that I can still do a little with help and support."

People told us staff supported them to maintain their independence by encouraging them to do things for themselves but being on hand to help if needed. One person we spoke with said, "I like to have a shower on my own but the carer knocks to see how I am doing and helps me dry myself." Another person told us, "I still like to make things and if I need support with my knitting or whatever I can always ask for help."

Relatives described how people's conditions and general well-being had improved as a result of staff encouraging them to do things for themselves. One relative told us, "[Named person] has grown in

confidence and increased mobility and that is because they are nurtured and loved."

Policies and procedures were in place to support people to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard. The involvement of people's advocates was recorded in their care records. We did see that one person who did not have an advocate in place might benefit from having one. The deputy manager said this would be reviewed immediately.

Is the service responsive?

Our findings

Staff had good knowledge of people's support needs and preferences and were able to describe the help they wanted and needed. Care plans were in place covering a wide range of people's assessed support needs, including mobility, communication, personal care and nutrition. However, care plans sometimes contained limited information and were not always person-centred.

On the first day of our inspection we saw that one person's care plan contained limited information on their cultural background and heritage. Care plans around activities, communication and food and nutrition had not included this information, which meant the person's support was not always person-centred.

Documentation had also not been produced in a format the person could understand. We spoke with the deputy manager about this, and when we returned for the second day of our inspection we saw actions had been taken to obtain more information on the person's background and develop more person-centred plans. Another person's care plans described how they could become distressed but had not explored why this might be happening. We spoke with the deputy manager about this, who said the care plans would be reviewed.

Care plans were regularly reviewed, but records of reviews were limited and usually just recorded that there had been no change since the last review. This meant there was no record of who had been involved in reviews, what they had considered and how people's overall progress and wellbeing was being monitored. We spoke with the deputy manager about this, who said fuller reviews would be introduced.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were supported to access activities they enjoyed. The service had an activities co-ordinator, and were in the process of recruiting a second co-ordinator. The activities co-ordinator organised a wide range of activities, both within the service and including trips out in the local area. They attended a dementia support group to obtain ideas and suggestions on the latest best practice on activities for people living with a dementia.

We saw evidence of a range of activities taking place, including exercise sessions, singing and remembrance events. People living with a dementia were supported to visit a local cinema for dementia friendly film screenings. The service had links with a local day centre, which some people attended for monthly teas and dances. Some people were supported to practise their faith through regular visits by local clergy.

People spoke positively about the social life they could enjoy at the service. One person told us, "I like the activities in here and I can go and be quiet or do a puzzle." Another person said, "I like to see my friends and when they visit someone always comes and gets us coffee and biscuits."

Policies and procedures were in place to investigate and respond to complaints. The provider's complaint policy was made available to people and their relatives, and set out how issues could be raised. This was also displayed in an easy read format in communal areas. Where issues had been raised we saw they had

been investigated and responded. A relative we spoke with said, "I would complain if it was necessary but the open-door policy means a chat is usually all that is needed."

At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this if needed. People were given the opportunity to discuss their final wishes if they wanted to.

Is the service well-led?

Our findings

The service had a registered manager, who had been registered since 2010. 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 time of our inspection the registered manager was on planned long-term leave. The deputy manager had been acting as manager since the beginning of July 2018.

At our last inspection in May and June 2017 we found that effective quality monitoring and governance processes were not in place. This was a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to good governance. We took action by requiring the provider to send us plans setting out how they would improve. When we returned for this latest inspection we found the provider continued to breach this regulation.

The provider and deputy manager carried out a range of quality assurance checks to monitor standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These checks included audits of the care plans, medicines and the environment. The provider had also hired a consultancy firm to assist with quality assurance processes and overseeing the service. The consultancy firm had carried out their own audits of the service.

Some of the issues we found during the inspection had been identified on audits carried out by the consultancy firm but not on the provider's own quality assurance checks. In other cases, none of the quality assurance checks had identified issues we found, for example around medicine records. The provider had also not resolved issues and breaches of regulation identified at our previous inspection.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Feedback was sought from people, relatives and staff at meetings and through feedback surveys. The most recent survey had recently been completed and the results were still being analysed for responses from people and relatives. Responses from staff had been analysed and the results displayed in communal areas for everyone to see, along with a 'You Said, We Did' response chart. For example, only 55% of staff said they were involved in reviewing people's care. The 'We Did' board said more staff participation would be arranged and welcomed suggestions on how this could be improved further. Minutes of meetings for people and staff showed they were used to discuss a wide range of topics and that feedback was encouraged. One member of staff told us, "We get staff meetings. It reminds you of things and anything you need to know. If you can't make it there's a list on the wall to show us what is going to be discussed, and also helps us to think of things to bring to the meeting. We can add topics to discuss as well, which is a good idea."

The service had a number of community links with local agencies and groups for the benefit of people living there. Neighbours living in nearby flats were invited to events at the service, and vice versa. A community

barbeque was being held at some neighbouring flats, and some people from the service were attending this. Volunteers from The Prince's Trust regularly visited the service to help maintain the garden and to host activities. The service had good links with two nearby schools, whose pupils visited people.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive person-centred support. Regulation 9(1)(b) and (c).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed safely. Regulation 12(1).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises were not always clean, suitable for the purpose for which they were being used or adapted for the comfort and convenience of people living at the service. Regulation 15(1)(a), (d) and (e).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Mental Capacity Act 2005 and best interest decisions were not always effectively recorded. Care plans sometimes contained limited information and were not always person-centred. The provider's quality assurance and governance processes were not always effective. Regulation 17(2)(a) and (c).</p>

