



Champions for
Social Care
Improvement

inspection report

Nurses Agency

Renaissance Personnel

South Bank House
Black Prince Road
London
SE1 7SJ

27th January 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

AGENCY INFORMATION

Name of agency

Renaissance Personnel

Tel No:

020 7463 2230

Address

South Bank House, Black Prince Road, London, SE1 7SJ

Fax No:

020 7463 2231

Email Address

renaissancepersonnel@yahoo.co.uk

Name of registered provider(s)/Company (if applicable)

Renaissance Personnel

Name of registered manager (if applicable)

Dennis Mawadzi

Type of registration (please delete as necessary)

Nurses Agencies

Employment Agency / Employment Business

Category(ies) of registration

Registration number

G020000455

Date First registered

Date of latest registration certificate

16th January 2004

Do additional conditions of registration apply ?

If Yes Refer to Part C

Date of last inspection

Date of Inspection Visit		27th January 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Bernard Burrell	098137
Name of Inspector	2		
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Agency Representative at the time of inspection			

CONTENTS

Introduction to Report and Inspection
Inspection visits and Inspection Methods used
Description of Service

Part A: Key Findings

Summary of Inspection Findings

Statutory Requirements / Good Practice Recommendations from last inspection

Conditions of Registration

Statutory Requirements / Good Practice Recommendations from this inspection

Part B: The Standards - National Minimum Standards For Nurses Agencies

1. Information – Standard 1

2. Registered Persons – Standard 2

3. Recruitment and supply of nurses – Standards 3 - 6

4. Complaints and Protection – Standards 7 - 11

5. Management and administration – Standards 12 - 18

Part C: Compliance with Conditions of Registration (if applicable)

Part D: Lay Assessor's Summary (where applicable)

Part E: Provider's Response

E.1. Provider's comments

E.2. Action Plan

E.3. Provider's agreement

INTRODUCTION TO REPORT AND INSPECTION

Every Agency which falls within the jurisdiction of the National Care Standards Commission (NCSC), is subject to inspection, to establish if the Agency is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000 and / or the Children Act 1989 as amended.

This document summarises the inspection findings of the NCSC in respect of Renaissance Personnel.

The inspection findings relate to the National Minimum Standards (NMS) for Nurses Agencies published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the NCSC regarding registration, the imposition and variation of registration conditions and any enforcement action.

Section B of the report follows the format of the NMS and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Provider's response and proposed action plan to address findings
-
- This report is a public document.

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000 and the Children Act 1989 as amended. The report is based on the findings at the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

This agency has been inspected for the first time against National Minimum Standards (NMS), introduced from 1 April 2003. This report may therefore contain a number of requirements and recommendations, most of which should be addressed by the next inspection. By then, the provider should become familiar with the new legislation and standards, plus taken action to meet them. Breaches in standards that pose immediate risk have been highlighted for urgent action.

Renaissance Personal recruits and provides qualified, trained and experienced nursing staff and health care assistants to a range of nursing and social care services, including NHS and private hospitals.

Information:

The agency had all relevant documentation in place required by the NMS. These were up to date, well organised and available for inspection.

Registered Persons

The agency is managed and operated by two managers, with additional support from administrative staff. One of the manager is a Registered Mental Health Nurse (RMN) and holds a diploma in management and a MSc in Mental Health Interventions.

Recruitment and Supply of Nurses:

The agency's recruitment policy and procedure were efficient, thorough and complied fully with the NMS requirements. Its equal opportunity policy and practice were equally acceptable and conform fully to relevant legislative guidelines.

Complaints and Protection:

The agency's complaints and Protection policy and procedure were commendable with systems in place to deal promptly and efficiently with complaints and suggestions.

Management and Administration:

The agency is managed well and in line with NMS and other regulatory guidelines. Its quality assurance monitoring system was professional and information shown to the inspector indicated commendable satisfaction from purchasers of its nursing staff service.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

Renaissance Personal is a small nursing agency in operation since 2002. There are two managers with additional administrative staff support. The agency is located in Vauxhall in a multi purpose office block with adequate security and general facilities. The office is open during normal office hours plus a 24hour support service.

The agency's recruitment policy and procedure ensures that staff are adequately vetted before employment, they receive ongoing supervision, mentoring, training and updating of their professional status. The agency also invites and receives suggestions and complaints from purchasers, plus has regular meetings to assess and evaluate performance and concerns. The agency's quality assurance system involve 2 visits annually to purchasers or when required to review the service. It also carries out spot checks on staff, plus telephone contacts and feedback from purchasers. The agency has a low staff turnover.

Requirements from last Inspection visit fully actioned?

NA

If No please list below

STATUTORY REQUIREMENTS				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations.				
No.	Regulation	Standard	Required actions	

Action is being taken by the National Care Standards Commission to monitor compliance with the above requirements.

RECOMMENDATIONS		
Identified below are recommendations from the last inspection that have not been implemented		
No.	Refer to Standard	Good Practice Recommendations

CONDITIONS OF REGISTRATION	Met (Yes / No)

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements and recommendations are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2002 and the National Minimum Standards and the relevant Section of the Children's Act 1989. The Registered Provider(s) is/are required to comply within the given time scales.

No.	Regulation	Standard *	Requirement	

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s)

No.	Refer to Standard *	Good Practice Recommendations

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 3-letter prefix e.g NU10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct Observation	YES
Indirect Observation	NO
Sampling	YES
• Pre-Inspection questionnaire	YES
• Records	NO
• Care Plans / Care Pathways	NO
• Other (specify)	NO
'Tracking' care and support	NO
Group discussion with staff	NO
Individual discussion with staff	YES
Discussion with management	YES
Service user survey	NO
Relatives/significant other survey/feedback	NO
Visiting Professionals' feedback	NO
Tour of Agency Premises	YES
Formal interviews	NO
Document reading	YES
Additional Inspection Information	
No. of service users contacted	X
No. of relatives/significant others with whom inspectors had contact	X
No. of letters received in respect of the service	X
Method of contact (post or visit or phone)	NA
Certificate of registration was displayed at the time of inspection	YES
CRB check responsible individual seen	YES
CRB check manager seen	YES
The certificate of registration accurately reflected the situation in the service at the time of the inspection	YES
Total number of care staff with nursing qualifications employed	35
Total number of care staff employed (excluding managers)	75
Date of Inspection	29/01/04
Time of Inspection	1000
Duration Of Inspection (hrs)	4.5

The following pages summarise the key findings and evidence from this inspection, together with the NCSC assessment of the extent to which the National Minimum Standards for Nurses Agencies have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

4 - Standard Exceeded	(Commendable)
3 - Standard Met	(No Shortfalls)
2 - Standard Almost Met	(Minor Shortfalls)
1 - Standard Not Met	(Major Shortfalls)

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable on this occasion.

"X" is used where a percentage value or numerical value is not applicable.

Please note the following standards do not apply to employment agencies who are solely introducers of workers:

8, 9, 11, 15 and 16

Information

The intended outcomes for the following set of standards are:

- **Prospective service users have the information they need about the agency in order to make an informed decision on whether to engage its services**

Standard 1 (1.1)

The certificate of registration, is prominently displayed at all times so as to be readily and easily seen by all persons using the premises, in accordance with section 28(1) of the Care Standards Act.

Key findings/Evidence	Standard met?	3
The certificate of registration was displayed appropriately at the agency. The agency's employer's liability insurance certificate valid to 2005 was also displayed.		

Standard 1 (1.2)

A Statement of Purpose as specified in Regulation 4 and Schedule 1 is supplied to the Commission, and a copy is available on request for inspection by every service user and any representative of a service user.

Key findings/Evidence	Standard met?	3
The Statement of Purpose was available for examination by the inspector. It was written clearly with full details of registration status, staffing and services offered by the agency and is periodically reviewed and updated if necessary.		

Standard 1 (1.3)

A Services User's Guide provides comprehensive written and up-to-date information about the agency and the service it provides. This is available to service users and (where the service user is also a patient) to the service user's carers or advocates in an appropriate language and/or format (e.g. large print, audio tape, Braille)

Key findings/Evidence**Standard met?**

3

The agency has a well-written guide to its services, details of staff's responsibilities and roles, its quality assurance system, pre-employment checklist and its complaints policy and procedure.

Standard 1 (1.4)

Service users, their carers and advocates are kept fully informed on issues relating to their care from the agency, where the agency is an employment business. They are advised how to contact the agency on all days and at all times when nurses are working on assignments through the agency, including out of hours.

Key findings/Evidence**Standard met?**

3

The agency's Statement of Purpose and Service Guide provide full details to purchasers of its services with all relevant information relating to the care agency staff provide. There is also a separate laminated A4 size sheet giving details of all emergencies and out of hours contacts, including email address.

Registered Persons

The intended outcomes for the following set of standards are:

- **Service Users are assured of the integrity of the agency and have confidence that it is run by a fit person or organisation**

Standard 2 (2.1 – 2.4)

All persons directly involved in managing and running the agency are able to demonstrate that they are fit persons, i.e. suitable and competent.

Key findings/Evidence	Standard met?	
The manager is a qualified Registered Mental Health Nurse (RMN) with over 6 years senior professional experience. He also has a postgraduate diploma in management studies and has held middle management position at a government department. The inspector was satisfied that he demonstrated competence and ability to operate and manage the agency appropriately.		3

Recruitment and Supply of Nurses

The intended outcomes for the following set of standards are:

- The process for recruitment and selection of nurses meets all the requirements of legislation and employment law including that related to equal opportunities and anti-discriminatory practice
- Service users are confident that nurses supplied by the agency will provide good quality care and will not jeopardise the safety of patients
- The agency has documentary evidence demonstrating the personal identification, registration, ongoing eligibility to be employed as a nurse, and relevant qualifications of each nurse to be supplied.
- Nurses supplied by the agency are competent and trained to undertake the activities for which they are employed and responsible.

Standard 3 (3.1 – 3.2)

The recruitment process operates in line with equal opportunities and is non-discriminatory Practice.

Key findings/Evidence	Standard met?	3
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The inspector was satisfied with the quality of the agency's recruitment and equal opportunity policies and procedures. The discussion with the manager, plus examination of recruitment procedures suggested full compliance with statutory and other regulatory requirements. The agency is also a member of the Recruitment & Employment Confederation.

All relevant checks are carried out on each staff before they are confirmed in post, plus the agency has systems in place to remind staff to update their immunisation and other professional registration- example NMC pin.

Standard 4 (4.1 – 4.3)

All necessary and appropriate checks are undertaken on the nurse supplied or to be supplied, prior to commencing employment.

Key findings/Evidence	Standard met?	3
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As indicated in the standard above, the agency ensures full and comprehensive checks are carried out on all nursing staff applicants before they are employed. The inspector was shown and given examples of the staff recruitment procedures and satisfied these comply fully with relevant regulatory requirements.

Standard 5 (5.1 – 5.3)**The agency keeps all necessary records in respect of each nurse supplied or to be supplied by the agency.****Key findings/Evidence****Standard met?**

3

The inspector examined the records of several nursing staff. These were in order; all relevant documents and checks were completed and stored satisfactorily at the agency.

Standard 6 (6.1 – 6.5)**Where the agency is an employment business, there is a written and formal induction process that is completed by every new nurse to be supplied. The induction process covers, as fully as possible, the responsibilities that the nurse supplied will have.****Key findings/Evidence****Standard met?**

3

The inspector examined the recruitment procedure, plus checked staff files- these showed the stages of each action from initial employment application to supervision stage of employment.

Each nursing staff is given a job description, identification badges and information about relevant support they can expect from the agency during their employment.

Complaints and Protection

The intended outcomes for the following set of standards are:

- Service users are confident that their complaints will be listened to, taken seriously and acted upon
- Service users who are also patients are protected from abuse, where the agency is an employment business.
- Service users who are patients are protected by the agency's procedures for assistance with medication, where the agency is an employment business
- Action is taken to protect confidentiality of information relating to service users who are also patients, their carers and advocates.
- The health, safety and welfare of service users who are also patients, and of nurses, are promoted and protected, where the agency is an employment business.

Standard 7 (7.1 – 7.7)

The agency maintains a clear written procedure for handling complaints. Positive action is taken to publicise the complaints procedure and enable service users to make a complaint. Publicity includes advice that complaints may be taken up with the NCSC if the complainant is dissatisfied.

Key findings/Evidence

Standard met?

3

The agency's complaints policy and procedure was well written and regularly updated with copies given to each purchaser. The policy and procedure conformed fully to regulatory requirements of the Commission.

The manager also informed the inspector of its programme of regular meetings and review of services with purchasers, plus showed examples of comments and suggestions received.

No. of complaints during last 12 months	<input type="checkbox"/>	X
No. of complaints fully substantiated	<input type="checkbox"/>	X
No. of complaints partly substantiated	<input type="checkbox"/>	X
No. of complaints not substantiated	<input type="checkbox"/>	X
No. of complaints not yet resolved	<input type="checkbox"/>	X
No. of complaints sent to NCSC	<input type="checkbox"/>	X
Percentage of complaints responded to within 28 days	<input type="checkbox"/>	X %

Standard 8 (8.1 – 8.7)		
The registered person ensures that service users who are also patients are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.		
Key findings/Evidence	Standard met?	3
Although the agency does not provide services to services users in their own homes, the feedback it receives from hospitals and other clinical and social settings, indicated close working partnership with the agency. The regular monitoring, feedback reports and spot checks also helps to ensure any abuse or potential abuse is dealt with appropriately and promptly.		

Standard 9 (9.1 –9.4)		
The agency operates a clear, written policy in accordance with the NMC Code of Professional Conduct. This identifies parameters and circumstances for administering or assisting with medication and identifies the limits to assistance and the tasks which may not be undertaken without specialist training. It also makes clear that a patient’s informed consent should be sought for all aspects of care.		
Key findings/Evidence	Standard met?	9
This standard does not apply because the agency does not provide service directly to patients in their own homes.		

Standard 10 (10.1 – 10.2)		
All information relating to service users who are also patients is kept in confidence.		
Key findings/Evidence	Standard met?	9
This standard does not apply because the agency does not provide service directly to patients in their own homes.		

Standard 11 (11.1 - 11.4)

The registered person ensures so far as is reasonably practicable the health, safety and welfare of service users who are also patients, and of nurses.

Key findings/Evidence**Standard met?**

9

Although this standard does not apply because the agency does not provide service directly to patients in their own homes, it does ensure that all nursing staff are fully CRB checked with relevant and genuine references before they are employed.

Management and Administration

The intended outcomes for the following set of standards are:

- **Approved accounting and financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.**
- **There are designated premises suitably equipped for the purpose of the day to day operation and management of the service.**
- **An appropriate management structure and clear lines of accountability are in place.**
- **Nurses supplied by the agency know the standards of conduct expected of them and are aware of the agency's organisational policies, where the agency is an employment business.**
- **There is a written agreement between the Agency and nurses.**
- **Service users' and nurses' interests are safeguarded by the agency's record keeping policies and procedures.**
- **The agency operates in the best interests of service users and of nurses supplied by it.**

Standard 12 (12.1 – 12.5)

Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business

Key findings/Evidence

Standard met?

3

The inspector was satisfied that the agency has adequate and professional accounting and financial management systems in place to operate the business efficiently. The agency accounts is monitored and regularly audited by an independent financial accounting agency. The information examined by the inspector suggested these are in order.

Standard 13 (13.1 – 13.2)

The premises contain equipment and resources necessary for the efficient and effective management of the service.

Key findings/Evidence

Standard met?

3

The agency operates from a multi-purpose office building in the Vauxhall area of South London. The building has an attractive reception area plus adequate security screening and systems in place. The agency's office is well equipped with all necessary and required equipment for the safe and effective operation of the business.

Standard 14 (14.1)

The management structure reflects the size of the agency and the volume and complexity of the care provided.

Key findings/Evidence**Standard met?**

3

The agency is small and managed by a husband and wife team who both have relevant professional experience and qualifications to operate a nursing agency. In addition, there are at least 4 administrative staff.

Standard 15 (15.1 – 15.2)

The agency operates a clear written set of organisational policies, which are included in a staff handbook to be issued to every nurse who is supplied or available for supply by the agency.

Key findings/Evidence**Standard met?**

3

The agency's guide and profile is written clearly, its organisational structure is explained with information about the management.

The policy and procedure documents were also well written, gave comprehensive and relevant information and available for inspection. Each purchaser is also given a copy of the agency profile. Staff area given copies of the staff handbook.

Standard 16 (16.1)

Where the agency is an employment business, all nurses to be supplied by it are provided with a written contract of service or for services, specifying details of their terms and conditions of service. The terms and conditions of engagement may vary in their title depending on the status of the agency. This only applies to employment businesses because those agencies introducing nurses on a permanent basis will not have a contract of either type with the nurses since the engagement occurs between the nurse and their new employer.

Key findings/Evidence**Standard met?**

3

The inspector examined staff files and other relevant documents and was satisfied each staff is given a written contract and terms of employment, training and induction schedules, complaints policy and procedure, job descriptions and supervision and training programmes.

Standard 17 (17.1 – 17.2)

The agency retains, up to date and accurate, all records required by regulation for the protection of service users and for the efficient running of the business, in a form suitable for inspection by the NCSC. Records retained on electronic or photographic media are acceptable. Records are maintained for at least three years.

Key findings/Evidence**Standard met?**

3

Schedule 4 of the National Minimum Standards (NMS) outline what records have to be maintained for inspection. The manager was aware of the regulation and the information provided to the inspector demonstrated this.

Records were maintained in both electronic and hard copies with extra external back up with good security and safety measures in place to enhance confidentiality and privacy.

Standard 18 (18.1 – 18.3)

The agency operates an effective written Quality Assurance system, based on consulting with service users and where appropriate their carers or advocates, in order to measure success in meeting the aims and objectives of the agency.

Key findings/Evidence**Standard met?**

3

The agency has a good Quality Assurance system in place. The inspector was shown information that demonstrated the agency has regular service reviews, monitoring and evaluation.

PART C COMPLIANCE WITH CONDITIONS OF REGISTRATION
(where applicable)

Providers and managers must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the inspector's assessment of compliance from the evidence at the time of this inspection.

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector	_____	Signature	_____
Second Inspector	_____	Signature	_____
Locality Manager	_____	Signature	_____
Date	_____		

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

[Empty box for Lay Assessor's Summary]

Lay Assessor _____ **Signature** _____

Date _____

PART D

PROVIDER'S RESPONSE

D.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on <enter date(s) of inspection here> and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the NCSC in response to provider comments:

Amendments to the report were necessary

YES

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

YES

Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate

YES

Note:

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by , which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required

NO

Action plan was received at the point of publication

NO

Action plan covers all the statutory requirements in a timely fashion

NO

Action plan did not cover all the statutory requirements and required further discussion

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

Public reports

It should be noted that all NCSC inspection reports are public documents.

D.3 PROVIDER'S AGREEMENT

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.