

Bupa Care Homes (ANS) Limited

Stamford Nursing Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We undertook this unannounced inspection on 17 & 19 February 2015 of Stamford Nursing Centre to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Stamford Nursing Centre is registered to provide nursing care and accommodation for a maximum of 90 adults, some of whom may have dementia. There are 27 bedrooms on the ground floor (Oakwood Unit); 30 bedrooms on the first floor (Broomfield Unit); and 33 bedrooms on the second floor (Woodside Unit), which is dedicated to people with dementia. The home is located

in Edmonton in the London Borough of Enfield. Each person had their own room with ensuite bathrooms and shared communal facilities. At this inspection there were 86 people living in the home.

The home does not have a registered manager. The current manager had applied for registration and was awaiting the outcome of his application. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People informed us that staff were respectful and their care needs had been attended to. There was a varied activities programme and we saw people participating in various activities. People had been carefully assessed and their choices and preferences had been noted. Care plans were prepared with the involvement of people and their representatives. There was evidence that the personal and healthcare needs of people had been carefully monitored and reviews of their care and progress had been carried out with health and social care professionals. This ensured that they received treatment and support for their individual needs. However, we noted that some aspects of the service were not effective and have made recommendations for improving the care of people in areas associated with percutaneous endoscopic gastrostomy (PEG) feeds, pressure area care and nutrition.

There were suitable arrangements in place for protecting people from abuse. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. Several safeguarding concerns had been reported to us and the local safeguarding department. The home had co-operated with investigations and agreed action plans had been responded to.

There were suitable arrangements for the recording of medicines received, storage, administration and disposal of medicines in the home.

Staff had been carefully recruited and provided with appropriate training. Regular supervision and support had been provided to enable them to care effectively for people. Feedback received from people and staff indicated that there was sufficient staff on most floors of the home, however, some staff and relatives informed us that there was insufficient staff on the second floor of the home.

The home had arrangements for quality assurance. This included audits and checks on medicines, health and safety and care documentation by the manager and senior staff of the company. Professionals who provided us with feedback stated that they were satisfied with the quality of care provided.

The home was well furnished and comfortable. The premises were clean and health and safety checks had been carried out. However, on both days there were unpleasant odours in some areas of the building. We further noted that there were deficiencies related to the maintenance and security of the home. These deficiencies place people at risk of living in premises which may be unsafe and not secure. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. We noted that there were deficiencies related to the maintenance and security of the home. Unpleasant odours were present in some parts of the home and there is a need to review staffing arrangements on the second floor of the home.

The home had a safeguarding procedure. Staff had received training and knew how to recognise and report any concerns or allegations of abuse.

Risk assessments had been prepared. These contained action for minimising potential risks to people such as the risks of self neglect and falls. There were suitable arrangements for the management of medicines.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. We noted that there were some deficiencies related to people's care and nutrition.

People who used the service were supported by friendly staff who were knowledgeable and understood their needs. Staff had received appropriate training to ensure they had the skills and knowledge to care for people.

People could access community services and appointments had been made with health and social care professionals to ensure people received appropriate support and treatment. There were arrangements in place to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Requires Improvement



Is the service caring?

The service was caring. People informed us that staff were professional in their approach and they had been treated with dignity and their privacy had been respected.

There were arrangements to ensure that people received care which was person centred and took account of their choices and preferences. Details of people's interest and important information about their lives were documented in their care records.

People and their representatives were involved in their care. Reviews of care provided for people had been carried out regularly. Meetings had been held where people and their representatives were encouraged to express their views and provide feedback regarding the services provided.

Good



Summary of findings

Is the service responsive?

The service was responsive. People had been assessed prior to coming to the home. Their care records contained important information regarding their care needs and preferences. This ensured that staff could provide care that met individual needs.

The home had a varied activities programme and people had been encouraged to take part in activities. Outings outside the home had been organised for people and this included attendance at a football match.

The home had a complaints procedure and complaints had been appropriately responded to. This was included in the service user guide of the home. Staff were aware of action to take when a complaint was made.

Good



Is the service well-led?

The service was well led. Social and healthcare professionals who provided us with feedback stated that they were satisfied with the management. They stated that staff were helpful, worked well with them and kept them informed of the progress of people.

The quality of the service was carefully monitored by the manager and senior staff of the company. Regular audits and checks had been carried out by the quality monitoring officer.

All staff we spoke with stated that their managers were approachable, they felt supported and they worked well as a team.

Good



Stamford Nursing Centre

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 checked 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 took place on 17 & 19 February 2015 and it was unannounced. Before our inspection, we reviewed information we held about the home. This included notifications submitted by the home and safeguarding information received by us. We also contacted and received feedback from five health and social care professionals to obtain their views about the care provided in the home.

The inspection team consisted of four inspectors and a nurse specialist. We spoke with twenty people who used

the service, three relatives, two visiting social and healthcare professionals and staff working in the home. Staff we spoke with included the manager, deputy manager, nurses, care staff, administration staff, maintenance and kitchen staff.

We observed care and support in communal areas and also looked at the kitchen, laundry and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for people living there, recruitment records, staff training and induction records for new staff employed at the home. We checked the medication records and the quality assurance audits completed.

After the inspection we provided feedback to the manager and discussed areas of good practice and areas where improvements were needed.

Is the service safe?

Our findings

People we spoke with expressed no concerns regarding their safety and indicated by their comments that they felt safe in the home. This was also reiterated by relatives we spoke with. One person said, “Everything is going fine. They treat me alright.” A second person stated, “I feel safe here. I am satisfied with the care.”

We visited bedrooms and communal areas and discussed safety arrangements with the manager and maintenance person. They were aware of the need to ensure that the premises and equipment were well maintained and in good working order. There was a contract for maintenance of fire safety equipment. A minimum of four fire drills had been carried out within the past year and one of them was carried out during the night. The fire alarm had been checked weekly to ensure that it was working properly.

The home had a record of essential maintenance carried out. This included safety inspections of the portable appliances, hoists and lift. However, we noted that the electrical installations certificate of March 2010 and January 2015 stated that the electrical installations were unsatisfactory. There was no new inspection certificate to evidence that the deficiencies identified had been rectified. We further noted that on the second day when inspectors entered the building, the door to the reception area and the door leading to the rest of the home was left unlocked and no staff was in the reception area for between five to ten minutes. These deficiencies place people at risk of living in premises which may be unsafe and not secure. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had suitable arrangements in place to ensure that people were protected from abuse. Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. Staff were able to give us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

The home had the London guidance document “Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse”. This ensured that staff were fully informed regarding what action to take. The service had a safeguarding policy and details of the local safeguarding team were available in the home. Staff were aware of the provider’s whistleblowing policy and they said if needed they would report any concerns they may have to external agencies.

Several safeguarding concerns including complaints regarding poor care, record keeping and staff attitude had been reported to the safeguarding team and to the CQC. The service had responded and co-operated with the safeguarding team. Some of these were not substantiated while others resulted in action plans and recommendations for improving practice. We noted that the service had taken appropriate action to safeguard people. This included ensuring that people were fully assessed prior to admission and improved care documentation.

The care needs of people who used the service had been carefully assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with self-neglect, pressure sores and falling.

We looked at the staff rota and discussed staffing levels with the manager, deputy manager, nurses and care staff. Three staff informed us that there were times when there was inadequate staffing on the second floor as people on this floor had dementia and they required more care so extra staff were needed. One staff said that the second floor was, “demanding - usually two nurses, four to six carers and one activities co-ordinator.” There is therefore a need to review staffing arrangements on this floor.

The home had a recruitment policy and procedure which had been followed. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, and a minimum of two references to ensure that staff were suitable to care for people.

There were arrangements for the recording of medicines received, storage, administration and disposal of medicines. The temperature of the room where medicines were stored had been monitored and was within the

Is the service safe?

recommended range. We looked at the records of disposal and saw that there was a record that medicines were returned to the pharmacist for disposal. The controlled drugs (CD) were properly stored and two staff signed to indicate when they had been administered.

The home had a system for auditing medicines. This was carried out by nursing staff and the quality assurance officer. There was a policy and procedure for the administration of medicines. This policy included guidance on storage, administration and disposal of medicines. Training records seen by us indicated that staff had received training on the administration of medicines. We noted that there were no gaps in the medicines administration charts examined.

The home had an infection control policy which included guidance on hand washing and the management of infectious diseases. We visited the laundry room and discussed the laundering of soiled linen with the manager. Staff were aware that soiled and infected linen needed to be washed at a high temperature.

The home was clean. People said, “They come in and clean each morning,” and “They come in every day.” However, on both days, inspectors noted that there were areas of the building with an unpleasant odour. This was reiterated by two relatives we spoke with. This odour was detected on the ground floor on the first day and on the second floor on the second day. The manager explained that this may be due to people being given personal care. We recommend that measures be taken to reduce unpleasant odour in the home. This may involve consultation with professionals responsible for advising on the care of people with incontinence issues.

We examined the accident record. The accident record contained adequate details and was signed by the staff member involved. There was guidance for preventing a re-occurrence of accidents which could be prevented.

We recommend that that a review of staffing arrangements including staffing levels on the second floor of the home be carried out to ensure that staffing levels are adequate and people are well cared for.

Is the service effective?

Our findings

The feedback we received from people indicated that their care needs had been attended to. One person said, “You don’t have to wait too long.” Another person commented, “I get on very well with them.” A third person stated, “Everything is going fine. They treat me alright.” A social care and a healthcare professional who spoke with us stated that they had no concerns and people they visited were well cared for.

Staff demonstrated a good understanding of how to provide effective care and ensure that the needs of people were met. When we discussed specific areas related to the care needs of people, they were able to inform us of how they would assist people and attend to any special needs people may have. This included ensuring that their personal care was attended to, ensuring that they had adequate nutrition and ensuring that they took their medicines.

Care plans had been prepared and these were up to date. We examined the care records of people who were at risk of pressure ulcers. These contained appropriate assessments and care plans. Two hourly position change charts had been completed to evidence that people had been encouraged to change position so as to reduce the risk of pressure ulcers. Pressure relieving mattresses were available for people who needed them. We however, noted that two of the three foam pressure relieving cushions identified in the day rooms (with deputy manager) had ‘bottomed out’ and were not fit for purpose. There is therefore a need for the provider to review their equipment check procedures to ensure timely replacement. We noted that ongoing training had been provided for nursing and care staff on pressure area care. This was confirmed by staff and evidenced in the training records.

We looked at the care of people with diabetes and discussed their care with the manager and staff. They were aware of the care and treatment needed by people. Kitchen staff were aware of their special dietary needs. Eye checks and medication reviews had been carried out by their doctor. We noted that the records of one person with diabetes did not contain a diabetes care plan and urine glucose test had not been carried out. The manager explained that initially, this was because there had been uncertainty as to whether this person had diabetes. He agreed that a diabetes care plan would be prepared and

the urine tests done. We noted that diabetes training had been provided for twelve staff in December 2014. One nursing staff stated that they had not had a refresher training in diabetes care yet. The manager stated that there was ongoing training and diabetes training would be provided for staff.

Seven people received their nutrition via PEG feeds. Their care had been reviewed by the dietician as required. However, there was no evidence that PEG machines had been serviced or cleaned. This is necessary for safety reasons. The manager stated that the machines had been cleaned although this was not documented. There is therefore a need for the provider to keep records related to the servicing and cleaning of peg feed machines.

People had their personal and healthcare needs closely monitored. Fluid and food intake and output charts were in place for people who needed them. There was evidence of recent appointments with social and healthcare professionals such as people’s GP, tissue viability nurse and social worker. Staff recorded people’s weight monthly and they knew what action to take if there were significant variations in people’s weight. Staff informed us that food supplements had been prescribed for people who needed them.

We noted that one person did not have slippers on and their toe nails were long, the deputy manager went to get slippers for this person. After the inspection, the manager informed us that access to chiropody services had been discussed with the doctor and the doctor had agreed that where needed on medical grounds, he would make referrals to the chiropodist. The manager stated that for others who did not meet this criteria, he would discuss funding for chiropody services with people or their representatives. He further stated that he would ensure that staff paid more attention to ensure that people’s nails were attended to.

Reviews of care had been carried out with staff and professionals involved in their care. The manager informed us of an example of good practice. He stated that there was a system whereby the home reviewed individual people and looked at various aspects of their care and progress. This was done each week in meetings attended by senior and nursing staff. Documented evidence of this was provided. This ensured that people received appropriate care and support.

Is the service effective?

We noted an example of good practice on the second floor (Woodside Unit). We saw that this floor for people with dementia had themed walls so the floor was colourful and stimulating to people.

We looked at the arrangements for the provision of meals and observed people eating their lunch. The kitchen was clean. Fridge and freezer temperatures had been checked and recorded each day to ensure that food was stored at the correct temperatures. The meals were presented attractively and the dining rooms had flowers on the tables. The menu was varied, balanced and reflected what was served on the day. People we spoke with were mostly happy with the meals provided. One person said, "Food is OK. I am happy here." Another person said, "The breakfast is alright." A third person told us that they could have their cultural foods if they wanted. Another stated that there was a choice of main dish.

We observed people having their lunch. We saw staff assisting people with their meals and engaging people in conversation. Most of the time staff did not appear rushed. The dining area had pictures of food. On the second floor on the second day, we observed that one person wandered off the table and staff encouraged this person to return to eat their lunch. However, in another instance we noted that when people did not eat much of their meal, staff did not encourage them to finish their food. In a second instance, a person with dementia dropped their yoghurt pot on the floor but carried on a spooning action but staff did not come to their assistance for seventeen minutes. We also noted on the second day on the second floor, that there was a lack of interaction between some staff and people during lunchtime. Menus were not always placed on the tables and they were not in pictorial form. The manager explained that this was because some people had damaged them.

To ensure adequate support and promote a pleasurable experience for people at meal times on all days, there is a need to review the meal time arrangements on the second floor be carried out.

The CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. The manager was knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. The DoLS can be used if a person who is in a home or hospital is restrained,

restricted or deprived of their liberty for their own safety. The home had guidance on MCA and DoLS. We noted that the manager had made applications to the DoLS officer regarding restrictions placed on people to ensure their safety. However, the CQC had not been notified when these applications were made as required in the regulations. The manager stated that he was unaware of this and promptly submitted the required notifications.

Staff knew that if people were unable to make decisions for themselves, a best interest decision would need to be made for them. Staff we spoke with said they had received the relevant MCA & DoLS training. Mental capacity assessments had been carried out. These were needed for the protection of people and included details of who should be consulted if a person lacked capacity to make a decision.

Staff told us they worked well as a team and their managers were supportive. The home had a comprehensive induction programme and on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. A training matrix was available and contained the names of all staff currently working at the home together with training they had completed. Regular staff meetings had been held. The minutes of meetings indicated that staff had been updated regarding management issues and the care needs of people. The manager and senior staff carried out regular supervision. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records. One staff member stated, "I feel able to raise concerns. The manager is supportive. Management do listen to suggestions."

We recommend that the provider examines the Provision and Use of Work Equipment Regulations 1998 (PUWER) and other relevant guidance for ensuring that work equipment including pressure relieving cushions and peg feed machines are properly maintained and keeping a cleaning and maintenance log where necessary.

We recommend that the provider examines relevant policies and guidance regarding the provision of a conducive eating environment for people receiving care and to implement the principles of 'protected mealtimes' in order for people to eat and enjoy their meals.

Is the service caring?

Our findings

The service was caring. People informed us that staff were professional in their approach and they had been treated with dignity and their privacy had been respected. One person stated, “I get on very well with them.” Another person said, “Everything is going fine. They treat me alright.” A relative informed us that their relative had been treated with respect and dignity. A fourth person who used the service told us that staff respected their privacy.

Staff informed us that they were aware that all people regardless of their varied and diverse backgrounds should be treated with respect and dignity. Staff informed us that they were reminded of this during their training. We noted that staff were also reminded of this during team meetings by the manager. There were “Dignity in Care” posters on the walls of each floor reminding staff that people should be cared for with respect and dignity. We saw that the bedroom doors were closed when staff were attending to the personal care of people.

We observed some examples of good practice. We saw staff being patient and gentle when speaking with people. We saw some staff explaining to people what tasks they were doing and asking people about their choices and preferences when drinks were being served. One carer noticed that a person was upset and went and spoke with them in a calming and soothing tone. We however, noticed one carer sounded abrupt when helping a person. We recommend that staff be reminded to be gentle and respectful when speaking with people.

We noted another example of good practice. We saw that bedroom doors had been personalised with photos of people. On the second floor, each person’s bedroom had a

memory box and these contained information on the likes and dislikes of people, photos of them and people important to them. This ensured that people felt at home and staff were kept informed about people.

There were some arrangements to meet the cultural and religious needs of people. The chef informed us that special cultural meals were available if people requested them. However, although the home had many people from ethnic minorities, there was little focus on awareness or celebration of special days important to people. The manager stated that this would be looked into.

Care records of people contained evidence of consultation with people and their representatives. These were up to date and addressed the individual needs of people. There were details of people’s religious and cultural background, their interests, and activities they liked. This ensured that people received care that was personalised and met their varied needs. There were meetings where people and their representatives were consulted and updated regarding the care provided and the management of the home. We however, noted that the last meeting was held on 28th August 2014 and nine people, including relatives attended. We discussed the need for more frequent meetings with the registered manager as these meetings provide an opportunity for people who used the service and their representatives to raise concerns and make suggestions regarding the service. The registered manager agreed that this would be done and he informed us soon after the inspection that another meeting with people and their relatives had been held.

All bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

The service was responsive. People who used the service informed us that staff were responsive and their choices had been responded to. One person said, "It's alright, they look after me." Another person said, "Everything is going fine. They treat me alright." A third person stated, "Staff respect me. They know how I like my tea." A relative informed us that their relative was well treated.

We saw staff interacting and talking with people in a friendly manner. We noted that staff checked with people and asked them what they wanted when drinks and food were served. When one person called out for help, staff responded promptly. We activated the call buzzer in two bedrooms and staff responded within two minutes.

People had been assessed prior to coming to the home. Their care records contained important information regarding their care needs and preferences. This ensured that staff could provide care that met individual needs. Nursing and care staff we spoke with were aware of people's preferred daily routine and how they wanted to be cared for.

The home had a varied activities timetable which included sing-along sessions, arts and crafts, games, outings and exercise sessions. People told us that the home had a range

of activities and they said they could join in if they wanted to. One to one sessions were also available for people if needed and we saw documented evidence of this. One activities organiser stated that she regularly consulted with people and asked them about their preferences. This ensured that activities were appropriate for people and met their preferences. There were displays of art and crafts made by people in the reception area and along the corridors of the home. Each floor of the home had a sensory room with therapeutic lighting and audio equipment. We saw people using this room for relaxation and sensory stimulation. Outings had been organised for people to places of interests and this included a football stadium.

People were aware of whom to complaint to. One person said, "If I was worried about anything I would talk with the staff. I have no concerns." Another person said, "I'd talk with the boss."

The home had a complaints procedure and a complaints book. There were complaint forms available in reception area. We noted that complaints had been promptly responded to. The manager informed us that staff had would be undertaking training in the handling of complaints to ensure that complaints are dealt with appropriately and minor concerns do not escalate as a result of defensive or inappropriate responses.

Is the service well-led?

Our findings

The service was well-led. Arrangements were in place to ensure that the home was well managed and had a positive, open and transparent culture.

Social and healthcare professionals who provided us with feedback stated that they were satisfied with the quality of care provided. A social care professional who spoke with us informed us that they found the home to be well managed and staff worked well with them. A report from a local authority professional indicated that there was a need to ensure that staff received refresher training but overall the service was well managed and open in their approach. The manager informed us that training updates were in the process of being provided for all staff. This was confirmed by the training officer. During the inspection we found the manager and other staff were co-operative and willing to look at new ways of improving the service and the care provided for people.

The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance. However, we noted that the policy for Equality and Diversity was not sufficiently comprehensive. It was limited to meeting the cultural and religious needs of people and did not contain information on all the protected characteristics and guidance to staff on meeting the diverse needs of people. The procedure for DoLS did not include guidance on ensuring that the CQC was notified when applications for DoLS were made as required in the Regulations. The manager stated that in future the CQC would be notified. Soon after the inspection the manager notified us of people the home had applied for DoLS authorisations.

The home carried out annual satisfaction surveys of people who used the service. Staff surveys were also carried out. In addition, audits and checks of the service had been carried out by the manager and senior staff of the home. These included checks on arrangements for care and treatment, pressure ulcers, nutrition, medicines and a falls audit. Some of these fed into an ongoing improvement plan which was monitored by the manager and the provider's quality monitoring officer. The quality monitoring officer visited the home to carry out regular reviews of the service. Documented evidence of these reviews was provided and we noted that action had been taken to address issues such as medication reviews and infection control spot checks. We noted that improvements had been made in the service. Medication charts were correctly filled in and care documentation related to pressure area care were well maintained.

The manager informed us of an example of good practice. He told us that he and senior nursing and care staff, the chef and the domestic manager met each day at 10am to discuss complaints, care and clinical issues. We had also been informed by the area manager that she visited the home regularly to discuss progress and concerns with the manager. This was to ensure that concerns and problems were promptly responded to.

The managers and staff informed us that there was a good staff team and they worked well together. Staff told us that the managers and senior staff were approachable and they could discuss problems and care issues with them. There were records of regular meetings held and we noted that staff had been updated regarding management and care issues. The manager and care staff were aware of their roles and responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.</p>