

Aspire In The Community Ltd

199 Burton Road

Inspection report

199 Burton Road
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Barnsley
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Tel: 01226731395

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13 February 2018
21 February 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

A comprehensive inspection took place at 199 Burton Road on 13 and 21 February 2018. The first day was unannounced.

The home had previously been inspected on 6 January 2017 and was rated requires improvement overall and in the key questions of safe, effective and well-led. The home was rated as good in the key questions of caring and responsive.

We identified a breach of the regulations relating to good governance. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions. On this visit, we checked to see if any improvements had been made.

199 Burton Road is a residential care home registered to provide personal care for up to four people who have a diagnosis of a learning disability and/or mental health. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is a detached house located within secure gardens. There are four private bedrooms with en-suite facilities, a communal kitchen, dining room, lounge, a separate laundry/domestic room and an administration office. There were four people living at the home on the day of inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had 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.

During this inspection, we found sufficient improvements had been put in place which meant the registered provider was now compliant in respect of the breach of regulation identified at the last inspection.

Relatives of people who used the service told us their relatives were safe living at 199 Burton Road. Staff had received safeguarding training and knew what to do to keep people safe. Individual risks had been assessed and identified as part of the support and care planning process.

Staff were recruited safely and thorough checks were completed before staff started working at the home. We saw there were sufficient numbers of staff to ensure people's care needs were met. Staff had received

training, supervision and appraisal to ensure people received effective care and this also enabled the development of good practice.

Medicines were stored and managed safely. Regular medicine audits were undertaken.

People were supported with their hydration and nutrition needs. The home had been awarded the highest food hygiene rating of five for good hygiene practice when handling food.

Care plans were person centred and reflected people's likes, dislikes and interests. Staff were aware of peoples' preferences. People had regular access to health and social care professionals.

Staff had undertaken training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were able to explain how this legislation related to the people they supported, which meant people's rights were being protected.

People enjoyed a range of activities and were encouraged to maintain life skills and have maximum control over their lives. A car was provided by the service to enable people to have an ease of access to a wide choice of places. Staff supported people to retain their independence.

Peoples' personal records were stored confidentially in a locked room.

The home had good management and leadership and the registered manager was visible working with the team, monitoring and supporting staff to ensure people received the care and support they needed. Feedback regarding the registered manager was positive. People spoke highly about the management of the service.

Regular quality assurance audits took place within the home to help monitor and drive improvements.

The service had a complaints policy and process in place. People told us they knew what to do if they had any concerns or complaints about the service.

The service worked in partnership with other organisations and local commissioners.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Relatives told us they felt people were safe.

Risks to people were considered and risk assessments were in place.

Medicines were well managed and medicine administration records were audited.

Is the service effective?

Good ●

The service was effective.

Staff training equipped staff with the knowledge and skills to support people effectively.

People's nutrition, hydration and healthcare needs were met.

The legal requirements relating to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good ●

The service was caring.

Relatives felt staff were very caring to the people they supported and our observations confirmed this.

People looked well cared for and were clean and tidy.

Staff maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff communicated with people in a way which was appropriate

to them.

People's care plans were person centred and advice was sought from relevant health and social care professionals.

People were supported to maintain their interests and activities.

Is the service well-led?

The service was well led.

The provider had systems and processes in place to monitor the quality of the service.

Staff felt supported and spoke positively about the registered manager.

Relatives said they were kept updated on their relatives care by the registered manager and staff.

Good ●

199 Burton Road

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.

A comprehensive inspection took place on 13 and 21 February 2018. The first day of inspection was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience on the first day of inspection, and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all the information we held about this service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police services and clinical commissioning groups to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

We used information the provider sent us in the Provider Information Return (PIR). 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 spoke to three relatives of people who use the service, the registered manager, a senior support worker, a team leader and three members of staff. We observed care interactions throughout the home and observed the breakfast and lunchtime meal to help us understand the experience of people using the service who could not express their views to us.

As part of the inspection we looked at two people's care plans in detail and three people's medication administration records. We also inspected two staff members' recruitment documents, staff supervision and training records, accident and incident records and various policies and procedures related to the running of the service.

We used the Short Observational Framework for Inspection (SOFI) to observe care interactions. SOFI is a way of observing care to help us understand the experience of people who could not talk with us and spoke to relatives of people who used the service.

Is the service safe?

Our findings

We asked the relatives of people who used the service whether they felt safe with the care their relative received from 199 Burton Road. A relative told us, "Yes, I feel [Name] is absolutely safe, they (referring to staff) know his needs exceptionally well." Another relative said, "I feel [Name] is safe here." A third relative told us, "I feel my son is very safe, no problems. I have no concerns and I think that they do the best job they can."

We were not able to communicate verbally with people who used the service but were able to observe interactions between people and staff members. We observed people appeared comfortable, happy and interested in what was happening at the home. We saw staff engage with people whilst providing support and each team member chatted and used non-verbal communication sign language in a relaxed and positive manner. This showed us people felt safe living at Burton Road.

The service had a safeguarding policy in place and staff had received safeguarding training. A relative told us, "We did have one incident when [Name] absconded, it was safeguarded and fully addressed." They further said, "Things were put in place immediately to make sure it didn't happen again, so it gave me confidence and it was dealt with to my satisfaction."

Staff we spoke with could describe signs of abuse and knew to report concerns to the registered manager to keep people safe. Records showed safeguarding concerns were logged, dated and referred to the local safeguarding team where appropriate. This showed us there were the right systems in place to protect people who used the service from the risks associated with abuse.

People's confidential information was securely stored. We saw confidential information and care plans were kept in a locked room. This meant people's confidentiality was safe and maintained.

We saw risks assessments were in place which covered, for example, physical harm, travel and road awareness. The risk assessments were specific to each person and took into account the associated risk and measures to minimise levels of risk. We noted one person had been assessed as having no road safety knowledge and saw a detailed plan in place to manage the risks associated with traffic. A relative told us, "They make [Name] wash up. I totally agree with it and it is good they involve him so much in the household." This demonstrated people were supported to maximise independence in a safe, managed way.

We saw some people displayed behaviours other people may find challenging. A relative told us, "Staff do as much as they can with [Name] as they can present with challenging behaviour. Staff are kind and they are doing really well at Burton Road."

We found care plans contained detailed safeguarding and conflict management risk assessments for staff with information on trigger factors which might cause people to become distressed or agitated. These included how people might react if they felt this way and distraction techniques for staff to de-escalate situations. We looked at training records and saw all staff had completed 'Maybo' conflict management

training to enable staff to have the skills needed to support people if they became angry or distressed. Staff we spoke with could describe in detail how to distract people when necessary using the techniques learnt from this training. We saw staff supported people by using these techniques on our inspection. This showed there were processes in place to keep people and others around them safe.

We reviewed how risks to the premises were managed. We saw a range of monthly checks were carried out which included emergency lighting. Showerheads were also cleaned monthly in line with recommended guidelines. We looked at the records for gas safety, portable appliance testing, and water quality and saw these had been inspected by competent people. This showed people were kept safe.

The registered provider had emergency procedures and policies in place. We found personal emergency evacuation plans were in place for each person. These plans detail important information to ensure a person's safety in the event of a fire or emergency evacuation. We noted fire evacuation drills had been carried out during January and September 2017. We saw both evacuations had been carried out safely and no concerns were raised. This meant staff knew how to keep people safe in the event of a fire.

We observed there were enough staff to keep people safe. The registered manager told us staffing levels continued to be calculated based on individual needs through initial and ongoing assessment of the amount of care hours each person needed. We saw evidence of this within the service placement agreement in care plans we looked at.

A record was kept of accident and incidents involving people who used the service. The records contained detailed information about what had happened and how staff had responded to keep the person safe. We found these had been managed and reviewed appropriately.

We looked at the recruitment files for two members of staff. We found these contained an application form, interview records, candidate assessment form, medical questionnaire and two references. We saw Disclosure and Barring Service (DBS) checks had been obtained. DBS checks return information from the Police national database about any cautions, convictions, warnings or reprimands and help employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups. This demonstrated staff were recruited in a safe way.

We looked at the management of medicines and found this was safe. We observed a staff member administering medicines to three people. We found they spoke to people in a kind and caring way and took their time to explain to each person what they were doing. The staff member prepared each person's medicines and knew how people liked to take their medicine. They spoke knowledgeably regarding individual preferences. We observed one person who received their medicine with yoghurt and another person took theirs with water. We saw these choices were recorded as their preference in their medicine plan. We found medicines were securely stored in a locked cabinet in each person's room. We saw a daily record was kept of the temperature inside each cabinet and records showed medications were stored within safe limits.

Medicine administration records (MARs) were used to record the administration of medicines. We looked at a selection of MARs and saw these had been completed appropriately with no gaps in recording. We saw the staff member check the specific medicine against the MAR to verify the prescription and medicine instructions. They then signed the MAR to confirm once the person had taken their medicines. This meant potential errors in medicine administration were identified and could be rectified immediately.

We looked at the cleaning schedule for the service and saw this was carried out in line with the service

requirements. A relative told us, "I have always found the home to be very clean." We saw there were soap and towels in the bathroom people used downstairs and in each en-suite bathroom upstairs. We noted the kitchen had colour coded chopping boards for food and hygiene information was displayed throughout the home.

Staff we spoke with understood their responsibilities to raise concerns and told us this would be done direct with the registered manager. The registered manager told us they encouraged staff to speak with them directly and lessons learnt would be shared back to staff either individually or as part of a team meeting. We looked at accident and incidents and saw these had been reviewed and managed appropriately. This showed processes were in place to learn from mistakes.

Is the service effective?

Our findings

Relatives of people who used the service thought staff had the right skills and abilities to look after people. Comments included, "I do think that the staff are well training and have good skills" and "The staff meet my [relative's] every need."

Our inspection on 6 January 2017 found the provider was not meeting the regulations relating to good governance. We found governance systems had not identified staff appraisal was not being carried out with staff. At this inspection we found a number of improvements had been made relating to staff appraisal. Future inspections will seek to evidence a sustained and embedded process is in place.

We saw the registered provider had an annual appraisal policy in place. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We looked at the supervision matrix and saw all staff had received an annual appraisal during 2017 and staff annual appraisal dates for 2018 had been scheduled throughout the year. Staff confirmed they received an annual appraisal.

Staff we spoke with told us they received regular supervision. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. We looked at the supervision matrix and saw staff had received supervision in line with the registered provider's policy. This demonstrated staff received supervisions and appraisal.

Staff new to the organisation were required to attend a two day external induction programme as part of the overall induction process as well as needing to complete training the registered provider considered mandatory before starting care work. New staff were required to shadow more experienced staff to build confidence and get to know the people they would be supporting. This demonstrated staff received training to help them develop the skills needed to deliver effective support and care.

We looked at the staff training matrix and saw staff had completed training in accordance with the registered provider's mandatory training requirements. This included training on food safety, infection control, moving and handling, health and safety, fire, first aid and 'Maybo' conflict management training. This showed staff received appropriate training to enable them to carry out their roles effectively.

We saw people were supported with their nutritional and hydration needs. Care plans contained detailed information regarding people's food and drink preferences. All staff had received specific training in food safety and this helped to ensure staff were skilled in providing effective support. The home had been awarded the highest food hygiene rating of five for good hygiene practice when handling food. We saw a staff member used non-verbal communication sign language with a person to ask what the person wanted to eat. The staff member then sat with the person and signed and chatted throughout the meal in a relaxed and respectful manner.

We saw there was a different menu for each day. We found food choices were displayed in a pictorial format

and large print which are designed to help make it easier for people to choose their meal choices. A staff member told us, "We show pictures of food so people can choose what they like to eat." They further told us how they would monitor a person's food choice and if they did not like something, it would be noted so the person would not be offered it again. This meant people were supported with their hydration and nutritional preferences.

People were encouraged and supported to have access to healthcare services. Care plans contained a health action plan which included documentation detailing each person's appointments and when the next routine appointment was due. We saw one person had a forthcoming appointment with the dentist. People's care plans contained annual health records relating to their medical needs and a hospital passport. A hospital passport contains important healthcare information for hospital staff should the person be admitted to hospital. This demonstrated staff's commitment to ensuring people had access and attended other healthcare services.

The design and flow of the building was appropriate for the needs of the people who lived there and people were supported to be involved in changes to their living environment. There were two separate communal areas on the ground floor, one of which had access to the rear garden. On the second day of inspection we saw one person's bedroom was in the process of redecoration. The registered manager told us the person and their family had been involved in the redecoration process and the person had chosen the wallpaper.

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. The registered manager told us all the people who lived at the home were subject to a DoLS authorisation.

Care plans evidenced staff reviewed people's capacity to consent to their support and care. Where people did not have capacity to make a specific decision, there were best interest decisions held. Staff had an understanding of the MCA and could describe what this meant for the people who they supported. Comments included, "It's about people being able to decide for themselves" and "The capacity to decide for themselves." Staff we spoke with confirmed they had received MCA and DoLS training. We saw staff interpret non-verbal forms of communication to understand people's wishes and views throughout our inspection. We saw staff asked for people's consent before care was provided. We heard one staff member ask a person, "Can I do this for you?" and "Is it Okay if I do this" before support was provided. This showed staff were supporting people effectively.

We saw DoLS applications had been completed following a mental capacity assessment and these had been authorised by the local authority.

The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lack the mental capacity to make decisions were respected.

Is the service caring?

Our findings

A relative told us, "The staff are kind and caring" and "I am totally happy [Name] is here." Another relative said "I believe [Name] has great relationships with all the members of staff and they all love [Name] to bits." These comments demonstrate relatives valued the care being provided by staff.

We observed interactions between staff and people who used the service throughout our inspection. We saw staff were caring and took a genuine interest in the people they supported. All staff we spoke with were extremely knowledgeable of people's likes and dislikes and it was clear staff knew people well. We found staff routinely asked what people would like and their knowledge of the person they were supporting was very good. There was a lot of laughing and friendliness observed between staff and people throughout the inspection. This showed staff knew the people they supported well and listened to what mattered to the person.

People's care was tailored to meet their individual needs and preferences. People looked well cared for, clean and tidy. A staff member described how they would support people to choose their daily clothes and this meant people were supported to make choices. People's clothes were nicely presented and hair and nails were brushed and clean. Personal choice meant one person had a beard which was tidy and well kept. This showed staff had taken time to support people with their personal appearance in a way that was personal to them.

In a care plan we looked at we saw one person had conveyed they could understand everything being said and requested staff not to overload them with choice. All staff we spoke could describe in detail how to offer choice to the person in response to the person's wishes. This meant staff understood and respected the needs of people.

We saw people were supported to maintain their independence. Staff told us they actively encouraged people to be involved in the weekly food menu planning for the home. A staff member described how they would encourage a person to make a meal together and this demonstrated people were encouraged to maintain their independence.

Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, staff told us they would ensure curtains were drawn and a person was covered at all times whilst providing personal care. This meant people privacy and dignity was respected.

All the relatives we spoke with spoke positively about being involved in their relatives care. A relative told us, "We are kept fully up to date with [Name] care. They telephone us regularly and we feel intrinsic in their care, which is how it should be." Another relative said, "Things change all the time due to our comments. They really listen to what we have to say and they do a very good job."

Relatives and visitors were welcomed and able to visit people without being unnecessarily restricted. Staff

told us all the people they supported had visitors at the home and people could entertain guests wherever they wanted. A staff member told us, "It's their home so they can go wherever they like. We just work here to help them live the best life that they can in their own, comfortable home."

Is the service responsive?

Our findings

All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. This requires organisations to ask, record, flag and share information about people's communication needs and take steps to ensure people receive information which they can access and understand, and receive communication support if they need it. The provider had an AIS policy in place and we found the principles of the standard were followed within people's care plans.

The service used assistive technology to support people. We saw care plans were in place for people who had difficulty with verbal communication. For example, a care plan for a person who could not communicate verbally described how they used Makaton sign language to communicate. We observed people and staff communicating throughout the day using Makaton. We saw people use the picture exchange communication system (PECS) to communicate with staff. PECS allows people with little or no verbal communication to communicate using pictures by approaching another person to give them a picture of a desired item. This demonstrated people were communicated with in a way which was appropriate to them.

We looked at the pre-assessments for two people who used the service and saw these had been used to develop their care plans. Assessments gathered information about people's current health needs and previous medical history, medicines, support needs, communication needs, family involvement and person centred information about people's personal preferences, likes and dislikes. These were all recorded under the following headings; what is important to me, what people like to admire about me and how best to support me. We saw advice from relevant health and social care professionals was sought and incorporated into people's care plans and risk assessments.

People had regular contact with family members. A relative told us, "Staff bring [Name] home and collect him every week and they are always very positive." Staff told us three people went home either weekly or fortnightly and they all looked forward to spending time with their families at home. This example demonstrated people were supported to maintain relationships with people that mattered to them.

The registered manager told us care plans were reviewed every three months. We saw evidence of reviews in the care plans we looked at and on the care plan review matrix.

People were supported to maintain their interests and activities. A relative told us, "[Name] really loves his walks so he goes out often with all members of staff." On our inspection we saw one person being supported to go out in the car and another person being supported to go for a walk. Staff comments included, "I love this job because the people do get out and we take them to the seaside and on day trips, for drives and walks", "[Name] loves noise, the music channel is always on for them" and "[Name] loves going out in the car, anywhere, so we facilitate these things." These examples showed people were supported to try out new and different interests and activities.

The registered manager told us the service provided a car for staff to use to support people to attend appointments and leisure activities. We looked at the documentation relating to the vehicle and found insurance and service records in place. We saw appropriate driving checks had been carried out for staff who used the service car. This meant people had an ease of access to places through a choice of travel methods.

The service had a complaints policy. We looked at this and saw it had been last reviewed June 2017. We noted there were no formal complaints at the time of the inspection. The registered manager told us they had not received any complaints regarding the service and would address people's concerns immediately as they arose. A relative told us, "If I had any concerns, I would say something."

We found care plans contained very limited information regarding person centred end of life wishes. We saw the service had an end of life policy in place. We raised this with the registered manager who acknowledged there had been limited discussions regarding end of life wishes due to the average age group of the people they supported. The registered manager agreed to look at holding respectful initial discussions with relatives so person centred end of life wishes could be known and recorded appropriately within the care plans.

Is the service well-led?

Our findings

The service was last inspected on 6 January 2017 where a breach of regulation was identified. We found the registered provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as governance systems had not identified staff were not receiving annual appraisals and actions from audits were not completed within a specified timescale.

At this inspection we found a number of improvements had been made relating to staff annual appraisal and audit.

There were systems and procedures in place to monitor and assess the quality of the service. We saw monthly audits were undertaken by the registered manager in relation to health and safety, medicines, environment and maintenance. A quality assurance audit was undertaken every quarter by the managing director and where concerns were identified action plans produced. We looked at the action plan for January 2018 and saw concerns had been actioned and dates for completion had been added. This demonstrated continuous monitoring to drive improvements in the service.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

Relatives spoke extremely positively regarding the registered manager and staff team. Comments included, "The manager is very open and I can talk to them", "The senior staff are very familiar to us and they are quite a settled team" and "[Name], the manager is great. Normally it is the seniors and the care staff we talk with, but we trust him (referring to the registered manager) totally and he is very professional."

Staff said they felt well supported by the registered manager. A staff member told us, "He is a great manager, he is very caring and has a very hands on approach to the job."

The registered manager told us they operated an open door policy and welcomed any feedback from people, relatives and staff. Staff confirmed they would have no hesitation in raising concerns with the registered manager. We found the atmosphere at the home was warm and friendly. There was a lot of interaction between staff and people and laughing and singing was heard throughout the inspection. Staff seemed relaxed around people and people appeared content.

We saw staff meetings were held monthly. We looked at February meeting minutes and saw discussions included safeguarding, annual leave and food wastage. Staff told us they were asked to contribute to the agendas and were asked for their opinions relating to service improvements.

Relatives of people who used the service were asked to provide feedback on the service their relatives received on an annual basis. The registered manager told us very few feedback forms were returned and as a result, relatives were contacted and encouraged to meet with the team at parent/carer coffee mornings or

meet on a face to face basis to discuss any feedback. A relative told us, "They (referring to staff) are very friendly and helpful. They keep me updated and in touch with everything." Another relative said, "They listen to our advice and take on board the things we suggest. I am totally happy [Name] is here."

The registered manager demonstrated they worked in partnership with other organisations and were supported by their senior management team and colleagues. They told us they regularly attended the local authority provider meetings to keep up to date with what was happening in the local area and nationally. We saw the service liaised with and sought advice and guidance from other healthcare professionals.

We saw the registered provider's policies included equality, diversity and inclusion, human rights, personal and sexual relationships. Having up to date policies helps to ensure staff are following current, up to date guidelines.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

There is a requirement for the registered provider to display ratings of their most recent inspection. We saw a poster displaying the ratings from the previous inspection was on display within the home and the rating, along with a link to the CQC report was available on the registered provider's website.