

Mr & Mrs R Hann

# Kensington Lodge

## Inspection report

5 Cabbell Road  
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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

We inspected Kensington Lodge on 21 January 2015. The inspection was unannounced.

Kensington Lodge supports up to 15 people who have a learning disability.

At this inspection there were two registered managers in post. One of these was the main partner who owns the service but was not present to be in day to day charge of the home. The other was newly registered in the month before our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we asked the provider to make improvements in the safety of recruitment processes and the way people’s rights were protected if they were unable to make decisions for themselves. We also asked the provider to improve the way that people, their relatives and staff were consulted about the quality of the service. The provider told us what they would do to improve and this action had been completed.

# Summary of findings

Recruitment practices helped to ensure that people were protected from the employment of unsuitable staff. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and to report on what we find. Staff had an improved understanding of this legislation and how to use it to protect people who could not make decisions for themselves.

Opportunities for people to express their views about the quality of the service had increased. The manager asked people for their views at regular meetings. Surveys had also taken place so that they could make suggestions for any improvements they would like to see.

At our last inspection, we asked the provider to make improvements in cleanliness and the way any outbreak of infection would be controlled. The provider told us what they would do to improve but we found that not all the action they said they would take had been completed. They had taken action to improve cleanliness within the home but had not completed refurbishment of the laundry. This meant people would still be at risk of any infection not being properly controlled.

We also asked the provider to improve the way that risks to people's safety within the home were assessed and

managed. The provider had taken action to make the necessary repairs. However, risks to people's safety, particularly from scalding, were still not properly assessed and controlled.

People were supported by a consistent staff team who had a good understanding of people's needs and had established warm and caring relationships with them. Staffing levels were flexible so that people could engage in their hobbies and interests, both inside and out of the home and staff had training to help them understand people's needs. Staff supported people to take the medicines they were prescribed and monitored their health to ensure advice was taken promptly if it was needed.

During this inspection the provider was in breach of Regulations 10 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Risks to people's safety and welfare were not effectively identified, assessed and managed and the quality of record keeping was not properly taken into account. Arrangements for infection control still did not properly protect people from the potential spread of infection. These regulations have been replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

# 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?

The service was not consistently safe.

Risks were not properly identified, assessed and managed to promote people's safety. Although overall cleanliness had improved, measures to control the spread of infection were not as effective as they should be in ensuring people were protected.

People were kept safe by staff who recognised signs of potential harm or abuse and knew how to report concerns if these arose. People's needs were met by sufficient numbers of staff who were properly vetted and with the right skills to support them.

**Requires Improvement**



### Is the service effective?

The service was effective.

People received support from staff who had good training and support. Staff understood the principles of the Mental Capacity Act 2005 so that people who found it difficult to make decisions for themselves had their rights protected.

People were supported to eat a healthy diet and drink enough to meet their needs. Their health was monitored and staff assisted them to attend appointments with health professionals when this was needed.

**Good**



### Is the service caring?

The service was caring.

People were supported by staff who had developed warm and caring relationships with them. People's rights to privacy and dignity were promoted and their confidentiality was respected.

People were supported and encouraged to maintain relationships with their family and friends.

**Good**



### Is the service responsive?

The service was responsive.

People were supported with their activities and interests and staff understood how to meet people's individual needs and preferences.

Staff were willing to listen to people's concerns and to take action to address them. However, information for them about how to complain was not in a format they would find easy to understand.

**Good**



### Is the service well-led?

The service was not consistently well-led.

**Requires Improvement**



## Summary of findings

There had been changes in management and these were still settling down while the manager recently appointed got used to her responsibilities. Systems for monitoring the quality of the service had improved. However, these were not yet wholly robust in identifying where there were shortfalls which needed to be addressed to ensure people received person centred care.

The new management team had improved staff morale and support.

# Kensington Lodge

## 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. It was also to review whether the provider had taken action to meet the requirements made at our inspection on 29 August 2014.

This inspection took place on 21 January 2015 and was unannounced. The inspection was undertaken by one inspector.

Before we visited the service we reviewed the information we hold about it. This included changes to registrations

and notifications. Notifications are changes, events or incidents within the service which the law says providers must tell us about. We gathered information from a nurse in the infection control and prevention team and from the district council's environmental health team. We also spoke with a quality assurance officer from Norfolk County Council.

During our visit we spoke with six people living in the home and watched and listened to what was going on. We saw how other people interacted with staff when they returned from their day time activities. We interviewed two support workers, one of the two registered managers and the deputy manager. We also looked around the home. We reviewed records associated with the care of three people, medication administration records and records associated with the management of the home.

# Is the service safe?

## Our findings

When we inspected this service in August 2014, we found there was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because systems for the recruitment of staff were not sufficiently robust to ensure that people were protected against the risks of the provider employing unsuitable staff. The provider sent us an action plan in September which told us what action they would take and that they would have addressed these issues by the end of 2014. We found that this action had been completed.

Our discussions with the registered manager showed that safe and effective recruitment procedures were followed. They understood the importance of proper checking and vetting of applicants for posts. We checked the personnel file for one recently recruited member of staff which contained evidence to show they were suitable to work with vulnerable people. One staff member told us they had received good induction training for their role and this included shadowing more experienced staff.

When we inspected this service in August 2014 we found that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Risks to people's safety within the home were not properly assessed and managed. The provider told us what action they would take to improve. We found that some improvements had been made but further work was outstanding.

After the inspection in August, we referred our concerns about safety and management of risks within the premises to the district council's environmental health department. One of their senior public protection officers (SPPO) has inspected the service twice since then. We read their reports which showed progress between the first visit and the second to address some of the concerns for people's health and safety but there were further improvements needed.

At our last inspection, we found that the home had been allowed to deteriorate. Water had penetrated walls presenting a risk that people could develop respiratory problems as a result of mould growth. Since that visit, work had been undertaken to repair and seal points where the water had come in. One person told us, "My window leaked so my carpet got wet." They said that they hoped this

would not happen again because, "The builders came in." Two staff told us that they were waiting for walls to dry out properly and then a programme of redecoration would start.

Action had been taken to increase people's safety within their home. For example, restrictors had been fitted to top floor windows. Before these were fitted the windows could be fully opened, presenting a risk that people could fall from them and be seriously injured or killed. The provider had assessed and recorded that occupants of other rooms with different window types were not at risk of falling and so they considered restrictors were not needed.

Staff were able to tell us what they did in the event of fire and how they dealt with health emergencies such as a person being unconscious or having an epileptic seizure. Fire drills were practiced and most people living in the home were involved so that they would know what to do in an emergency. Information from the local quality assurance team showed that the manager was working with them to develop emergency evacuation plans for people, including those who would need assistance from emergency services to leave the building safely.

However, some concerns for people's safety, identified by the SPPO remained and were supported by the findings at our inspection in January 2015. For example, hot water outlets were not fitted with thermostatic regulators to ensure people were protected from the risks of scalding. One of the registered managers told us that the plumber had obtained the regulators but they had not yet been fitted. We reviewed the assessments of risk to people to find out how the risks of scalding were being managed but these were not robust. For example, a risk assessment for one person showed that they could not wash out shampoo properly and that staff would need to do this for them. It did not identify risks associated with bathing such as slipping, drowning and particularly scalding to show that these were assessed and managed in a way that promoted people's safety.

We saw that cleaning materials which were hazardous were left unattended and unsupervised and accessible on a landing. We addressed this immediately to request that these products were always within sight of staff so that people were not at risk from attempting to use them unsafely.

## Is the service safe?

These concerns represented a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have referred our findings to the SPPO.

At our inspection in August 2014 we also found that there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not properly protected from the risk of infection and this compromised their safety in that any outbreak of infection may not be effectively controlled. The provider told us in September what action they would take action to improve. We found that some of these improvements had been made but concerns remained.

We reviewed progress towards improving infection control and cleanliness since our last inspection and arising from a report from the local authority's infection prevention and control team. We found that cleaning schedules had been introduced, a cleaner had been appointed and there was better provision of hand-washing facilities and guidance. The odour associated with poor continence management and noted in reports from other professionals had gone. Some furniture had been replaced where this was not easily cleaned and we saw that bathrooms and toilets were clean. However, people were still not properly protected from the spread of infection and some high risk areas identified by the infection prevention and control nurse had not been addressed.

For example, the provider told us that action would be taken to review and refurbish the laundry. The office had been moved from the basement to provide more space to improve the layout but the work had not progressed further. The arrangements meant that clean linen continued to be at risk of contamination from dirty or soiled laundry. The floor in front of the washing machine had debris on it and was stained. The surface was porous so it could not be properly cleaned. The washing machine was next to the tumble dryer used for clean clothes. Pending alterations in line with advice from the infection prevention and control team, there were risks of cross infection and that any outbreak could not be properly contained.

These concerns were a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have referred our findings to the infection prevention and control team.

People we spoke with told us that they felt safe in their home. One person said, "I've got no worries. I like it here." Another person said, "I'm very happy here." Staff we spoke with said they had training in protecting people and were clear about their responsibilities. They showed a good understanding of how people may experience abuse and what signs could indicate someone had been abused or frightened in some way. They were clear about their obligations to report concerns. They knew where to find information for contacting the local authority safeguarding team if they were not able to report suspicions to their managers for any reason. Information about protecting people was displayed on a noticeboard in the hallway for reference. This helped to ensure people's safety was promoted.

People said that there were enough staff and that the staff were "...good." People told us how staffing had been arranged so that they could go and see a pantomime. We saw that staff responded to people's needs promptly and engaged them in activities inside and out of the home during our inspection. Staff said that there were enough of them to meet people's needs and that staffing levels were adjusted depending on people's activities. They told us that the appointment of a cleaner meant they were able to focus more on meeting people's needs.

We asked one person about the way staff looked after their medicines. They told us they were happy for staff to do this. They said, "I would forget so if staff do it that's fine." Staff told us they had training to administer medicines safely. We saw that staff referred to the administration records to ensure they were giving the right medicines to the right people. They also kept the keys about their person to ensure medicines were stored safely. Medicines were audited to ensure they were being used and recorded properly. However, we noted that one person prescribed antibiotics had missed one dose because they were at a day centre. The medicines were recorded as to be given on an empty stomach, but the person was given a dose of this medicine after they had eaten their lunch. This, and the missed dose, meant that the antibiotics may not be as

## Is the service safe?

effective in treating infection as their doctor intended. We addressed this with the manager and deputy manager who undertook to ensure this did not happen again during the prescribed course of treatment.



# Is the service effective?

## Our findings

At the last inspection in August 2014, we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People's rights were not properly protected if they were unable to make decisions about their care. The provider sent us an action plan in September saying how they would improve and this action had been completed.

We noted that people were supported to understand their care and treatment and to make decisions. Where they were not able to do so, improvements had been made to ensure decisions were made in accordance with legislation. Staff had received relevant training in the Mental Capacity Act 2005 (MCA). They told us how they tried to ensure people understood and were able to decide about any medical treatment they needed. They also told us how they would use pictures or photographs to help people understand and make decisions and gave examples of this for two of the people they supported. They said that, if a person could not understand any treatment considered necessary, they would work with health professionals to ensure that any decisions about that treatment reflected people's capacity and ensured decisions made were in people's best interests.

The registered manager showed us how the capacity of three people to understand risks to their safety from traffic had been assessed. As a result of the assessment she had recently applied for Deprivation of Liberty Safeguards (DoLS) to be implemented for those people because their ability to leave the home unsupervised was restricted. We found that there was information about these safeguards in the main hallway to the home. However, the management team did not have access to copies of the relevant codes of practice for either the MCA or DoLS for support and guidance.

One person used signs to communicate their needs. Staff understood that many of these were not derived from a recognised system for signing. However, we found that they were able to explain what the person was telling us. We concluded that staff had the skills to communicate with people effectively.

Staff told us that they felt they had access to a good range of training to enable them to support people properly. They were able to give us examples of this and what they had

learned including how to support someone who had particular needs around their epilepsy. One staff member told us how they had been offered the opportunity to gain further qualifications. Staff were able to tell us about people's needs in more depth than was reflected in most of their plans of care. During the time we observed staff interacting with and supporting people, we saw that they understood how to meet people's needs competently.

Staff said that they felt well supported by the management team. They said they had opportunities for support and regular staff meetings. They said that the manager and deputy manager did not stand by and see them struggle if there were any problems 'on the floor' and were always willing to help out if this was needed. They also told us that the management team occasionally observed how they were working with people to make sure they were supporting people properly. The management team confirmed that they had arranged further training to support them in their roles, including training in managing staff performance.

People told us about the staff who supported them. One said, "They're all very good." Another person indicated 'yes' by putting their thumb up. One person told us that staff helped them with appointments and went with them so they could explain. "They help me see the doctor if I need it." They also told us how staff supported them when they went to the dentist and reminded them how important it was to clean their teeth. Staff gave us examples of people being supported to attend appointments with health professionals including dentists, doctors and at hospital. We saw evidence of this in people's records. We concluded that people were supported to maintain good health.

We asked people what they thought about the food in the home. They told us it was good. "Some staff are better cooks than others, but it's fine." They told us that they did discuss what they would like to eat "...at our residents' meetings". They went on to say that, if they didn't like something staff would help to make something different and that they had their main meal in the evening during the week. People were offered a choice of sandwich fillings at lunch time and asked what they would like to go with them. One person told us how they were trying to lose weight. "I'm doing OK. I have yoghurt or fruit. I like cake but I shouldn't have it. I do have two biscuits at supper." Another person told us that they would not want the cooked meal the next day because they were going to

## Is the service effective?

make lunch at their day services. Staff wrote this down for them and recorded their wish to have sandwiches as an alternative to the cooked meal. Two people told us that they sometimes did the cooking in the home.

The kitchen was open to people as was the larder so that they could access food or drink if they wanted to. We noted that staff responded promptly to people's requests for something to eat or drink.

# Is the service caring?

## Our findings

People told us that they liked the staff who were supporting them. One said, “I like the staff, they’re fine.” Another told us about a change of their keyworker and said, “I’m very happy about that. I like her.” A further person said, “I’ve never had any trouble with staff. I have a new keyworker and we are getting to know each other.” All agreed that they felt staff were never rude or unkind to them.

A staff member gave us an example of how one person had been anxious and concerned about a visit to the dentist. They were able to give us examples of how they worked at the person’s own pace to introduce them slowly and to gradually accept different aspects of examination so that the person grew in confidence and their anxiety was reduced.

The quality of interactions we saw showed warmth, respect and humour. Staff spoke with people respectfully and there was a lot of chatter and laughter with people during the day and at their evening meal. Staff included people in their conversations and we saw a small group chatting together with a staff member about their day. We saw a staff member compliment one person on their craft work and support them with a manicure and nail polish in a colour of their choice.

People told us how staff discussed their care with them. One said, “They do ask me what I want to do and explain things. I think they have some paperwork in the office.” We reviewed three people’s records and these contained information to show that people’s care plans had been discussed with them and that they had signed to say this was the case. Throughout the day we saw that staff asked people what they wanted to do and whether they needed support or assistance.

People’s personal histories were recorded and staff were able to tell us about their backgrounds and who was important to them in terms of their family or friends. They also gave us examples of how some people were supported with their religious beliefs with some people attending church and others going to a Bible class.

One person showed us information about a programme of activities called “Opening Doors” which they had attended. They had information in their room about this which showed them in pictures and an ‘easy read’ format which might help them to express their views if they needed additional support from an advocate.

People were given the opportunity to store small belongings securely if they wished and were able to. For example, one person had chosen to keep their things in a safe which they kept locked. During our inspection we observed that staff knocked on doors before asking people if they could enter their rooms, to promote people’s privacy. We also saw that people’s personal records were held securely and the staff handover took place away from people. This contributed towards promoting people’s confidentiality. People had locks fitted to their bedrooms but the manager was not able to tell us how risks were assessed in a way that promoted their ability to hold keys. People were recorded as either not wanting to have a key or that they would lose them. Two people told us that they did not want keys.

We saw that people’s independence was encouraged so that they did what they could for themselves. For example, some were supported to make drinks for themselves and others living in the home. We saw that another person was changing their bed linen during our stay and was encouraged to make a sandwich of their choice.

# Is the service responsive?

## Our findings

Our observations and discussions with staff showed that they understood the needs of the people living in the home. They were able to give us specific examples of the support people needed with their care. One person said to us they felt like having a bath. The person told staff what they were going to do and went off to do this independently. We saw that another person who did need assistance was prompted to use the toilet when this was needed. We observed that staff gave one person sandwiches cut into small pieces at lunch time. We reviewed the person's care records to find out if this was an appropriate response to their individual care needs. Their care plan showed they could choke because they sometimes ate too fast and said their food should be cut into pieces for them. Staff spoken with knew about this and how the person needed to be supported.

We also found from records and discussion that people were involved as far as practicable in talking about their personal care. They were involved in day to day decisions about what to wear and eat, the things they wanted to do and how they wanted to spend their time. Staff were able to tell us about people's preferences despite a lack of detail in their care plans.

People told us about their family and friends. All of them said that they had opportunities to see these people so that they were supported to maintain relationships. People said that they had lots of things to do which they enjoyed. One person said, "We go out and about and to the library. We're going to a show next week." Another told us how they

enjoyed football and supported a local team. They said they did not go to matches often but did see it on the television sometimes and staff talked to them about the scores so they knew what was going on. One person told us about outings they made with their partner or family. Another told us about a social event the day before we visited and how much they had enjoyed the dancing. One person took a particular interest in the home's cat, showing us where they kept the cat food, how they fed the cat and kept the pet's water clean.

We observed that people not out at day services were encouraged to join in with one another, or on a one to one basis, to do something they enjoyed. One person showed us that they had done some painting and said they were going for a walk during the afternoon. Another was doing embroidery. One person was encouraged to assist staff to fold laundry. For another person a staff member engaged them in a game of cards and with a manicure. When people returned from their day services staff spoke to them about their day. Another person chatted to staff about their collection of Dr Who mementoes.

People told us they had no complaints about their care. They told us that they could go to their keyworkers or the manager if they did have any concerns or complaints. We saw that the complaints procedure was displayed in the entrance hall. However, this was not in a form that would be accessible to people who struggled with reading and understanding it. We asked whether it was available in another format more suited to people's needs, such as easy read or audiotape but it was not.

# Is the service well-led?

## Our findings

At our last inspection in August 2014 we found that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because systems for assessing and monitoring the quality of the service did not properly provide for taking into account people's views. The provider sent us an action plan saying how they would improve and we found this action has been completed.

At the last inspection, senior staff told us they had not been asked for their views and that meetings for people living in the home were not held regularly. At this inspection we found that the service had improved the way that people living there, their families and staff were asked for their views. People's views about the service provided were gathered in a number of ways including surveys, through discussions with their key worker and in 'residents meetings'. People told us that these took place regularly and that they were asked what they thought. Minutes showed that people were actively consulted about menus and activities and were asked whether they had any concerns about the home which they wanted to raise.

We saw that a survey form was available in the hallway by the visitors' book, for relatives to complete so that their suggestions could be responded to. Staff told us that they had more regular meetings and were clearer in their roles. We saw that there was a reminder for staff to complete surveys so that their views about the quality of the service could be taken into account.

One of the partners who owned the home was registered with us as a manager. We could see from the action plan they provided to us that they had spent time in the service after the inspection to improve leadership and management input. However, they acknowledged that standards had deteriorated considerably. As they were not intending to be present in the home on a day to day basis, and given the concerns that had arisen at the last inspection, they had made arrangements for another person to register and to share the responsibility for leading the service. The second manager completed their registration with us just under a month before this inspection took place. They felt they were still getting to grips with their responsibilities and how these related to

and linked with the provider's role. They confirmed that they had enrolled to complete a relevant qualification to increase their knowledge and skills about leadership and management but had not yet started the course.

The partner had completed some of the work on plans of care and risk assessments after the last inspection. However, the quality and consistency of these was poor. For example, assessments of risk in relation to people making hot drinks and using the kettle referred only to the risk of scalds and not to the risk of electrocution. We found that one person's plan of care had an index indicating it should contain information about their hopes and dreams, speech, sight, teeth, feet and mobility. Much of this information was missing from their records. There was little to indicate what the person's needs were and how staff should support them in these areas. Although records and care plans were audited, the checks did not identify inconsistencies, shortfalls and omissions so that the quality of information was improved. Some guidance for staff had not been maintained as up to date. For example, guidance about people administering their own medicines was dated 2004 and without evidence of review to ensure it remained appropriate and up to date.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the management team completed checks to monitor the cleanliness of the service and ensure improvements were sustained. We also noted that information sheets used for handing over between shifts provided for a check on medicines and the associated records. This meant that concerns or anomalies would be identified promptly so that they could be addressed.

Staff we spoke with told us they enjoyed their work and were supported in their role. Staff said that they could approach the new registered manager and her deputy with any issues and were clear about lines of accountability. They told us that, if there were problems, the manager and deputy would help out and work alongside them. They felt this contrasted with the former manager's style of leadership. Staff valued the fact that both of the new

## Is the service well-led?

registered manager and deputy manager had worked at the home for some time and understood any challenges that staff faced, for example if people became distressed or staffing levels dropped at short notice.

Long standing members of staff contrasted recent developments at the home with how it had been run previously. They said that they were being encouraged to

take more responsibility in their role as keyworkers. One staff member said, "Morale is much better. I really like my work." Staff said that there were regular staff meetings and that one held just before our inspection was used to update them about what was going on in the business. Another staff member said, "I feel that the service is on the up. It's a good staff team."

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services were not protected against the risks of unsafe care and treatment. This was because risks to their health and safety were not properly assessed and managed.</p> <p>They were not properly protected from the risks of infection.</p> <p>Regulation 12(2)(a),(b) and (h)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Records relating to people using the service and associated with the management of it, were not properly completed and maintained.</p> <p>17(2)(c) and (d)(ii)</p>