

Avens Ltd

ASLS (Avens Limited)

Inspection report

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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

About the service

ASLS (Avens Limited) provides personal care to people living with a learning disability in their own home or in supported living houses. On the day of our visit, the service was providing support and personal care for 13 people with varied care packages. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People received care in their own homes and people received care who were living in supported living houses where four people or less lived.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities gain new skills and become more independent.

We observed positive, friendly interactions between people and staff. Staff respected people and focussed on increasing their independence and achieving good outcomes. People were treated with dignity and kindness. People were supported to learn new skills and succeed in their goals.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Person centred care plans were detailed and guided staff about people's needs and how to meet them. Staff supported people to make choices and decisions relating to their care and to live their lives as they wished.

There were sufficient staff to meet people's needs and the care delivered was flexible to enable them to engage with activities, access the community and to live their lives independently. People were supported by staff whose suitability to work in the care sector was checked. Staff completed training that reflected people's varied needs and were experienced in their roles to provide effective care to people. Staff received regular supervisions and an annual appraisal.

People were comfortable in the company of the support workers. Staff felt supported by the managers and felt confident that any suggestions or concerns would be listened to and acted upon. People were asked for their feedback about the service through house meetings and giving feedback to staff. A range of quality assurance systems measured and monitored the quality of care and the service overall.

People were safe and were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare.

People's risks were identified and assessed appropriately such as accessing the community, falls and mobility and road safety.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 16 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

ASLS (Avens Limited)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector visited the office to see records and meet staff. The same inspector visited two people living in a supported living house.

Service and service type

The service is a home care agency, it provides personal care to people in supported living services and a domiciliary care service for people in their own homes or in support living schemes. This service provides care and support to people living in supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

A comprehensive inspection took place on 12 November 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be available for us to speak with and to arrange for us to meet people.

What we did before the inspection

Prior to the inspection the provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

We received feedback from a social worker by email who gave us permission to share their feedback in this report.

During the inspection

We arranged a visit to visit a supported living house, so we could meet staff and people, we were able to observe staff and people interacting during our visit. We spoke with two people.

We spoke with five members of staff including the registered manager, the director, a head of support, a senior support worker and a support worker.

We reviewed a range of records in the office and supported living house. This included five people's care and support records and two medication records. We looked at two staff files in relation to recruitment and records for all staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "Yes I do feel safe, staff are good."
- Staff had a good knowledge of safeguarding processes. Staff were trained annually in safeguarding adults. Staff knew what to do if they had concerns and how to report it. Staff understood how, and felt confident, to notify the local authority or the CQC about any safeguarding concerns.

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. Risk assessments were person-centred and individualised to each person. People had a range of risk assessments including falls, cooking, accessing the community, mobility, medicines and personal care.
- Before a person started using the service, assessments involved visiting the person's home to complete a risk assessment of the environment. Environmental risk assessments identified risks to the care support worker and considered risks of slip, trips or falls inside and outside the home for the person and support worker.

Staffing and recruitment

- From records, such as rotas, and by observing support, we saw there was sufficient staff to meet people's needs. No staff we spoke with raised concerns about staffing numbers. A head of support said, "We're so lucky to have such an established staff group, all permanent staff that are familiar to the people we support, there's additional staff available whenever there is the need."
- Staffing numbers were sufficient and flexible to meet people's needs. The provider told us they managed staffing levels and had access to bank staff to cover unforeseen absences. The registered manager told us, "I listen to staff, learn from incidents and arrange additional staff when needed. For example, [Person] had an increase in anxiety if they go shopping with other people from their house, after we saw this pattern, we arranged an additional member of staff to support [Person] on a one to one to go shopping, after we made this change this didn't happen again and [Person] is much more settled."

Using medicines safely

- People had varying needs with their medicine from full support to prompting.
- We saw medicine administration records for two people, these were accurate and complete. Where people had 'as and when needed' (PRN) medicine staff had consistent guidance from a protocol. When PRN medicines were administered this was recorded. PRN medicines were reviewed with a GP or relevant health professional as and when needed or annually.

- Staff were trained in giving people medicines, this training was refreshed annually. Staff competency was checked annually.
- One person had epilepsy, this was managed by regular medicine and the person had an emergency medicine to have after any seizures. Staff were trained in emergency epilepsy medicine where this was relevant to a person they supported. Staff had guidance available on giving the emergency medicine such as guidance with pictures and an emergency protocol for staff to follow. Seizure charts recorded if the person had any fits and recorded the actions taken. This person reported to us that they had not had a seizure for months which staff confirmed, the person said, "I have fits but I've not had a fit in a long while, that's good."
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. Medicines were stored appropriately and securely.

Preventing and controlling infection

- Support workers were trained in infection control. Staff had access to gloves, aprons and antibacterial gel when appropriate in people's homes.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Actions taken in the short and long term were also recorded. Records showed that help from health and social care professionals had been sought immediately where needed. The registered manager reviewed incidents and looked at measures to prevent future incidents from happening such as adaptation to premises or increased staffing during certain activities. The registered manager said staff were supported by an online system so that staff in supported living houses could update records from the house to ensure that information could be shared across the company and that information recorded was in real time.
- Staff told us that incidents or issues were dealt with promptly. A support worker said, "Issues are discussed immediately, it's recorded, and we work as a team to figure out the best way forward."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At the time of our inspection no one was being deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- All staff received training in MCA and we observed staff supporting people to make decisions and choices throughout the inspection. Records showed that capacity assessments were decision specific. One person had a named financial representative through the local authority and records showed that people, appropriate relatives or involved professionals, such as a social worker, were involved in developing a support plan, reviewing a support plan or making specific decisions.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an independent advocate for specific decisions. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. A head of support described to us that one person was having hospital tests and was told that if there was a positive diagnosis the person would need surgery. Staff, while waiting for a diagnosis, discussed and agreed that if the person needed surgery they would need to hold a best interest meeting with the person, their social worker and to involve an advocate.

Supporting people to eat and drink enough to maintain a balanced diet

- People had varying needs with eating and drinking. Not all people required support with food preparation or menu planning. People that did have support as part of their personal support plan were supported with menu planning, food shopping and food preparation. People in supported living houses support needs ranged from prompting to support with hot food and drinks only. A head of support for one house told us, "We don't have a fixed menu, people choose together what to eat in the evening from what's in the fridge/kitchen, just like housemates, sometimes people we choose to have a takeaway or go out for a meal."

- Staff were aware of any dietary requirements such as allergies or due to religious needs or cultural preferences. Staff were trained in nutrition and hydration.

Staff support: induction, training, skills and experience

- Staff told us they had access to the training they needed to meet people's needs and felt well supported. A head of support said, "I do feel well supported, if I have any problems my managers listen and find the support I need." A senior head of support said, "I feel really well supported, [registered manager] is approachable, flexible and friendly, I have certain shifts as a support worker which I love doing, and certain shifts for the senior side of my job."

- Staff were trained and knowledgeable. Staff had access to a range of training considered mandatory by the provider and in accordance with people's needs. A support worker said, "The training provision is brilliant, we have annual training and if we have a client with a need we've not worked with before we are prepared beforehand through support, training and information about the person."

- The director told us, "I'm really proud of the bespoke accredited training we provide to our staff, it's always been a flagship for us and something we take very seriously. Our training is always bespoke around the specific needs of clients, for example around positive behaviour support."

- Staff were encouraged to study for vocational qualifications in health and social care and to continue their professional development by doing further qualifications. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector.

- Records showed that staff had training in autism awareness, positive behaviour support, challenging behaviours, equality diversity and human rights, acquired brain injury, communication including Makaton and other forms of communication people they support may use, supervision and team leadership and dementia.

- Staff told us they had frequent supervision, worked well as a team and had annual appraisals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Health and social care appointments were co-ordinated by people, their relative or their support workers depending on the care arrangement. In the supported living house, we visited, people had a schedule to act as a reminder for GP annual health checks, dentist and optician regular checks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well, were kind and approachable and adapted their approach to meet peoples' needs and preferences. We observed that people were relaxed and comfortable in the presence of staff and that the house we visited felt homely. A person said to us, "Staff are nice, I get on well with them, it's the best home I've ever lived in."
- People's rights were protected, and staff respected people's choices and diverse needs. People continued to have a choice of gender of staff member to support them, where people preferred a specific gender of staff member this was reflected in rotas. The registered manager said, "In one supported living house all the clients requested just female members of staff, apart from for tasks like driving, and that has always been respected and provided."
- The provider had an aim to match staff to people that have similar interests and training that reflected the person's needs and preferences. Staff were allocated to people they had a positive rapport with, for example we saw that people chose who they went on holiday or trips with.
- A person living with autism responded well to structure and all staff knew this. Staff supported the person by knowing their routine and reducing disruption unless they expressed that they wanted to do something different, this helped the person to feel settled. This person told us, "I love Tuesdays, I got out to town to have lunch with [Head of Support], sometimes I'll go for a haircut if I want."
- One person lived with an acquired brain injury and had short term memory loss due to this. Staff told us they gave more reminders of activities or appointments and that the person knows to check with staff and used their tablet device and smartphone for reminders throughout the day.
- We reviewed compliment records, compliments were from people, staff, relatives and professionals. A compliment from a professional said, "[Person's] key worker was excellent with both people I visited. [Key worker] is an asset to your organisation, the best care worker I've met so far."
- Before using the service senior staff completed pre-placement assessments. These assessments recorded the person's preferred name and any cultural, spiritual and religious preference.
- People were supported to transition from another service to this provider's service. The registered manager told us they strive to introduce a new person gradually by visiting, then having a meal and staying the night, staying for a week and so on, while reducing disruption to existing people. They told us, "We can support short to longer transitions depending on the needs of the person and how they feel." They also told us they looked for compatibility with people living there and sought feedback from the person and people living there at each stage.

Supporting people to express their views and be involved in making decisions about their care

- People and appropriate relatives were involved in making decisions about their care and developing the personal care plans. Records confirmed this.
- We observed that staff provided people with choice and control in the way their care was delivered and in how they spent their day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. People were empowered to make their own decisions, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. A head of support said, "We want people to be happy, to live the life they want to live. We listen to what they want, and we try our best to make those choices and wants possible."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted independence. People were supported to maintain and increase their independence in daily activities or pursuing hobbies, interests, education or work. A head of support told us, "[Person] for example now independently make their breakfast and lunch, they've made progress to do so. [Person] needs support to make a hot drink but that's the only support they need."
- Staff told us consistently that maintaining and increasing independence by learning new skills or increasing their confidence was a key part of their roles. People had goals of accessing education, volunteer work, increasing their social activity, road safety and money management.
- We found examples of people increasing their independence around daily activities that they had not been encouraged to do in previous services. For example, one person when they first moved to a supported living house needed full support with washing and dressing, a head of support told us that the person now only needs support to check the temperature of bath water and prompting to wear clothing appropriate for the season. Another person had learnt to do their own laundry after moving from a service where they did not have the choice to do so.
- We observed that people were treated with respect and dignity.
- People's privacy was upheld. People's confidential and personal information was kept safe and private. In supported living houses people were able to choose where they stored their information. At the house we visited one person preferred for staff to lock away their documentation and preferred not to have it in their room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them such as gardening, rugby, knitting, going to the gym, shopping, going to the pub or restaurant or café, including in the wider community, and people were supported to access education and work opportunities. One person had a volunteer job at a charity and another person was starting a literacy and numeracy course at a local college. A person said, "I love going to archery with [Person] and I love knitting, I do that here at home." Another person told us, "I like gardening, I've got lots still to do on it but it's good, I like being outside getting things done in the garden not watching the TV."
- Staff knew people well and showed commitment to supporting people to pursue their aspirations and goals. These were recorded in people's support plans and people were asked this when they were assessed before using the service. A head of support told us, "We talk to people and they say what they want, some people don't respond well to formal meetings or questions, so we approach the conversation in the best way that works for them." A support worker told us, "I think we do a very good job, whatever the person's needs we take them further forward, introduce them to society and the community. For example, since moving in to the house I work in a person has started rugby and bowling, they're starting a literacy course this week."
- People's rooms were highly personalised to reflect their interests. A person said, "It's great here, I love my room." The person's room was entirely themed for their favourite football club. Another person loved ornaments, they had ornaments in the garden, in the conservatory and their largest collection was in their room, they showed this to us with pride.
- People were supported to present themselves in accordance with their wishes for grooming or clothing.
- People enjoyed music and art sessions and showed us art displayed in their house. We spoke to the support worker that led the art sessions, they told us, "I'm proud about the art sessions, the four people that take part enjoy it and do very well, it's had a positive impact and as a group they get on well together. Some of their work is up in houses, they're proud of them."
- People were encouraged to maintain relationships with people that matter to them and to socialise and make new friends. Personal care plans recorded who was important to each person. People were supported to have friendships within and across the supported living houses. People who enjoyed each other's company at home or out in the community were encouraged and supported by staff, for example one person told us that they loved going to archery class with their housemate. People were supported to go on holidays with staff of their choosing, this was facilitated by staff. People were able to visit family and family were able to visit without restriction, for example a person in the support living house we visited was visiting

their relatives house where they stayed over at least once a week and another person was visited at least once a month by a relative. One person had been supported to travel to another country to visit an important family member.

- Where people had behavioural needs such as behaviour that challenged, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations and ways to record such as incident forms and ABC monitoring. Positive behaviour support (PBS) was used and staff understood why people might become upset or anxious. Staff used techniques they had learned and were positive and proactive in managing any behavioural issues. Restraint Reduction Network (RRN) Training Standards, formerly British Institute of Learning Disabilities accredited. A head of support said, "For one person who can have behaviours their PBS plan is really good, helpful and supportive to staff that support them. All staff have had specific PBS training."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to the staff that support them.

- People's communication needs were assessed and accommodated. Support workers had skills that were matched to people such as Makaton (Makaton is a sign language programme that uses symbols, signs and speech to enable people to communicate). The provider used pictorial representations for important information for people such as privacy terms, safeguarding information and the provider had worked with the landlords of supported living houses to make an easy read version of their tenancy agreements. People used pictures to show activities they enjoyed. Each person had a hospital passport that could be taken with a person in an emergency that described what was important to the person and important medical information, this passport used pictures and large format.
- Staff supported people to use assistive technology such as smartphones, tablet devices and computers or equipment to maintain relationships with people that were important to them, communication and maintain their independence. For example, one person showed us their tablet device and told us they called their relative on skype every week as their relative lived far away, this was important to them and staff supported them as and when needed.
- Staff understood each person's communication needs well, for example a head of support who supported four people said, "All the people I support are verbal and express themselves, two of them need patience and time to express themselves fully."

Improving care quality in response to complaints or concerns

- We looked at complaints records, four complaints had been received since the last inspection. Records showed that the provider looked at complaints made by people or their relatives promptly and carefully. The provider monitored, reviewed and analysed all information received about the service as a means of continuously reviewing performance, quality and safety. Staff told us they would support people to make a complaint.

End of life care and support

- At the time of the inspection no one was receiving end of life care. Staff were trained in end of life care; the company had a policy to support staff and when appropriate people's wishes were recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture that was person-centred, people were supported to be independent and to have opportunities to live a full life. The provider's statement of purpose said, "A objective of the service was to provide a reliable and flexible service; recognise the right to choose; privacy and dignity; maximise independence; ensure a consistent; well trained, competent, and committed workforce delivers the service." Staff demonstrated these values and took pride in their work and showed commitment to supporting people to achieve good outcomes.
- A social worker told us they felt the service was well led by the registered manager. They told us, "The question "Is it well-led" inspires a positive response. Each time I have met [registered manager] I have been impressed by their caring attitude, with evidence that it translates to the support provided leading to a service (that is) safe, effective and responsive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- Staff were supported by a duty of candour policy. The registered manager understood duty of candour, they told us, "If something goes wrong, we are open, we inform appropriate relatives and relevant professionals. We share with relevant agencies like CQC or the local authority. We involve everyone and manage it so that everyone is informed, and we learn from it."
- Records showed that people had access to a range of health and social care professionals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from staff, visitors, relatives and people that used the service, this feedback was used to involve people and staff in the service.
- Staff gave feedback through annual surveys. We reviewed the results from the most recent survey, comments were consistently positive. The service was staffed by a well-established staff group, support workers we spoke with had been working for the provider for ten to twenty years. A support worker said, "I would recommend it as a place to work, the fact I've been here for 20 years shows that."
- Staff attended team meetings and staff were supported with their continual, professional development by the provider. The service was committed to ensuring equality of opportunity and fairness to its staff. Staff

told us they felt listened to. A support worker told us, "We have team's meetings for the team at our house, they're important. We often use the time to discuss any client issues or needs and what we can do support them."

- The survey responses from relatives and visiting professionals was consistently positive.
- People had many opportunities to give feedback. People had monthly one to one meetings with their key worker and people in supported living homes had house meetings with staff. People completed a feedback survey and were given support by staff where needed. The results we reviewed were positive. All feedback that the provider could make improvements from was recorded in an action plan.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of audits continued to measure and monitor the service overall. Audits and checks included weekly medication checks, fortnightly supported living house visits and learned from external audits such as local authority monitoring. Where issues were identified, such as a gap in records, this was resolved and learnt from.
- The provider learned from new initiatives and guidelines, for example in response to new oral hygiene guidelines all staff received oral hygiene training and checked that all people were registered with a dentist.
- Notifications that the registered manager was required to send to CQC by law had been completed.