

Regal Care Trading Ltd

Hawthorn Lodge Care Home

Inspection report

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Date of inspection visit:
19 February 2019
04 March 2019

Date of publication:
12 April 2019

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 

Summary of findings

Overall summary

About the service: Hawthorn Lodge Care Home is a care home (without nursing) for older people with or without dementia. Hawthorn Lodge Care Home is located in the Bestwood Park area of Nottingham. Which provides personal and nursing care for up to 60 people. On the first day of the inspection 37 people were using the service and on the second day 36 people were using the service.

The service had a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People's experience of using this service:

People's medicines were not always managed and administered safely, and we found some issues with staff practices that could impact on the control and prevention of infection. The provider's quality auditing systems did not always highlight the concerns we found in these areas at inspection.

People felt safe at the service and the risks to their safety were well managed with clear strategies in place to reduce the risks for people. People were supported with appropriate numbers of staff. Their nutritional needs, and health needs were well managed.

People were supported by staff who had appropriate training for their roles. Staff gained people's consent before providing care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this practice. They were supported to express their views and opinions about their care. People had formed positive relationships with staff who knew their needs and preferences.

People's dignity and privacy was maintained by a staff group who also encouraged people's independence. There was a positive culture at the service and people and the relative we spoke with felt listened to, they could raise complaints or concerns and know they would be addressed by staff.

Rating at last inspection: The rating for the service at the last three inspections has been requires improvement with repeated breaches of regulations. Our last inspection of the service was 4 October 2017.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement; This was the fourth inspection where the service has been rated as requires improvement. We have asked the provider for an improvement plan to address the on going issues.

Follow up: We will continue to monitor the service and should we need to we will taken further action in the future.

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 always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Hawthorn Lodge Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type; Hawthorn lodge is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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; This inspection was unannounced

What we did: We reviewed information we had about the service prior to our inspection. This included previous inspection reports, details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service.

During the inspection we spoke with 11 people at the service and one relative to ask about their experience of the care provided. We also spoke with a health professional who was visiting the service. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four members of care staff, the cook, a kitchen assistant and a housekeeper. We also spoke with the deputy manager, the regional manager and registered manager.

We reviewed a range of records. This included five care records, medication records and four staff files. We

also looked at the training matrix, audits, accident records and records relating to the management of the home.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- When we last visited the service we found medicines were not always administered in a safe way. During this visit we found issues with the safe management of medicines persisted and people did not always receive their medicines safely.
- On the first day of our inspection we observed a medicine administration round and found staff were not undertaking safe practice when administering medicines. A number of people's medicines had been prepared at once and left in the medicines trolley to be administered when they were ready for them.
- We also found when there had been changes to people's medicines hand written changes were not safely transcribed with appropriate information on the changes for staff to ensure people received their medicines safely. These practices put people at risk of receiving incorrect medicines.
- We discussed this with the registered manager who told us this was not the usual practice undertaken by staff administering medicines. When we returned to the service for our second day the manager had responded to our concerns, they had ensured the member of staff received update training and underwent a competency assessment to ensure safe practice in the future. They had held a meeting with all staff who administered medicines to ensure staff were aware of best practice in relation to administration of medicines. There were documented competences to show staff practice was regularly monitored to ensure staff were undertaking best practice when administering medicines.
- We also re-examined people's medicine administration records (MAR) and handwritten entries to show changes to people's prescriptions had been dated and signed by two people. Our discussions with staff showed they were aware of best practice in relation to safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had processes in place to safeguard people from the risk of abuse.
- People told us they felt safe at the service and staff told us they had received training in recognising safeguarding issues. They told us they had confidence in the registered manager to address, report and investigate any safeguarding concerns they may wish to raise.
- The registered manager had ensured safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.

Assessing risk, safety monitoring and management

- Systems were in place to assess risks to people's safety. These included the prevention of falls, skin damage and supporting people's behaviour patterns. However, some measures identified to manage the risks to people had not been followed by staff, such as increased monitoring of weight when people had unplanned weight losses. Although we saw in other areas of the care plans that once a person had lost weight referrals to health professionals had been made and appropriate support was in place for people.

- We discussed the lack of documentation with the registered manager who told us they would address this with staff. On the second day of our inspection we saw the registered manager had already held a staff meeting to discuss this with staff.
- In other areas staff had a good knowledge of the risks to people's safety and how these should be mitigated. One person told us, "I use a wheelchair and have a cushion. I have a walker. It's very useful. A member of staff has to be with me. I need help to get up." They told us they received the support they needed from staff
- Throughout the inspection we saw people were supported safely in a way that managed the risks to their safety and promoted their independence. For example, some people were able to access the community independently and their risk assessments reflected the support they required to achieve this.

Staffing and recruitment

- There were enough staff to support people who lived at the service. One person told us there was enough staff to ensure they were regularly checked upon throughout the day and night, and said, "There's plenty of staff to look after people."
- Staff we spoke with felt there were enough staff to meet the needs of the people at the service. They told us they would work extra shifts so the staff levels were safe and preferred to do this rather than use agency staff as the permanent staff know the needs of the people at the service.
- Staff rosters we viewed showed the numbers of staff the provider had established as a safe number was achieved so people were supported at the service. The registered manager was responsive to changes in needs of people and if short notice staff sickness affected the numbers of staff on duty. They acted to ensure people's needs were met through ensuring there were adequate numbers of staff on duty.
- Safe practices were in place when recruiting staff. The staff records showed the disclosure and barring service had been used to check if potential staff had a criminal record. Potential staff also provided references from previous employers to show staff were suitable to provide safe care for people at the service.

Preventing and controlling infection

- On the first day of our inspection we found some areas of the service were not cleaned to an acceptable standard. The environmental audits had not highlighted these concerns. In some areas this was as a result of the environment needing some refurbishment. The regional manager and registered manager told us there was a business plan in place to address these issues.
- Some members of care staff were wearing false nails and nail varnish this is not considered good practice as this hinders effective hand washing and could impact on the prevention and control of infections. We raised this with staff we spoke with and the registered manager, who told us they would address the issue with staff and continue to monitor to ensure this practice did not continue.

Learning lessons when things go wrong

- The registered manager had systems in place to ensure learning from incidents and accidents. Staff told us, and records showed, there were regular staff meetings which would also be held at short notice to discuss any incidents or issues which affected the safety of people at the service.
- There were regular handovers and staff told us incidents and accidents would be discussed at one to one supervision.

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

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

- People received support from staff which enabled them to live as independently as possible. Staff ensured the protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific support need.
- Recognised assessments tools were used to assess people's needs, however we saw one tool had been used to assess one aspect of people's care which was not considered suitable for people in a care home setting. We discussed this with the registered manager who told us they would feed this information back to the provider.
- On our return on our second day the registered manager had addressed this and had begun to assess people using a nationally recognised tool which was suitable for a care home setting. This ensured the assessment of this aspect of care was undertaken using a tool which would support staff to provide an effective care for people.

Staff support: induction, training, skills and experience

- People were supported by staff who through adequate training had the skills to provide the care people needed. People told us they felt staff were well trained. One person said, "Staff are never rough with anybody. They're trained well. I can't fault them in any way. They are good people." Staff told us their training was up-to-date. One staff member told us they received ongoing training to support them in their role. A further staff member told us they felt the training gave them confidence to do their job.
- Staff were supported through regular supervision and they told us this was helpful. They received feedback on their work and were able to discuss their training needs. Records we saw confirmed staff supervision regularly took place. The training matrix we viewed showed the registered manager ensured staff were up to date with their mandatory training needs.

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

- People's needs and preferences around their nutritional needs were well managed. People told us the food was good at the service and different diets were catered for. One person said, "I'm quite pleased with the food. I don't eat meat and they accommodate that. I can get a choice of vegetarian. I get plenty to eat. There's a notice to say you can get a snack. I go to the shops to get sweeties and things."
- Where people needed support with their nutritional needs this had been offered either through specialist diets advised by health professionals or the use of adaptive cutlery and crockery. We saw numerous examples of staff offering appropriate support for people to meet their nutritional needs. There was information in people's care plans to show how staff had worked with dieticians, the GP and speech and language therapy (SALT) teams, who provide guidance on diets when people have swallowing difficulties, to

look at different ways to support people.

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

- People told us they were happy with the way their health needs were managed. They told us the GP visited when necessary, but that more often staff would support them to attend the GP surgery if they were able.
- There was evidence in people's care records of how their health needs should be supported. When necessary people were referred to different health professionals dependant on their needs. One health professional we spoke with told us they felt staff were responsive to their guidance and instructions. They told us they had built up a rapport with staff and this had a positive effect on the collaborative care people received. The health professional told us when they had gone to the registered manager with any issues of concern they had addressed them.
- People were encouraged to stay active. For example, a number of people were supported to go out for walks and healthy options were available when people were offered snacks throughout the day. The registered manager told us the activities co-ordinator also undertook chair-based exercises with people and an external professional came to the service to also undertake physical exercise classes and mental stimulation exercises to further support people's health and well-being.

Adapting service, design, decoration to meet people's needs.

- The service was adapted to meet the needs of people living at the service. There were some small one bedroomed flats that gave those people who wanted it greater independence as they could make their own drinks and spend time in their flats should they wish to.
- The environment was designed and adapted to allow people to move around the service freely and safely. There were coded locks on stair gates and doors to other floors or the outside that prevented people, who through confusion or poor mobility may be at risk of falls, accessing these areas. However, people with capacity and good mobility were given the codes for these doors and gates to allow them greater independence.
- There was evidence of accessible information for people in the form of easy read posters, we saw the registered manager was in the process of having memory boxes erected outside people's rooms. The registered manager was aware there was further improvement to be made around signage at the service. They told us the provider was in the process of upgrading some areas to the home and as this work progressed they would continue to work on the signage at the service.
- The service had a number of areas where people and their relatives could spend some private time together and an enclosed garden which we saw people using on both days of our inspection.

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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were working in line with principles of the MCA.
- Staff ensured that people were involved in decisions about their care, they knew what they needed to do to make sure decisions were taken in people's best interests. They understood about consent and how they

would work to support people in line with their choices.

- Records showed that mental capacity assessments had been undertaken to establish what support people required with decision making. We saw best interest meetings held when people were deemed to lack capacity to make particular decisions involved appropriate health professionals and family to ensure any decisions made with the least restrictive options and in the person's best interest.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who understood their needs and respected their choices. One person said, "The staff are polite, energetic and respecting. They know me."
- People's religious and cultural needs were supported. A local religious group visited the home to offer spiritual support for those who wanted it. One person told us they enjoyed foods from their culture and were regularly offered the types of foods they had eaten throughout their lives.
- One relative we spoke with told us they came to the service most days and was made to feel welcome by staff. They told us staff knew all their family member's "little traits". They told us they regularly observed staff providing care for people and this was undertaken in a caring professional way.
- Staff were aware how people enjoyed spending their time, they knew about people's preferences and life history. We saw interactions between staff and people at the service were positive. Some staff had worked at the service a long time and had got to know the people they supported. One member of staff told us they treated people the way they would want their own relatives treating and they would be happy for their own relatives to live at the service.

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

- People's views on their care were embedded in their care plans and their views on their care were respected. People told us if they wished for a particular gender of staff to support them with aspects of their care this was readily accommodated. People chose how and where they spent their time. One person said, "I get a woman worker to look after me and I prefer that."
- People we spoke with were aware they had a care plan and some people knew they had key workers who would support them in different ways such as ensuring they had enough toiletries or ensuring their views on their care were heard. The registered manager told us she would whenever possible sit with people to discuss their views when reviewing their care plans and record the conversations in the person's records. We saw evidence of this.
- There was information available to people on Advocacy services this was displayed prominently at the service. The registered manager told us one person had received the support of an independent mental capacity advocate (IMCA). IMCAs were introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and we saw a number of examples of how people who were able to access the community were supported to do so. One person who was supported to keep

their pet at the service was able to take their pet out for a walk on a regular basis.

- People told us that staff respected their dignity and privacy. One person said, "They (staff) always knock on the (bedroom) door. I can always have privacy in my bedroom. After dinner staff ask if I want to have a bedrest." People told us if they wanted to lock their door they had been supplied with a key to do so.
- We saw staff treating people with respect. Staff were friendly, relaxed and caring. People who wanted to stay in their rooms were respected to do so.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in the way they wanted. One person we spoke with said, "I make choices about how I wish to live". People felt staff knew them and their preferences in relation to how they wanted to live their lives. We saw people's preferences were embedded in their care plans. There was information about how staff should offer support to individuals, this took into account people's different levels of mental capacity to ensure staff communicated with people in ways they could understand. This was supported by information about people's wishes on how care such as personal care was provided to them.
- Staff spoke with us about people's routines, where they wanted to spend time, how they liked to receive support. For example, one person who through a chronic health condition suffered with breathlessness still wanted to walk short distances using their walking frame. However, the journey from where they chose to sit, and the dining room meant if they walked it they would be too breathless and tired to eat. The person preferred to sit in the dining room with other people, so staff used a wheelchair to transport them to and from the dining room at mealtimes.
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that means providers should make provisions for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand.
- Whilst during our visits we did not see any organised social activities taking place we were told the service's activities co-ordinator had arranged for a quiz evening on the first day of our inspection.
- The registered manager told us people had fed back that they preferred activities later in the day and towards the evening period of the day. The activities co-ordinator had a programme of social activities in place for people and worked to reduce people's isolation and improve their well-being.
- We also saw people engaging in some individual activities and the majority of people told us they were able to engage in social activities of their own choice. One person said "I have a friend at the home and friend who visits me. I also look after my dog. I go out to the local church and its club. I do puzzles and read the papers. I'm taking up knitting." Another person said, "I watch football and any good programmes. I do a bit of reading though my vision is limited. The home runs activities and I join in."

Improving care quality in response to complaints or concerns

- People we spoke with had not needed to raise any complaints formally with the registered manager but told us when they raised concerns they were addressed. One person told us a concern had been raised at a resident's meeting about a person living with dementia going into people's rooms. They told us the registered manager had acted on their concerns and addressed the issue.
- Staff we spoke with understood their responsibilities in relation to managing complaints. They told us they would ensure the registered manager was aware of any complaints and they would document anything raised with them. One member of staff said, "I would also deal with any issues if I could."
- Where complaints had been made the registered manager had recorded them and the actions they had

taken to resolve any issues in line with their company policy.

End of life care and support

- People received end of life care in line with their identified preferences. We saw a number of care plans that showed people's end of life wishes had been discussed. One person said, "I have been with my relative to look at my will with my solicitor. We have finalised my funeral arrangements." A care plan we viewed showed that one person's preferences on where they wanted to die and their preferences of the type of service they wanted after death had been discussed along with their choice of hymns for the service.
- Staff told us they worked with the GP and district nurses to ensure the support people needed at end of life was provided. They told us some people who lived at the service did not have any relatives, so they had a sense of responsibility to ensure people received the best care they could offer at this time.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- When we last visited the service we found the quality monitoring processes that would highlight any concerns or issues with the management of medicines was not robust and did not highlight issues of concern we found at the that inspection. At this inspection we found there had not been any improvement in relation to auditing medicines.
 - The issues we found with the safe handling of medicines recorded in this report had not been highlighted in the audits undertaken to monitor the safe administration of medicines. The audits we viewed on the first day of our inspection were undertaken on a monthly basis and did not provide enough information to show what actions had been taken to address any issues found. We fed this back to the registered manager and on the second day of our inspection we found they had reviewed the medicine auditing process and strengthened the level of detail to show what had been audited and the actions taken as a result of the audit.
 - There was also a lack of audits to show the registered manager had clear oversight of people's weights. Although there were no issues around people's weight management the manager did not have a process in place that would help her to easily identify any trends in people's weights.
 - One person records showed that they should be weighed weekly this had not been undertaken and because there was no clear oversight of this aspect of care these omissions had not been highlighted.
 - The service used an electronic care planning system and the registered manager should have been able to use the system to produce a monthly report to show people's weights. We discussed this with the registered manager and regional manager who told us there was a way of obtaining this information and the regional manager told us they would support the registered manager to use the facility in the future. Following our inspection the registered manager told us of the action they had taken to improve weight monitoring.
 - The issues we found with cleanliness in some areas of the service on the first day of our inspection had not been highlighted on the environmental audits undertaken. We discussed this with the registered manager and following our feedback they worked with the housekeeping staff to look at cleaning schedules and how monitoring of the environment was undertaken to ensure these issues were addressed going forward.
- Despite the responsiveness of the registered manager and regional manager to the concerns raised around quality monitoring at this inspection this was the fourth time we found concerns with the quality monitoring processes at the service and showed the provider was reactive rather than proactive and this meant there was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- However, we did see some good practices in relation to quality monitoring. The registered manager undertook a monthly analysis of incidents and accidents at the service to establish trends and look at ways to reduce incidents and accidents such as falls.
- As part of their regular audits the regional manager also spoke with staff and we saw evidence of how this had been shared with the registered manager to improve communication at the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was clear about how they supported staff to provide person centred care for people. We saw care plans that showed when aspects of care was reviewed this had been undertaken with people and records of their conversations were noted in the care plans. Our discussions with the registered manager showed they had an excellent knowledge of the people in their care and worked to ensure their needs were well managed.
- The registered manager understood their duty to be open and honest with people and the relative we spoke told us the registered manager kept them up to date with different aspects of their relative's care. they considered the registered manager open and honest.
- The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager operated in an open and transparent manner.
- It is a legal requirement that a provider's latest CQC inspection is displayed at the home where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home.

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

- People's views on how the service was run were gathered by having regular meetings to discuss the different aspects of the service, such as the improvements and refurbishment that was in progress. People felt they were listened to one person said, "Yes, we have monthly meetings. Last month we talked about meals for vegetarians and for diabetics. Things come out in the wash and the staff work on it." One relative we spoke with told us they had been able to attend meetings but also told us the registered manager made time to discuss things with them when they visited their family member.
- The provider also asked people and their relatives to complete questionnaires to establish their views on the care they received. We saw the responses for the majority of aspects of care were positive. However, there were some negative responses relating to social activities. The registered manger had responded to the comments by working with the activities co-ordinator to provide activities at the times people wanted them, such as late afternoon and evening, promoting social evenings with quizzes, bingo or themed nights so relatives could join in if they wanted to.
- Staff told us they were listened to by the registered manager and their suggestions acted upon. One member of staff said this may just be about the way the staff team worked on different days.

Continuous learning and improving care

- The registered manager made efforts to learn from mistakes and to keep staff informed of any changes that could affect people's care. Staff attended meetings with the registered manager and were able to air their views. The registered manager also held meetings to discuss issues following to ensure continuous learning.

Working in partnership with others

- People's well-being was enhanced by the continued close working with health professionals who

supported people. The registered manager told us they worked closely with the GP who supported the service to ensure there were good outcomes in people's care. The district nursing team told us the registered manager was responsive to their views and worked to build a positive working relationship. They were able to give examples of how collaboration had improved care for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality auditing systems did not always highlight the concerns we found at inspection.