

Meridian Healthcare Limited

# Amber Lodge - Leeds

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Amber Lodge on the 28 November and 1 December 2016. Both visits were unannounced. Our last inspection took place on 29 June 2015 where the service was meeting all the regulations.

Amber Lodge provides accommodation and care for up to 40 older people living with dementia. The home is purpose built and there is car parking available. The home is divided over two floors and people living there have en-suite rooms. Both floors have communal lounges, dining rooms and bathing facilities. The home has a garden to the rear of the building which is secure.

At the time of our inspection the service had a registered manager. 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.

There were systems in place to ensure that people received their medication as prescribed.

The provider checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people and obtained references. One file only contained one reference but two should have been received; the registered manager said two references were received and one must have been misplaced. The registered manager showed us evidence of this reference which had been misplaced after the first day of inspection.

We looked at staff employment histories and found gaps in two of the files we looked. We spoke to the human resources department who stated these should have been followed up and told us these would be looked into. The registered manager told she would ensure an audit of all staff files would be completed straight away to identify any gaps.

There were enough staff to meet people's needs. However these were not always located on the staff rota. We spoke to the registered manager who told us this had been an oversight and would complete this straight away. On the second day of inspection this was completed. The service had incorporated an electronic system which was to start in the next week; this would capture all staff signing in and out each day. This would ensure the rota would be more robust. Staff told us they received training to be able to carry out their role.

Staff were aware of the supervision and appraisal process and felt supported by the registered manager. Staff had completed supervisions and an annual appraisal, however the supervisions were not in line with the policy. This stated 'each care staff member will receive formal staff supervision at least twice a year' and supervision will cover 'all aspects of practice associated with the provision of care to residents' and 'the colleagues career development needs'. We spoke to the registered manager who explained a new electronic system had been introduced due to the old process not been as effective for staff which focused more on aspirations and competencies; each member of staff had completed the first stage and had identified what

they did well and how they wanted to develop, and the registered manager was completing the second stage where they provided feedback about each member of staff's performance.

Staff were aware of the processes in place to report incidents of abuse; and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence.

People were supported to eat and drink well and to maintain a varied and balanced diet of their choice. People had access to healthcare facilities and support that met their needs.

People had developed good relationships with the staff team who treated them with kindness and compassion. Systems were in place to ensure that their views were listened to; and their privacy and dignity was upheld and respected.

People's needs had been assessed and care plans outlined their preferences and how they should be supported. Staff showed a good knowledge of these preferences.

People were able to enjoy activities of their choice. Arrangements were in place for people to maintain links with the local community, friends and family. The home had an open door policy for all friends and family of people living at amber lodge.

The service had quality assurance systems in place which were used to drive continuous improvements. However no audits of staff files had been completed. The registered manager had put a plan in place on the second day of inspection.

## 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.

Recruitment processes were not always followed for some staff.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse. There were appropriate arrangements for the safe handling and management of medicines.

Individual risks had been assessed and managed to ensure people's safety.

There were sufficient staff to meet the needs of people who used the service.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

Staff were trained to carry out their roles and responsibilities appropriately. Staff supervisions and appraisals had not always been completed inline with the policy. A new online system had been put in place to support a more effective process which the service had just started using.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

People were listened to and they had choices about how they were supported.

**Good** ●

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access activities within the home.

There were systems were in place to manage complaints.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well- led.

There was a registered manager in post. The management team were open, supportive and approachable.

Staff were clear about their roles and responsibilities and felt well supported.

There were systems in place to review the service and the quality of care. However audits of staff files had not been completed as a result, discrepancies were found in some staff files. The registered manager had taken action on the second day of inspection and completed an audit plan.

# Amber Lodge - Leeds

## 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.

This inspection took place on 28 November and 1 December 2016, and both days were unannounced.

At the time of our inspection there were 40 people using the service. During our visit we spoke or spent time with five people who used the service and three relatives. We spoke with five staff; the chef, deputy manager and the registered manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's care plans and 10 people's medication records.

The inspection was carried out by two adult social care inspectors and an expert by experience on the first day of inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection on the second day was carried out by one social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

All the people we spoke with said that they felt safe in the home. These were some of the comments people made, "Yes I feel very safe. Wouldn't be here if I wasn't safe and staff are so lovely." We spoke with a person's relative who told us, "I feel [name of person] is safe here. She is comfortable and happy and has lots to do."

Staff we spoke with told us people were safe living at Amber Lodge. They said they had received training around keeping people safe and protecting people from abuse. Staff understood they had a responsibility to report any concerns to management who they said would deal with things appropriately. Staff told us the provider had a whistleblowing procedure. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

Staff told us risk was well managed. One member of staff who completed individual risk assessments explained the process which included assessing risk more frequently when the likelihood of harm increases, for example, someone losing weight. They said, "Risks are picked up promptly and then we make sure we take action to keep them safe and monitor them very closely."

The registered manager explained the staffing level for care workers, which they said was six between 08.00-20.00 and included one senior care worker, and at least three care workers covered 20.00- 08.00. They said sometimes there were four care workers during the night because the provider had agreed to increase the staffing levels. Staff we spoke with told us there were usually enough staff to keep people safe, but some felt that staffing was a concern because they did not always have the agreed number of care workers on shift. One member of staff said, "This happens quite regularly." Another member of staff said, "It's often once or twice a week."

We looked at the staffing rotas for the four week period before the inspection and these indicated the minimum staffing requirements were not consistently met. For example, three weeks before the inspection over the period of a week the rota indicated there were only three days when six care workers worked between the hours of 08.00- 20.00, and the weekend before the inspection the rotas indicated only three worked on Saturday and four on Sunday for parts of each day. A member of staff commented about the staffing, "It wasn't a great weekend."

The registered manager told us they often worked on shift to cover shortfalls but did not include these hours on the rota. They also said housekeeping staff and staff from a sister home covered shifts but this was not always captured. The day after the inspection the registered manager contacted us via email and stated, 'Lessons have been learnt from this and moving forward we will ensure we are documenting if shifts have changed or we have used staff from sister homes on the rota.'

The week before the inspection the provider had introduced an electronic system which would help ensure staffing was appropriately monitored. Each member of staff had a fob which they used to record their starting and finishing times; the electronic system was not fully operational at the time of the inspection although it was evident once fully implemented this would address some of the issues raised at the

inspection in relation to staffing arrangements.

We spoke with three members of staff who had started working at Amber Lodge in the last 12 months. They told us they had gone through a thorough recruitment process and could not start work until checks were carried out to make sure they were suitable.

We looked at the recruitment records for three staff; these showed that application forms were completed, two references for each applicant were received and each applicant had attended an interview. The provider checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people and obtained references. One file only contained one reference but two should have been received; the registered manager said two references were received and one must have been misplaced. Evidence was supplied to us the following day when the registered manager scanned over the misfiled reference.

The provider policy stated each applicant should have provided details of their full employment history, but we saw that two of these were incomplete. One applicant had not included recent employment in their application form, but a reference stated they had carried out this job for over a year. Another applicant's dates of employment on their application form did not correspond with the dates given by a previous employer in the reference. We discussed the gaps in employment history with the provider's human resources department. They confirmed the employment history discrepancies did not meet requirements and checks should have included further investigation around dates of employment. The registered manager discussed this with the human resources department who stated this would be looked into straight away.

One applicant had not signed and dated their application form to confirm the information was correct. Another applicant had not signed forms such as a health declaration. The registered manager said the relevant documents should have been signed and agreed to follow these up with the members of staff who had already started working at the service.

The provider had not carried out audits on staff files to make sure all necessary checks were carried out. The registered manager said they would ensure an audit of personnel files was carried out. This was in place on the second day of inspection.

Care files contained risk assessments for health and support, which covered areas such as moving and handling, and ill health.

We looked at around the home and reviewed a range of records which showed people lived in a safe environment. For example, fire-fighting equipment was checked, and fire drills and training were carried out. Contracts were in place for the maintenance of waste management. Electrical equipment had been tested. Environmental risk assessments such as maintenance and repair, and electrical equipment were in place.

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

Four random medication administration records (MAR) sheets were checked, and administration was found to be accurate in terms of stock held. Each MAR had a photograph of the individual person for identification purposes and allergies were noted. Any incidents of non-administration or refusals were noted on the MAR sheets.



We looked at medication storage and saw that both medication rooms were well-lit and spacious. Both rooms had records of temperature were checked and recorded daily. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

## Is the service effective?

### Our findings

People and relatives we spoke to thought the staff were well able to carry out their duties effectively and were very helpful. Among the people particularly there was a united feeling of being well cared for, respected and treated with dignity. They all said unanimously they were not kept waiting for services/attention. We spoke to one person who said "There's a natural way of going on here, very homely and relaxed, you can move about when you want." She also said "I don't need much but if anyone needs anything they get it." We spoke to one person who manages to knit with her eyes closed, who said "If I doze off they come and check up on me." She also said 'I can do things at my own pace; staff treat me with dignity and don't force you to do anything'

The provider had effective systems for monitoring that staff received training which helped ensure they were equipped to do their job well. We saw from records staff had completed training in manual handling, understanding the Mental Capacity Act and DoLS, safeguarding, food safety in care, infection control, emergency procedures and understanding equality and diversity.

When staff commenced employment they completed the 'care certificate', which is an identified set of standards that health and social care workers adhere to in their daily working life. This should usually be done within the first 12 weeks; however, we saw some staff who started in May 2016 had still not completed the award. The registered manager explained the learning and development team had previously monitored the care certificate and the responsibility had now been given to managers, but during the transition there had been some confusion so monitoring staff progress had not been robust. They assured us timescales for completing the award was being checked and staff we spoke with confirmed this. One member of staff said, "I'm doing the care certificate and have been given a deadline to complete it."

Staff attended regular team meetings where they had opportunity to discuss their role and responsibilities. They also received written information to read which related to their role and people's individual needs, and had included publications such as 'how to prevent scalding' and 'how to support Last Offices', which is the care given to a body after death. However, opportunities to sit with a supervisor to discuss their role and development needs individually were infrequent, and the provider's supervision policy was not being met. This stated 'each care staff member will receive formal staff supervision at least twice a year' and supervision will cover 'all aspects of practice associated with the provision of care to residents' and 'the colleagues career development needs'. The policy also stated staff should also have a 'performance appraisal at least once a year'.

We discussed the arrangements for supporting staff with the registered manager who acknowledged they were not currently meeting the policy requirements. They explained a new electronic system had been introduced which focused more on aspirations and competencies; each member of staff had completed the first stage and had identified what they did well and how they wanted to develop, and the registered manager was completing the second stage where they provided feedback about each member of staff's performance. The registered manager said meetings to discuss the performance reviews were commencing although these had not been formally booked with individual members of staff.

Staff gave examples of how they promoted choice in their daily routine, which included offering people a variety of drinks and respecting people's wishes about where they want to sit.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

One member of staff discussed the process for assessing people's capacity around decision making. They told us a 'face assessment' was carried out where they asked a series of questions and then went back later to discuss and check if the person could recall the earlier discussion. They also told us DoLS were usually applied for when people first moved into the service because the door was locked and people were not free to leave.

The meals were prepared at the sister home next door, and brought through on a hot trolley; staff we spoke with said the arrangements worked well. We spoke with the chef who had a good understanding of people's individual nutritional needs and gave examples of how they ensured these were met. For example, some people required a special textured diet and others required fortified (high calorie, high protein) foods. Fruit smoothies were served daily to help make sure people's nutritional needs were met.

Staff explained a new winter menu had recently been introduced. They said, in the main, this was well received and people enjoyed the choices. One member of staff said, "The menu is ok but sometimes the choices are not popular and not enough, for example, one teatime people have to choose from either soup or potato wedges and sandwiches. They should be able to have soup and sandwiches." The chef said they were monitoring the menu and any suggested changes would be discussed with the provider.

People living at Amber Lodge are given menus in the morning and asked to choose what they would like that day. The menus include smoothies for starters, there is a choice of two main courses at lunchtime and another 'proper' meal at teatime. There was plenty of variety including a vegetarian option most days and lots of different fish dishes. People told us they enjoyed the food. We spoke to two people who said the food was good; no one had anything negative to say about the food. One person was given a light option as that was all she could manage.

We saw from the provider's survey which was carried out in June 2016 residents said they were satisfied or very satisfied with the food, and relatives rated the food and drink as outstanding or good.

Staff told us people had good support with their healthcare. One member of staff discussed the arrangements with a 'duty nurse' who visited from the local surgery every week. They said, "It's really good because they check things like weights and can push through if anyone needs any extra support such as a dietician. They also give people flu jabs and are doing shingles vaccinations soon."

## Is the service caring?

### Our findings

We spoke to people who said they are well cared for and felt comfortable with the staff.

Comments included: "I like it here; they seem to be able to tell if I am a bit low." And "They respect my independence, I look after myself, they don't come into my room in a morning because I don't want them to." And "Staff help me get out for my walks." We spoke to one relative who said "If someone is upset they go and sit with them." We spoke to another relative who told us "They know my dad's likes and dislikes if he doesn't fancy eating what is on the menu that day they know he loves beans/egg on toast."

We observed that every time someone required attention staff took the time to go and speak to them and bent down to be on the same level, they exhibited genuine care and warmth in their body language, knew the people well and had a good relationship as seen by the banter and general interaction. One person was confused and upset and was worried her family member needed to know something. The staff member got down on a level with her, offered her options, reassured her and offered to phone her brother-in-law; she then calmed down and settled.

People looked well presented in a clean, well-cared for way which evidenced that personal care had been attended to and individual needs respected. People were dressed with thought for their own individual needs and hair was nicely styled. We noticed that at one point a person's clothes had food on after having their meal. Staff attended to this with thought for the person's privacy and dignity.

Staff we spoke with said people received good care. Several told us the staff team worked well together which they felt contributed to the good standard of care provided. They also discussed an award where staff at Amber Lodge had been nominated for good 'teamwork'.

Staff told us they had received training around care principles such as respect, dignity and privacy. One member of staff said, "We've covered these things in training and also when shadowing staff. They talk about promoting independence, and making sure we treat people respectfully." We saw from a recent resident and relative meeting the registered manager had discussed with attendees staff training and confirmed Amber Lodge were "at the top of the league for compliance with training and all staff are signed up for NVQs" and had completed training around "equality, diversity and confidentiality".

Care plans we reviewed were seen to have been developed using a person-centred approach. For example in one care plan it clearly stated that one person preferred a bath on a certain day and a shower or wash on another day. The registered manager told us that people and their families had been involved in developing and reviewing care plans. We saw that care plans were dated and signed by the manager and the care workers.

## Is the service responsive?

### Our findings

People generally felt they didn't have to wait for things and staff responded promptly to their needs and were warm and caring. Everyone told us they knew how to complain and one person said there was not anything to complain about. Most people knew who the manager was and one relative described her as 'hands on', there was a very positive attitude to her from the people living at Amber Lodge.

We spoke to one resident who said "If you need anything you just call and they come straight away."

We observed staff being responsive. When people were leaving the dining tables, staff checked where they wanted to sit not presuming it would be in the same place as prior to lunch, moved drinks over for people, and helped them out of their chairs when needed but then respected and encouraged their independence by letting them make their way unaided with their Zimmer frames to the armchair.

Staff spoke highly of the care plans and supporting documentation such as the food and fluid charts. One staff member told us, "I am involved in the care plans and they are easy to read." We saw care plans were reviewed monthly and updated as indicated whenever the needs of the person changed. Daily record showed people's needs were being met. Staff spoke confidently about the service. We concluded staff knew people and their needs well.

Staff told us people enjoyed a range of activities which included group and one to one sessions. Staff told us they usually carried out activities when the activity worker was not working. There was a schedule of activities up on the notice board for November but not for December, although there was a notice about the Christmas party and tombola on the board and on the door leading to the upper floor. In the activity file there was also the schedule for November and photos of some activities. The Salvation Army band for Remembrance Day, crafts, painting activities – some samples were also in the file, the photos demonstrated that there was good attendance at these activities. On the notice board there was a yearly planner with events on. Also there was a notice about monthly coffee mornings with dates and time plus a list of activities e.g. armchair exercises, bingo, singing and dancing. A lot of the people we spoke to did not seem to remember that there were activities although one specifically remembered the dancing which she enjoyed. They have also now got an 8 seater minibus and have a notice up to inform people that they are planning to have trips out.

We saw from the provider's survey which was carried out in June 2016 residents said they were satisfied or very satisfied with the range, choice and amount of activities at the home. The relative's response was mixed; 46% said they were satisfied; 27% said no and 27% said sometimes.

We spoke to two people who went to the residents/relatives meetings as did two of the relatives. We spoke to one person who told us "I asked for certain movies to be put on and they did this." We spoke to one relative who told us "The meetings are useful and you feel listened to, it is a place to give and receive feedback'. She felt these meetings enhanced a good flow of communication."

People generally felt they didn't have to wait for things and staff responded promptly to their needs and

were warm and caring. Most people knew who the manager was and one relative described her as 'hands on', there was a very positive attitude to her from the people living at Amber Lodge. We spoke to one resident who said "If you need anything you just call and they come straight away."

The registered manager told us they reviewed complaints to detect themes or trends, and confirmed there had been no trends identified. People who used the service and their relatives all told us that they would feel confident to complain if they needed to with any staff member or the registered manager. One person told us "I would go to see the manager if I had to complain. My family know how to complain as I do." One relative told us "I wouldn't hesitate, if I needed to complain I would but I haven't had to."

## Is the service well-led?

### Our findings

At the time of the inspection there was a registered manager at the service. People told us the registered manager at the home was approachable. People and relatives felt the home was well led, overall they felt confident in the management of the home and the care received. Relatives told us they felt the staff treat their loved ones well and people spoke highly of the care they received. The registered manager was visible and interacted warmly with people. Staff told us they were happy in their work and dedicated to giving good care, they displayed genuine concern for those living in the home. We did not observe any tensions within the staff team. We spoke to people who told us, "Everyone is happy here."

We received positive feedback from staff about the registered manager. One member of staff said, "She's very good and knows what is going on." Another member of staff said, "It's well managed. [Name of registered manager] is hands on." Several staff said the registered manager was very busy which sometimes meant they were difficult to access. One member of staff said, "[Name of registered manager] is a really good manager but always busy. She doesn't have a spare two minutes."

Staff told us they regularly attended team meetings, and minutes we reviewed confirmed this. We saw they had recently discussed medication, healthcare, recording, communicating with 'next of kin', risk assessments, laundry and surveys.

The registered manager told us they were recruiting night workers because the provider had agreed to increase the staffing levels on a night following a staffing review. We saw residents and relatives were informed at a meeting in September 2016 that night staff were being recruited because the additional staffing had been approved. The registered manager explained there had been a delay in appointing staff because they had struggled to recruit appropriate workers, and interviews were planned for later in the week. We saw from the rotas the number of staff varied between three and four at night; however there was no information to show how they were monitoring the impact of the varied staffing levels. The registered manager told us staff from the sister home had supported Amber Lodge but these had not been put on the rota. The registered manager told us with the new system this would not allow for any further errors.

We saw each person had a 'dependency assessment' that identified their level of need, for example, medium or high. The assessments could then be used to help calculate the overall staffing requirements for the service. The registered manager said they only carried out the overall calculation if they had any concerns about the staffing arrangements and were not doing this at present. We discussed the inconsistency in the number of night workers with the registered manager who agreed to ensure this was assessed, monitored and managed.

The provider had a system in place to help ensure people were given opportunities to share their views and help drive improvement. This included surveys. We looked at the results from June 2016, and saw responses were mainly positive: For example, everyone who completed a 'resident' survey said they were either satisfied or very satisfied with choice and how the service catered for their needs, and that their privacy and dignity was respected: 83% relatives said people were safe and secure within the home: 82% relatives said

staff had sufficient knowledge and skills: 56% relatives said the atmosphere of the home was good; 8% said it was outstanding; 33% said it required improvement. The provider had completed a 'survey response sheet which outlined where they had made improvements and planned to make further improvement.

We looked at reviews and comments from a public website; 11 had been submitted in October 2016 and provided positive feedback about the service. Ten of the reviews said they were extremely likely to recommend the service and one said they were likely to recommend.

We looked at the records of safety checks carried out in the home which showed they were monitoring the quality and safety of the service. These included maintenance records, fire records and water safety checks. There was evidence these were carried out regularly and that any actions identified were clearly documented to show that they had been addressed. There were systems in place to monitor accidents and incidents and we saw that the service learnt from incidents, to protect people from harm which indicated the registered manager was looking at improving practice in the home.

We saw the provider had a quality assurance programme which included monthly visits by the area manager to check the quality of the service. We saw detailed reports of the visits and action plans, time scales and improvement plans. Areas of improvement included; care plans and activities. We saw evidence the registered manager audited people's care plans and risk assessments on a monthly basis. All safeguarding referrals had been reported to the Care Quality Commission and there had been no whistle blowing concerns. We saw the management team also checked the staff training matrix on a weekly basis to make sure they provided accurate and up to date information. Maintenance checks were in place as well as monthly fire drills with all staff. The registered manager however was not completing a staff file audit on the first day of inspection. This was put in place and evidence seen on the second day of inspection which had been incorporated into the on going audits in the home.