

## Residential Care Services Limited

# Franklyn Lodge

### 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:

Franklyn Lodge is a care home which provides accommodation and personal care for a maximum of nine adults who have autism and learning disabilities. At the time of this inspection, there were nine people using the service.

The care service has been developed and designed in line with the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. The service worked towards the goal of enabling people with learning disabilities to live as ordinary a life as any citizen.

People's experience of using this service:

People using the service had complex needs and they were unable to provide us with confirmation regarding the care provided. However, they appeared comfortable and well cared for. They interacted well with staff and there was a relaxed and homely atmosphere. People's relatives were positive about the care provided by staff and said that they treated people with respect and dignity.

Risk assessments had been documented. Risks to people's health and wellbeing were regularly assessed.

There were regular checks related to maintenance of the premises, health and safety, staffing arrangements and management of accidents and incidents. Staff informed us that they checked the hot water temperatures prior to people having a shower.

Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspect that people were subject to abuse

The home had a policy and procedure to ensure that people received their prescribed medicines. Staff had received medicines administration training and knew how to administer medicines safely. We however, noted that the temperature of the room where medicines were stored had been over 30 degrees centigrade for the past seven days. Such high temperatures of over 25 degrees centigrade may affect the potency of medicines administered to people. Immediate action was taken by the service to rectify this after the inspection.

The home had adequate staffing levels and staff were able to attend to people's needs. This was also confirmed by staff and most relatives.

People were supported to live a healthy life. Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences. People had access to healthcare

professionals when needed.

The service worked towards ensuring that people received personalised care and support that met their individual needs and choices. Care documentation included details about people's individual needs and preferences. People's care had been reviewed with them and their representatives to ensure they met their changing needs.

Staff received appropriate training to ensure they had the right knowledge and skills to support people in a safe and effective way. The registered manager and senior staff supported care workers by providing them with regular supervision and a yearly appraisal of their performance.

Staff knew people well and had a caring approach to their work. They understood the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights. Positive caring relationships had developed between people who used the service and care workers.

People appeared comfortable in their environment. We however, noted that some areas of the home needed repairs and redecoration. We were informed after the inspection that an item of furniture in need of repair had now been replaced and redecoration had been completed for an area of the home identified by us.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). 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. Staff gained people's agreement before providing them with assistance with personal care and other activities.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made necessary applications for DoLS where people's liberty needed to be restricted for their own safety.

Staff supported people to actively participate in activities and pursue their interests. People were seen going out to participate in activities.

There was a formal complaints procedure in place which was available to people and their representatives.

The home had a management structure in place with a team of care support workers, a deputy manager and the registered manager. The morale within the home was good and staff worked well with one another. Staff felt supported by their managers.

Management monitored the quality of the service and we saw evidence that regular audits and checks had been carried out to improve the service. These included areas such as care documentation, health and safety, cleanliness of the premises and medicines management and staff training.

Rating at last inspection: The service had been inspected on 17 November 2016 and rated as Good.

Why we inspected: This was a scheduled planned comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Franklyn Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one inspector.

Service and service type: Franklyn Lodge is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. The service worked towards the goal of enabling people with learning disabilities to live as ordinary a life as any citizen.

The home 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: This was a comprehensive inspection, which took place on 11 April 2019 and was unannounced. The second day of inspection was on 15 April 2019 and this was announced. This was because some essential information needed were not available on the first day of inspection.

What we did:

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed their

Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service.

During the inspection we spoke with the registered manager, deputy manager, four care workers and their minibus driver. We also spoke with four relatives of people who used the service.

We reviewed a variety of records which related to people's care and the running of the service. These records included care files of four people using the service, six staff employment records, policies and procedures, maintenance and quality monitoring records.

# 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 people's health and safety may be put at risk.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. Staff received training in safeguarding people. Staff were able to describe the process for reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they knew that abuse was taking place, they would report it to their manager. They informed us that they could also report it directly to the local authority safeguarding team and the CQC if needed.

Assessing risk, safety monitoring and management

- Relatives of people told us that people were well cared for and they expressed no concerns regarding the welfare and safety of people. One relative said, "I am 100 percent satisfied. They take good care of my relative." On both days of inspection, we observed staff escorting people to the minibus and ensured they were properly seated and strapped in. People appeared happy and went in an orderly fashion to the minibus.
- Risks to people's safety were assessed. Risk assessments included risks of scalding, smearing, self-neglect, self-harming, risks associated with being out in the community and risks from certain healthcare conditions. These risk assessments included details of how the risk should be managed so that people were not in danger of harm. Risk assessments were reviewed regularly.
- Staff were aware of how to manage people's behaviours which challenged the service. We noted that the care records contained information on triggers and details of early warning signs so that staff were aware and could support and prevent people's behaviour deteriorating.
- There were procedures in place for dealing with emergency situations. Personal emergency evacuation plan's (PEEPs) were in place for people. These contained information about how care workers were to support people to leave the home in the event of a fire or other emergencies. The home had an updated fire risk assessment and an evacuation plan. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out and documented. We however, noted that the fire alarm tests had only been carried out monthly. The registered manager stated that they had been advised to do so by their fire officer. However, there was no documented evidence of this. We discussed the need for more frequent fire alarm tests so that any malfunction could be promptly identified. The registered manager informed us that they would increase the frequency to weekly. They confirmed soon after the inspection that weekly fire alarm tests had commenced.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the portable electrical appliances, gas boiler and electrical installations and we saw documented evidence of this.
- Staff informed us that they checked the hot water temperatures prior to people having a shower.



Documented evidence was provided. This ensured that people were protected from scalding.

### Staffing and recruitment

- The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of four records of care workers. We noted that the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.
- The home had adequate staffing levels to meet the needs of people. We discussed staffing levels with the registered manager and care workers. All care workers we spoke with told us that there were sufficient numbers of care workers to safely meet people's needs. This was reiterated by relatives we spoke with. On the days of the inspection, we noted that staff were aware of the responsibilities and went about doing their work calmly. The staffing levels consisted of four staff to nine people who used the service in the mornings. In the afternoon there were three staff to nine people and two staff on waking night duty. We noted that the majority of care workers had worked in the home for more than two years. This meant that people who used the service were familiar with them and they could provide consistent care. The registered manager and deputy manager informed us that they would review staffing levels and when needed extra care workers could be deployed.

### Using medicines safely

- The home had arrangements for ensuring people received their medicines as prescribed. During this inspection, we looked at policies, storage, records, training and systems for medicines management. The service had a policy in place which covered the recording and safe administration of medicines. The home provided training to ensure they handled medicines safely. Medicines administration records indicated that people received their medicines as prescribed. There were no unexplained gaps.
- Some people were prescribed PRN medicines (medicines prescribed to be administered to a person when needed). We saw written protocols for administering PRN medicines, these included guidance to advise staff on when and how to administer these medicines.
- Medicines were stored securely at the home. We however, noted that the temperature of the room where medicines were stored had been over 30 degrees centigrade for the past seven days. High temperatures of over 25 degrees centigrade may affect the potency of medicines administered to people. The deputy manager informed us that the thermometer had not been working. Soon after the inspection, the registered manager informed us that they had taken prompt action and put in place other measures to reduce the high temperatures such as turning off the radiator, installing a fan and having blinds on the window. She stated that this had reduced the temperature. They had also updated their guidance for staff and included temperature monitoring in their weekly audits.

### Preventing and controlling infection

- One relative said, "The home is clean whenever I visit." Another relative said, "I saw my relative recently. The premises were clean when I visited. My relative was also clean and properly dressed." The service had an infection control procedure. Staff had received training in infection prevention and control. Protective clothing, including disposable gloves, were available for staff. Staff had received infection control training. The premises were clean on the day of the inspection. However, some areas of the building needed minor repairs and redecoration. This was reiterated by a relative we spoke with. The registered manager stated that the service had a maintenance person who had started carrying out the work. We were informed soon after the inspection that the work had been completed.

## Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, there was guidance to care workers for preventing a re-occurrence. We however, noted that two people who had exhibited challenging behaviour towards each other were sitting next to each other on the minibus. This places them at risk. The registered manager explained that the two people concerned had refused to swap places. Furthermore, other people in the minibus had also refused to swap as they were used to sitting in their own seats on the minibus. The registered manager stated that the driver and staff were aware of the situation and had been instructed to monitor the situation. She also added that staff had worked at reconciling the two people involved.

# 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's care plans showed that people's needs had been individually assessed. They contained information and guidance that staff needed to deliver the care and support that people needed. Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their plans. This assisted staff to understand people's individual needs and effectively provide the care they needed.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. They had received an induction which included briefing in areas such as health and safety, safeguarding of adults, first aid and equality and diversity. New staff had completed a period of induction. The Care Certificate standards were incorporated in the induction programme for newly employed staff. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people. Three staff had started The Care Certificate.
- Staff records indicated that care workers had completed a range of training relevant to their role and responsibilities in meeting people's individual needs. Training included administration of medicines, food hygiene, autism awareness, positive behaviour support, infection control, safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA).
- Staff told us that were well supported by management. They had received regular supervision and appraisal of their development and performance. This was confirmed in records of staff. Staff said they found their managers to be supportive and approachable. The registered manager had a caring attitude towards her staff.

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

- There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. Fresh fruits and vegetables were available for people. Staff prepared meals for people and they were aware of the specific preferences of people. For example, one person did not like sweetcorn and staff were aware of this. The staff member was aware that another person liked chips. The record of meals provided indicated that people had been given a varied and nutritionally balanced diet. People's weight was monitored monthly. Staff knew that they needed to report all changes in people's weight to their managers. The kitchen was clean and fresh vegetables and fruits were available for people.

Staff working with other agencies to provide consistent, effective, timely care One relative told us that their relative who used the service had gained excessive weight and staff had assisted this person reduce their weight.

- Staff understood and supported people's cultural and religious dietary needs. They consulted with people's relatives about the types of food that they preferred. The service had ensured there were meals to meet people's diverse needs and preferences such as halal and vegetarian foods.
- Staff engaged with people, their families where appropriate, and with social and healthcare professionals to meet the health and care needs of people. Records showed that the service had regular contact with community healthcare and social care professionals about people's needs. Staff worked with these professionals to ensure people were provided with the care and support that they needed.

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

- People's bedrooms were personalised with items and furnishings of their choice. We however, noted that some areas of the home were in need of repainting and redecoration. The registered manager informed us that their maintenance person was in the process of improving the physical environment.

#### Supporting people to live healthier lives, access healthcare services and support

- A relative said, "I am happy with care provided. They staff do talk with my relative and other residents too. The staff keep me informed of progress. If needed, they take her to see the doctor when she is unwell." There was detailed information in people's care files to inform care workers about people's health, and general wellbeing. Guidance was in place for care workers to inform them when people was deteriorating and what support they needed. The care records contained details of healthcare appointments with professionals such as the dentist, physiotherapist, GP and hospital consultants. Relatives informed us that the healthcare needs of people had been attended to.
- The deputy manager provided us with an example of good practice whereby they wrote to people's GP to enquire if there were any missed or outstanding appointments. This was to ensure that people received all the healthcare they were needed. This had resulted in a person being diagnosed and treated for a blood disorder.

#### 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, and some hospitals, 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 noted that some DoLS authorisations had expired. The registered manager stated that they had requested further authorisations and evidence of this was provided.
- Care plans included detailed information about people's capacity, their mental state and cognition.
- Care workers had knowledge of the MCA and training records confirmed that the staff had received training in this area. Staff we spoke with were aware that when a person lacked the capacity to make a

specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

- Where people were unable to leave the home because they would not be safe leaving on their own, the service had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). All people in the home had been assessed and all people had DoLS authorisation. However, some of these authorisations had expired. The registered manager provided us with evidence that they had applied for further authorisations.

# 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; respecting equality and diversity

- Relatives of people who used the service told us that care workers treated them well. One relative told us, "The staff talk nicely to my relative. They take good care of my relative." Another relative said, "My relative has settled well. The staff are respectful. Although my relative is limited verbally, the staff know her well and they understand my relative."
- On the day of the inspection, we observed interaction between people and staff. Staff were pleasant and patient when supporting people. When someone was restless and agitated, a staff member was able to reassure and calm the person concerned by explaining to them what was going on and telling them when they were due to go out. We saw staff getting people ready to go out to the day centre. They ensured people were appropriately dressed and we observed that staff were sensitive in their interactions and made sure that transport to the day centre was safe. Staff and the driver were constantly present with them.

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

- People who used the service did not communicate verbally. Therefore, staff used a variety of communication methods. We observed that staff communicated with people by hand gestures and talking slowly and clearly. Staff also communicated using a communication dictionary, a computer and objects of reference. We saw that people responded well towards care workers. Staff had been given guidance in the care records of what different signs to look out for to indicate how people felt. For example, when one person removed their jacket, it meant they did not want to go out. Another person pushed food away if they did not like it.
- There was information on what people liked and disliked and what made them happy or unhappy. Care records contained communication passports with information for people when they attended hospital accident and emergency departments.
- Most of the staff had worked in the home for over two years and they were familiar with the needs of people. Relatives informed us that communication with staff was good and the service was able to respond to the needs of people.

Respecting and promoting people's privacy, dignity and independence

- Relatives of people told us that staff treated people with dignity and respect. During the inspection, staff were attentive to people's needs and supported them in a manner that maintained their privacy and dignity. Staff told us that when providing personal care, they would close doors, not expose people excessively and if necessary close the curtains.
- People's support plans included information about encouraging them to be as independent as possible. Staff encouraged people to participate in activities they liked. We saw that people looked happy when

getting ready to go to a day centre and they indicated this to us via smiles and nods. In addition, they went to clubs for people with learning difficulties, cafes, shops, walks and visits to places of interest in and around London.

## 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 personalised care and support. Care plans detailed people's individual needs and included clear guidance about how care workers needed to support them. Staff were knowledgeable about each person's needs and knew how to provide them with the care and support that they required. One person had epilepsy. The staff caring for this person told us that she had received training on how to care for the specific needs of this person. She stated that she was aware of how to keep this person safe by removing objects which may cause harm and ensuring that the person did not harm themselves when they had a seizure. If this person needed emergency assistance, they would ring 999. The staff member was also aware of what would make this person feel uncomfortable or anxious and she said she would avoid such situations.
- We discussed with another staff the care of a person with behaviour which challenged the service. The staff member was able to tell us the techniques she used such as talking calmly to them, checking if there was anything that caused them discomfort and checking if they had taken their medicines. They also stated that they would access further assistance and medical help if the situation persisted.
- Staff had received training on supporting positive behaviour in people. The service analysed incidents which upset people and used the information to prevent a reoccurrence. They noted when people were happy and used this information to help people. Staff practised a reward system and praised people for positive behaviour. The deputy manager said they gave people a star sticker even for what appeared a minor matter such as people taking their plates to the kitchen.
- Information about people's personal histories and their individual backgrounds were recorded in people's care records. Staff knew how to assist people to follow their religious, cultural and other personal customs. They told us how they supported a person to eat food that was in line with their religious requirements. Staff were aware of people's individual religious beliefs and cultural observances. One person in the home was supported to attend a church every Sunday and another was supported to visit their place of worship each week. However, one relative stated that their relative was not accompanied to their place of worship. The registered manager stated that she would look into the matter.
- Regular reviews of care had been carried out. Relatives of people were involved in these reviews to ensure that the service knew how to meet people's current care needs and wishes.
- The deputy manager explained that the service focused on providing specific activities for people depending on their interests. For example, one person liked swimming. The service had arranged for this person to have swimming sessions each week. This was confirmed by a relative we spoke with. A staff member stated that she regularly went out to shops and restaurants with a person who used the service. Other activities organised included music therapy, painting, beauty treatment, visits to parks and drives outside London. A relative said, "I am very happy overall with the care provided. My relative has enough activities. They attend the day centre and also go swimming each week."
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information



Standard (AIS). This applies to people who use a service who have information or communication needs because of a disability, impairment or sensory loss. The registered manager told us that certain important documents were in pictorial form so that people could understand them easily. This was evidenced in the care plans, menus and "hospital passports" In addition each person's care record contained a service user guide, communication section with information regarding how people communicate and what their signs and noises meant.

Improving care quality in response to complaints or concerns

- People using the service and their relatives knew how to make a complaint. People's relatives informed us that they knew how to complaint but said they were satisfied with the service provided for people. Only one complaint had been recorded. This had been promptly responded to. The service had a formal complaints procedure. We saw that this was displayed in the reception area.

End of life care and support

- The service was not currently providing end of life care. The service had an end of life policy to provide guidance for staff.

# 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

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

- Staff spoke positively about the management of the service. They told us that they were well managed and they had confidence in their managers. They informed us that there was good communication amongst staff and with the management team. Monthly staff meetings had been held where staff could express their views and receive updates regarding the management of the service and care of people.
- There was a communication book in place which enabled staff to record important information and messages for other staff. It included information about accident/incidents, phone calls received, medication deliveries and information about people.

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

- The registered manager and deputy manager were aware of the importance of being open, honest and transparent in relation to the running of the home and the care provided to people, and of taking responsibility when things go wrong. They were committed to ensuring that people who used the service were well cared for. The registered manager knew when she needed to report notifiable incidents to us and did so accordingly.
- Relatives told us that they were listened to. They were mostly positive about the management of the service and told us that they were kept well informed about people's needs and involved in decisions to do with people's care.
- Care documentation and records related to the management of the service were mostly well maintained, up to date and comprehensive. Most documentation requested during the inspection were either available at the inspection or sent to us soon after.

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

- Relatives of people who used the service had opportunities to feedback about the care provided. This was done either via care review meetings or when they visited the home. Relatives' meetings were held six monthly.
- Community healthcare and social care professionals had been consulted and kept up to date with developments to do with people's care and support needs.
- The service worked in close partnership with health and social care professionals to improve outcomes for people. It had built relationships with health and social care professionals. Records indicated there was regular contact with professionals such as people's GP, physiotherapist, dentist, psychiatrist and local

authority care managers.

#### Continuous learning and improving care

- The registered manager spoke of the challenges facing the service and the demands placed upon. She expressed a commitment to ensure that people continued to receive the best care which met their needs.
- The service had a quality assurance system of checks and audits. The checks of the service were carried out weekly by the deputy manager. Audits took place monthly and were carried out by the registered manager. These audits included medicines management, maintenance and cleanliness of the home, health and safety, financial accounts and accidents logs. Outcomes of audits were discussed in senior management meetings so that action could be taken to improve the service. For example, medication chart audit revealed the need to have medicine profiles and protocols for medicines administered as required. We noted that this was implemented. We however, noted that the audits did not pick up the temperature deficiencies of the room where medicines were stored.