

Balmoral Care Ltd

The Kensington

Inspection report

340
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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?	Requires Improvement ●

Summary of findings

Overall summary

The Kensington Care Home is registered with the Care Quality Commission (CQC) to provide care and support to 35 older people, some of whom may be living with dementia. The building is a combination of old and new single storey buildings. All accommodation, bathrooms and toilets are on the ground floor, some of the newer rooms have en-suite toilets. The home is situated in the centre of Immingham close to local amenities. It is on a main bus route providing access to Grimsby, Cleethorpes and outlying villages around North East Lincolnshire.

This inspection took place on 8 December 2016 and was unannounced. The service was last inspected December 2015 and was found to be compliant with the regulations inspected at that time. However, it was rated as requires improvement because there were some practise issues and some recommendations made.

At the time of the inspection 23 people were living at the service.

Currently there is no registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Due to this the service can only be rated as requires improvement in the well-led domain.

People were cared for by staff who understood the importance of protecting them from abuse. Staff had also received training in how to recognise abuse and how to report this to the proper authorities. Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service. Procedures were in place which ensured people were not exposed to the risk of cross infection and the service was clean and tidy. People's medicines were administered safely and staff had received training in this area. The medicine training was updated regularly. Systems were in place to enable people to administer their own medicines with staff support if this was appropriate.

People were provided with a wholesome and nutritionally balanced diet. People's choices were taken into account when devising menus and the cook asked people about their preferences for meals. Those people who had a poor appetite were provided with a fortified diet to ensure they received the right amount of nutritional intake. People were provided with snacks and hot and cold drinks. Staff monitored people's dietary needs and health care professionals were contacted if anyone was experiencing any difficulties, for example, difficulty with swallowing or a poor diet. Staff had received training which equipped them to effectively meet the needs of the people used the service. This training was updated regularly and staff were supported to gain further qualifications and experience. New staff underwent a thorough induction which assessed their competency in stages; this ensured people were cared for by staff who had the right skills and experience to meet their needs. Systems were in place to ensure anyone who used the service that needed support with making informed decisions were protected by legislation, and any decisions made on their

behalf was least restrictive and were made in their best interest.

People were cared for by staff who understood their needs, respected their privacy and upheld their dignity. People had good relationships with the staff and there was a lot of friendly banter and laughter around the service. People or their representatives were involved with the formulation of care plans. This ensured people received care which was of their choosing. Staff made sure people were involved in their care and took the time to explain to them what they were doing when providing support in personal care tasks. They also ensured people were safe and were not distressed by any actions undertaken, for example, when using lifting equipment.

Information was available to staff which described the person and their preferences, this helped staff to provide care which was person centred and of the person's choosing. Care plans described how the staff were to support people and keep them safe, this included mobility needs, nutritional needs and tissue viability. People who used the service had access to a range of activities which they could participate in on a daily basis; however, more could be done to engage those people who were living with dementia in more meaningful activities. This was discussed with the acting manager on the day of the inspection and she was to undertake further research with the activities coordinator. The registered provider had an accessible complaints procedure in place and all complaints had been investigated wherever possible to the complainants' satisfaction. Information was available which sign-posted people to outside agencies if they were not satisfied with the way the investigation had been undertaken.

The way the service was run was open and transparent. People who used the service, their relatives and others who had an interest in their welfare were consulted about the running of the service. This was achieved through meetings and surveys. Action plans were put in place to address any issues raised, these were time limited. Audits were undertaken to assess the effectiveness of the service and if it was meeting the needs of the people who used it. Again action plans were put in place to address any shortfalls identified. The management team were accessible to both staff and the people who used the service and saw suggestions as a way of moving the service forward and developing. Staff meetings were held so staff could have an input into how the service was run. All equipment used to assist people was regularly serviced and repaired when required, as was the fire detecting equipment.

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.

People were cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the people who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

People's medicines were handled, stored and administered safely by staff who had received training.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected people who needed support with making decisions.

People were provided with a wholesome and nutritional diet; staff monitored people's weight and dietary wellbeing.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who understood their needs.

People were involved with their plan of care and staff respected their dignity and privacy.

Staff maintained people's independence.

Is the service responsive?

Good 

The service was responsive.

The care people received was person centred and staff respected their wishes and choices.

People were provided with a range of activities and pursued individual hobbies and interests with the support of staff.

People who used the service could raise concerns and make complaints if they wished.

Is the service well-led?

Requires Improvement 

Not all areas of the service were well-led.

There was no registered manager in post, and no application has been made to the CQC.

People who used the service could have a say about how it was run.

Other people who had an interest in the welfare of the people who used the service were consulted about their views as to how the service was run.

The registered provider and acting manager undertook audits to make sure people lived in a safe, well-run service.

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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 registered 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 8 December 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time and if they have positive experiences. We spoke with 10 people who used the service and eight relatives who were visiting during the inspection. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with five staff including care assistants, senior care assistants, the acting manager, the cook and the domestic staff.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and six medicine administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the

building.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service, comments included, "I do feel safe, the staff make sure doors are locked at night", "They [the staff] look out for me and if I need anything I just have to ask" and "I feel safer than at the other place I was at, the night staff see I'm ok." They told us they thought there were enough staff on duty to meet their needs, comments included, "I ring by buzzer and they come as quickly as they can" and "There always seems to be plenty of them [staff] around, you can always find someone." The people who used the service told us they thought it was clean and tidy, comments included, "They clean my room every day" and "Oh yes it's spotless."

Visitors told us they thought their relatives were safe at the service, they told us, "[Relative's name] is safe here the staff are very vigilant" and "I think mum is safe here the staff pop in and see her regularly." They also thought there were enough staff on duty, comments included, "I think there's plenty of staff, they all seem very busy but make time to come and talk to mum." Visitors also thought the cleanliness was good, one visitor told us "I think it's lovely here, there's never any smells."

The registered provider had procedures in place for staff to follow if they witnessed any abuse or became aware of any allegations. They could tell us how they would report any abuse, one member of staff said, "I would go to the manager and tell them and if they didn't do anything I would go the CQC or social services." Another member of staff said, "We have to protect the residents it's our job, we need to report things if we see them." The staff could describe the different types of abuse they may witness or come across. Staff had received training in how to recognise abuse and this was updated annually.

Staff understood the importance of respecting people's human rights and not discriminating on the grounds of race, age, sex or sexual preferences. One member of staff told us, "All the residents are different and we have to respect that."

All the people who used the service had a PEEP in place (personal emergency evacuation plan). This instructed staff how best to support the person in the event of an emergency. These were individualised and took into account people's needs including mobility. People's care plans had in place assessments of their daily living needs and which of these they needed more support with, for example, personal hygiene, pressure area care, mobility and behaviours which might put them and others at risk or challenge the service. These were detailed and told staff how best to support people to keep them safe. The risk assessments were updated on a regular basis and any changes were documented, for example, following a stay in hospital or deterioration in needs due to illness.

Other emergency procedures were in place for staff to follow in the event of a flood or essential services like gas and electrical failures. These instructed the staff what to do, who to contact and how to keep people safe.

Staff told us they knew they had a responsibility to keep people safe and would raise any concerns they had with the registered manager, comments included, "I would have no hesitation about going to the senior or

the owner, and if they didn't do anything I would take it further, to the social services or the CQC." They also knew they would be protected by the registered provider's whistle blowing policy; comments included, "I know anything I say will be dealt with confidentially so I'm not frightened to speak up."

All accidents and incidents had been recorded and there was an ongoing assessment of the nature of the incident or accident, for example, if there had been any malpractice by staff or faulty equipment. All results had been analysed and findings recorded, we saw evidence of these being discussed with staff or referrals to specialist health care professionals, for example, falls teams or the district nursing services.

We saw rotas which showed the amount of staff which should be on duty daily to meet people's needs. The acting manager told us they kept a constant eye on the staffing numbers and made sure enough were on duty to meet people's needs. They also made sure care staff were supported by enough ancillary staff so they could concentrate on caring for the people who used the service effectively.

During the inspection we looked at staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references, where possible, from a current employer, and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment. The Disclosure and Barring Service carry out criminal records and barring checks on individuals who intend to work with vulnerable adults. This helps employers make safer recruitment decisions and also minimise the risk of unsuitable people working with vulnerable adults. Recruitment files also contained photographic identification and proof of identity.

Systems were in place to ensure medicines were ordered, stored and administered safely. Suitable arrangements were in place for the storage of specific medicines that required cooler temperatures and checks were carried out on a daily basis to ensure the manufacturers' guidance was adhered to. Controlled medicines were stored safely in line with current best practice guidelines.

We observed medicines rounds and saw that people who used the service received them as prescribed. Medicine administration records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately with minimal omissions. People's abilities to self-administer had been assessed and action had been taken to support people who were able to do so.

Is the service effective?

Our findings

People who used the service told us they were happy with the food provided, they told us, "The food here is lovely and there's always plenty to choose from", "I really like the food, my favourite is the roasts we have at the weekend" and "I know I'm a fussy eater but they make sure I get the things I like." They also told us they thought the staff had the right skills to meet their needs, comments included, "They [staff] seem to know what they are doing, and they look after me well" and "I don't really need a lot of help but they do look after the poorly ones well."

Visitors told us they thought the food provided for their relatives was good, they told us, "It always smells nice when you visit" and "Mum's put on weight since coming here it's really good." They thought the staff had the necessary skills to care for their relatives, comments included, "I think the staff are great, it's a really hard job but they know what they are doing" and "I think they get training, they seem very professional and capable."

The registered manager had systems in place to ensure staff received the training they needed to effectively meet the needs of the people who used the service. They monitored staff training and ensured this was updated when required. The registered provider had identified training which they considered mandatory for staff to complete. This mandatory training included, fire training, safeguarding vulnerable adults from abuse, health and safety, moving and handling, first aid and dementia training. Staff also had the opportunity to undertake nationally recognised qualifications in care and to expand their knowledge and experience. Specialised training was also provided, this included, diabetes and how to support people whose behaviours may challenge the service or put themselves and others at risk. Staff told us they found the training was adequate to equip them to meet people's needs, they said, "The training here is really good I have learnt a lot since coming here" and "We get loads of training, it's really good and my confidence has grown because of it." Newly recruited staff underwent a period of induction and this was based on good practice guidelines. Their competency was continually assessed and any areas which they were struggling with the registered manager ensured they got the support they needed to achieve this.

All staff received regular supervision, this afforded them the time to discuss any work related issues or practise issues. The staff received annual appraisals where their training needs were discussed and any opportunities for further training explored. Staff told us they valued the supervision they received, one member of staff said, "I like the time we get to talk about work it makes me feel valued." Another member of staff said, "The owner is always available so we can go to her at any time for advice and guidance, but we do get regular formal supervision sessions which are good."

Staff had systems of making sure relevant information was passed on the next shift, this included information about changes in people's needs, the outcome of any hospital appointments and the people's general wellbeing. Time was taken at each shift change over to ensure this information was passed on and observations continued.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. We found applications had been made to the supervisory body and they were awaiting the outcome of these.

Throughout the inspection we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care.

People who used the service were provided with a wholesome and nutritional diet. The cook was knowledgeable about people's likes and dislikes and how to provide a nutritionally balanced diet for older people. They understood the importance of providing a high calorific diet to those who had a poor appetite and provided fortified meals, drinks and snacks for them and others to eat. We saw people's food preferences were recorded in their care plans along with their likes and dislikes.

The food on the day of the inspection looked wholesome, nutritious and well presented. The majority of the people who used the service sat in the dining room to eat their meal and this was seen to be a social occasion with lots of chatting between themselves and the staff. More food was offered if people wanted it and some took the cook up on this offer.

The dining room was pleasantly set out. People were offered a cold drink with their meal and then a hot drink to follow. Staff discreetly assisted those people who needed help to eat their meal and various aids and adaptations were used to assist people to remain independent.

People who used the service were supported by a range of healthcare professionals including GPs, community nurses, social workers, community mental health teams, the falls team, speech and language therapists and dieticians. Records showed people were supported to attend hospital and GP appointments or their GP visited them at the service.

At the last inspection we made a recommendation about placing signage around the building to help orientate those people who may be living with dementia. During this inspection we found pictorial signs had been placed around the building indicating where the toilets and bathrooms were and signs had also been placed on bedroom doors to indicate whose bedroom it was. This does help people who are living with dementia to find their way around the building and identify different rooms and facilities.

Is the service caring?

Our findings

People who used the service told us they thought the staff were kind and caring, comments included, "I really like all the staff they are all nice and we have a good laugh and a joke", "The staff are all caring they can't do enough for you, they even come in on their days off and take us out" and "The girls are wonderful they are so kind and patient." They told us staff respected their privacy and dignity, comments included, "They [staff] always knock on my door and ask if I'm decent before they come in", "I never feel embarrassed, we get along really well" and "They [staff] always ask if I'm comfortable and if I'm okay with things."

Visitors told us they thought the staff were kind and caring and looked after their relatives with dignity and respect. They said, "The staff are wonderful, they are really kind and caring", "I think the staff are great, they have loads of patience with the ones who are poorly and need a lot of help" and "I couldn't ask for more they are so kind with mum." One visitor told us, "They [the staff] always knock on mum's door and ask if it's okay to come in, and if they are doing anything for mum they make sure she's covered over and not all exposed." Visitors also told us they had been involved with reviews about their relative's care plans, they told us, "We have meetings about mum's care and what she needs, these are all recorded and they do the things that need doing, like new beds or get the doctor in."

During the inspection we saw that interaction between the people who used the service and the staff was good. There was an easy relaxed atmosphere and we heard plenty of good natured banter and laughter. People were sharing jokes with the staff and generally talking about their lives. Staff were sharing their plans for Christmas and what would be happening at the service over the festive period.

People's care plans showed they or their representative had been involved with its formulation. People who used the service had signed to agree its contents and had attended reviews where their views had been recorded. It was recorded in people's care plans if they could make decisions for themselves and if they couldn't, who had been appointed to do this on their behalf.

Throughout the inspection we saw staff gently encouraging people to walk, eat and generally move around the building. They also discreetly assisted people gently describing what was happening and how they should assist the staff. At all times the staff asked people if they were comfortable and happy with what the assistance they received if they were not staff stopped and re-evaluated the situation and approached the person differently.

The acting manager told us the service could access advocacy support if needed but none were being used at the present time. People were provided with information and explanations about the care and treatment they required in a way that met their individual needs. Information regarding Independent Mental Capacity Advocates as well as other advocacy services were displayed throughout the service. This helped to ensure people understood how they could access support when required.

Staff understood the importance of keeping people's information safe and not allowing unauthorised access to it. They told us, "I wouldn't share any information with anyone it's none of their business" and "I

know we have to keep information confidential, I wouldn't like it if anyone was sharing information about me." Care plans were kept locked away and other confidential information was only accessed when necessary, for example staff supervision and recruitment files. The registered provider had a policy about the use of mobile phones in the work place and staff conduct on social media.

Staff understood the importance of maintaining people's privacy and dignity. They told us, "I always knock on the residents' doors and wait to be asked to come in, it's not nice just to barge in someone's room" and "If I'm doing any personal care I make sure they are covered over and not exposed." Staff told us they tried to maintain people's independence for as long as possible, one member of staff told us, "I try and help the residents as much as I can and encourage them to keep skills, even if it just fastening buttons or washing their hands and face, it keeps their independence."

Is the service responsive?

Our findings

People who used the service told us they knew they had the right to make complaints and raise any concerns they may have, comments included, "I would see the boss she's really nice and approachable" and "I suppose I would talk to the staff and ask to see whoever is in charge, I've never had any concerns." There was mixed reaction to the provision of activities, one person said, "Oh yes we have lots of things to do and the lady that does them is nice" another said, "There isn't much going on really, I do get a bit bored."

Visitors we spoke with told us they knew there was a complaints procedure and who to contact if they had any concerns. One visitor said, "I would see [registered provider] I know there's no manager at the moment so I would see her." Another said, "I did raise some concerns with the previous manager and, to be fair, they sorted it out and now I'm happy." They told us they thought there were plenty of activities for their relatives to participate in, one visitor said, "I think they are planning the Christmas programme and I think they are putting on pantomime, so that will be nice."

We saw that before people were offered a place within the service a comprehensive assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as, sense and communication, choices, decisions and lifestyle, healthier happier life, safety, moving around, washing and dressing, eating and drinking, breathing and circulation and future decisions. Each care plan had a corresponding risk assessment to ensure people were supported safely and effectively according to their needs and preferences. The staff told us they could access the care plans and were happy with the content, one member of staff said, "I look at their care plans to see if anything's changed or we need to do anything differently." We saw the care plans were reviewed and updated regularly or when people's needs changed following an illness or an admission to hospital.

The service employed a dedicated activities coordinator. They told us they had an adequate budget and could purchase items to be used for activities if they wished. They also told us, "I make sure residents who are cared for in their rooms are involved in activities even if it's just painting their nails or sat reading to them, they still need to have some kind of contact." We discussed the comments made with the acting manager and she was going to talk to those people and see if there was anything they specifically liked to do. We also discussed activities for those people who were living with dementia as they can easily be left out of activities and not have the opportunity to participate fully. She intended talking to the activities coordinator to devise more activities which were better suited to their needs and look on the internet for ideas.

Some of the people who used the service spent the majority of the time in their rooms. They told us this was by choice as they preferred this. When we spoke with staff they told us they were aware of these people's preferences and made sure they had contact with them on a regular basis. One member of staff told us, "I make sure I go and see [name of person] regularly, they enjoy a good chat and I make sure they are okay and don't need anything." They went on to say, "I know it's their choice to stay in their rooms but I think it might get a bit boring and they may become depressed, that's why I go and see them." The staff also made sure people had regular contact with the local community and their friends and families.

The registered provider's complaints policy was displayed within the service and an easy read version was available to ensure it was accessible to each person who used the service. When complaints were received they were investigated and responded to in line with the registered provider's policy, where possible, action was taken to improve the service.

Is the service well-led?

Our findings

People told us they were consulted about the running of the service, they said, "[Acting manager's name] comes to see us and asks if everything is okay, she is really nice", "I have completed a questionnaire but I can't remember what I said, but I think everything fine" and "We have meetings, and we have a cuppa and bun. It's nice." People told us they found the acting manager and the registered provider approachable, comments included, "The owner is nice, she comes and sees us and asks if everything is alright, we see her quite a lot really" and "Both the manager and the owner are nice, I wouldn't have problem speaking to either of them really."

Visitors we spoke with told us they had been consulted about the running of the service, comments included, "Yes we have had meetings about the manager leaving and what will happen. These were with the owner" and "I come with mum we can make suggestions, we have made some about Christmas and they have listened." They told us they found the acting manager approachable, one visitor said, "[Acting manager's name] is lovely she's worked here for a while, since it reopened and knows all the residents really well."

At the time of the inspection there was no registered manager in post, when this is the case a service can only be rated as requires improvement in this domain. However, the acting manager knew they had a duty to notify the CQC of incident which occurred at the service which affected the welfare of the people who use the service or its smooth running. The acting manager told us they tried to maintain an open door policy. They told us they had received a lot of support from the registered provider and had worked closely with them to maintain the running of the service. The staff told us they had confidence in the acting manager and thought they had done a good job of managing the service. They told us, "[Acting manager's name] is really approachable and she knows what she's doing" and "I don't have any problems at all about approaching [acting manager's name] she is really supportive." During the inspection the acting manager was very competent and professional. They had a good understanding of the management role and how the service should be run. They assisted with the inspection in professional manner and supervised the staff well ensuring people's needs were met at all times. The acting manager told us they were not intending to apply to be the registered manager, but felt confident in the role with support from the registered provider. The registered provider is actively seeking a new manager who will become registered with the CQC.

We found that meetings had been held with all the staff. Minutes of these showed what topics had been discussed and how the change in management structure was to be implemented. The minutes also showed any new ways of working and any changes to way the service was run had been discussed with the staff. Staff told us they liked to attend team meetings as it gave them the opportunity to express views and keep informed. One member of staff said, "I don't mind making the effort to come to our meetings, I think they are interesting and so much has happened lately we need to be told." Meetings had also been held with the people who used the service and their relatives. Minutes of these meetings showed the running of the service and any future plans had been discussed. The change in management had also been discussed.

The service maintained links with the local community and this included day centres, the local shops and

pubs and clubs. The local school were to come in over the Christmas period to sing carols to the people who used the service. People were also supported to maintain links with family and friends who lived nearby.

We saw that surveys had been undertaken with the people who used the service, their relatives, staff and health care professionals. The results of these surveys had been collated and the findings were published and displayed around the service. Action plans had been put in place to ensure any issues identified were addressed and time scales were set for completion. This ensured people lived in a well-run service which was constantly striving for improvement.

The registered provider had a set of audits in place which they expected the acting manager to complete; they had continued to complete these. We saw audits had been undertaken of, amongst other things, the care plans, staff training, accidents and incidents, safeguarding incidents, staff supervision and appraisals and medicines. The equipment used had been audited and repairs and maintenance had been carried out in line with the manufactures' recommendations. Fire drills, fire tests and fire training had been carried out. All records were securely stored and in line with data protection guidelines.