

Solent Healthcare Limited

# Poplars Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Poplars care home is a residential care home for older people and people living with dementia. It is an adapted domestic property in a residential area with accommodation over two floors. The service accommodated up to 14 people in single and shared rooms.

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

The service had made a number of improvements, including: the premises, people's support plans and other records; also in relation to staff's induction and training and to the management of medicines.

There were sufficient numbers of suitably trained staff in place to keep people safe. The service was visibly clean. Medicines were managed safely. Further improvements were required in relation to the monitoring of changes in people's medicines and monitoring of falls in line with national guidance to ensure risks to people were minimised.

The service had worked to implement best practice guidance, and this was an area of continued improvement. People had enough food and were encouraged to drink enough. People's risks related to their eating and drinking were managed well. Staff felt supported and had access to appropriate training. The premises had been further adapted in line with dementia friendly guidance, however some further minor work was required.

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

Staff were caring and kind towards people. People were treated with dignity and respect and their independence in daily activities was promoted. Staff were now more mindful of people's privacy and treated sensitive information confidentially. People and their relatives told us staff were nice.

The service had improved the activities available for people living with dementia and for people of different abilities and interests. Care was personalised to meet people's needs and staff worked to reduce social isolation through reminiscence and other activities.

The service had been through a period of significant change and improvement. Staff reflected there had been many improvements which meant they now had more time for people. One member of staff expressed worry that improvements would not be sustained. People's care records had been updated and were now accurate. Some further improvements were required to existing quality assurance measures to ensure all issues and areas for improvement were proactively identified.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 6 September 2019) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 6 September 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Poplars Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was undertaken by one inspector and an inspection manager.

#### Service and service type

Poplars Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers 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 inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. The provider completed a provider information return in line with required deadlines after the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Since the last inspection we met with the provider and the local authority to review progress with required actions.

We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, who was also one of the registered managers, the other registered manager, care workers and the housekeeper. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the home's facilities, including the garden, bedrooms and kitchen. We observed staff interactions with people in communal spaces, including during lunch and dinner times, and observed activities taking place.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection, a breach of regulation was identified relating to assessing and managing people's risks. It was found the provider had not fully assessed risks related to the health and safety of people living at Poplars Care home, including from the environment. It was found measures in place to manage risks were not sufficient to protect people from the risk of avoidable harm.

At this inspection we found the provider had made improvements and there was no longer a breach of this regulation.

- The provider had sought guidance and support, they had appointed a member of staff to support with reviewing and updating people's risk assessment and management plans. Risk management plans now contained enough information to assist staff in understanding how to reduce identified risks to people.
- The provider used evidence-based tools to assess risks to people's health, such as their risk of developing a pressure ulcer or their risk of falling. Risk management plans were clear and easy to follow.
- There were measures in place to review the health and safety and fire risks in the building. These were carried out in line with national guidance.

### Staffing and recruitment

At the last inspection a breach of regulation was identified related to staffing levels. It was found staff were rushed, tended to get people up earlier than they would like and were task focussed as there were not sufficient numbers to meet people's needs.

At this inspection we found the provider had made improvements and there was no longer a breach of this regulation.

- The provider had implemented an additional member of staff in the afternoons to support with mealtimes. We observed lunch and dinner times and staff were busy, but not rushed and had time to meet people's needs.
- Staff told us staffing levels had improved and meant they now felt people were safe, and their needs could be met. People's relatives felt there were enough staff. One person told us that staff were busy and rushed at times, but staffing levels were good at night.
- We reviewed recruitment files. Two staff did not have a full employment history or reasons for gaps in their

employment documented. The three most recent staff recruitment records did not have an assessment of any mental or physical health considerations for staff's ability to carry out their role, however previous staff files did contain this information. This was discussed with the registered manager who took action following the inspection.

- New staff had references from previous relevant employment and Disclosure and Barring Service (DBS) checks carried out prior to them starting work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

### Using medicines safely

At the last inspection we identified a breach of regulation related to the management of medicines. Medicines were not always stored or administered safely.

At this inspection we found the provider had made improvements and there was no longer a breach of this regulation.

- People had care plans in place for their medicines with information about the reason for their use, what support people needed and other useful information for staff. When administering medicines, staff informed people what the medicines were for, before giving them.
- Medicines were stored safely in line with regulations and national guidance. The service had implemented new records for logging the time medicines were given, if there was a minimum time between doses. This ensured people did not receive their medicines too close together.
- The registered manager had obtained new staff medicine competency assessment documentation which had further detail and requirements in line with best practice. All staff administering medicines had completed a competency assessment.
- One person had a pain relief patch. This was prescribed to be rotated between four sites on the person, however as they tended to remove the patch accidentally from two sites, the service had reduced the rotation to two sites on the person's back. This was not in line with manufacturers guidance to ensure the patch was working as intended. This was fed back to the registered manager who agreed to take action.

### Preventing and controlling infection

At the last inspection we identified a breach of regulation related to the management of infection control risks. The home was not always visibly clean.

At this inspection we found the provider had made improvements and there was no longer a breach of this regulation.

- The home was visibly clean and there were no malodours. The provider had replaced flooring in areas of the home which tended to need regular cleaning from bodily fluids or other spillages. The new flooring was easier to clean.
- The provider had completed regular infection control audits to review the home and there was a schedule of cleaning requirements carried out by the housekeeper, or other staff if the housekeeper was not on duty.
- The provider had also implemented a mattress audit since the last inspection to regularly check people's mattresses for their cleanliness and wear. Deep cleaning or replacements were undertaken in response to any issue identified.
- Staff had personal protective equipment (PPE) available and were seen to use this in communal areas for required tasks. The kitchen was visibly clean, as was equipment around the home.



### Learning lessons when things go wrong

- Staff reported incidents using forms which were reviewed regularly by the registered managers. There was evidence low level incidents were reported and the registered managers reviewed the incidents for themes and trends.
- Reviews of falls incidents were basic and did not always look at environmental factors or the cause of the fall to understand if these could be reduced. For example, the footwear people had on was not always documented, or whether the lighting was sufficient.

We recommend the provider reviews and implements national falls guidance to ensure falls incidents are reviewed individually and thematically relating to all factors which could have caused them.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff had training in safeguarding people and understood what signs to look for. Staff felt confident to report any concerns and felt these would be taken seriously.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we identified a breach relating to the service not consistently applying the MCA. They did not always undertake capacity assessments and ensure decisions were made in people's best interests and documented.

At this inspection we found improvements had been made and there was no longer a breach of this regulation.

- Staff understood the principles of the MCA and how to gain consent. Staff understood some people lacked capacity for certain decisions but could still have choice and control of their day-to-day lives. We saw staff gained consent from people and offered them choices.
- Where people lacked capacity to make certain decisions, the service had undertaken a mental capacity assessment and documented decisions made in the person's best interest. Where possible, these decisions involved those who were important to the person.
- Where someone had legal powers to make decisions on behalf of a person who lacked capacity, the provider had obtained copies and documented what decisions this affected.

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

- The provider had worked to implement best practice and national guidance into people's assessments and care plans, as well as in relation to other aspects of care, such as the environment and activities. This was an area for continued improvement, such as ensuring all guidelines for dementia friendly décor and lighting was applied.
- People's needs were assessed prior to them moving into the home to ensure their needs could be met.

Staff support: induction, training, skills and experience

At the last inspection we recommended that the provider seek current guidance in respect of inducting new staff into the home to ensure they are supported to perform their role safely and effectively.

- The provider had looked to improve the induction of new staff. There was a clear induction checklist and new staff completed shadow shifts with experienced staff. Any staff without care experience undertook the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.
- Staff were knowledgeable about people and had training which reflected people's needs, such as training in dementia. Staff felt supported and that they had access to training relevant to their role.

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

- People had enough food and drink and their individual needs and preferences were understood. Where people were at risk of malnutrition, staff knew how to fortify their food. Where people required a modified diet or thickener in their drinks, this was clear in care plans and in areas where food and drinks were prepared. Staff knew who had a modified diet.
- People's cultural needs and preferences were explored with them. There was a rolling menu which ensured people had a choice and variety of meals on offer. Staff encouraged people to try foods and offered alternatives if they did not enjoy it.
- There were some options for cold drinks and a tea and coffee trolley taken round the home regularly to remind people to drink enough. One person always had a pot of tea so that they could pour it themselves. There were some options available, however choice was limited. We did not see staff offer water or fruit juices, for example. People could ask for food and drink when they wanted, however they could not independently get themselves a drink or snack as staff felt the kitchen was unsafe for people. Some people in the home were physically able to do this with supervision or support.

We recommend the service review facilities around eating and drinking to provide better access for people to make their own drinks or snacks and offer more choice.

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

- The provider had made a number of improvements to the design and décor of the premises to meet people's needs. An additional toilet had been added downstairs to reduce the time people spent waiting which promoted their dignity. Doors and handrails had been painted to be contrasting to the surrounding areas which supported people with dementia or reduced sight to easily navigate the home.
- Further signs and themed decorations had been added in line with dementia friendly guidance, such as a "florist" in the entrance way and a restaurant mural in the dining area. Flooring had been replaced where necessary.
- Staff told us these improvements had helped people and had also reduced the time it took them to support people. One member of staff told us, "The additional bathroom has helped. Signs around have helped, particularly [one person] -you can point to the sign and he can take himself to the bathroom."

Relatives also reflected improvements in the décor.

- Some further improvements were identified related to lighting in one area and contrasting colours of a pillar in the dining area to reduce risk of falling. These were highlighted to the registered managers who took action after the inspection.
- The service had applied for funding to make a sensory area in the garden. Works were being completed during the inspection.

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

- We saw the service had sought feedback from other professionals to help guide improvements. Feedback from two professionals reflected the service had improved since the last inspection and they felt there were improved staffing levels.
- People had access to other services to meet their needs, such as their GP, optician, dentist or podiatrist. Professional guidance and advice were reflected in people's support plans. There was evidence the service sought support from other healthcare professionals based on people's needs.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection a breach of regulation was identified. People's privacy and dignity was not always respected by staff. Staff were discussing confidential or sensitive information in front of other people and information was not always secure. People were not always spoken to in a dignified way, as adults.

At this inspection we found the provider had made improvements and there was no longer a breach of this regulation.

- People were treated with dignity. Staff used appropriate, respectful language towards people. We did observe one occasion when a member of staff used a directive tone to someone not to enter the kitchen, when they had been helping a member of staff to lay the tables. However, this was not reflective of staffs approach overall and was addressed with the manager who agreed to talk with the member of staff.
- Staff were respectful of sensitive information. Staff used a low tone of voice and stepped away from others when they needed to handover information about people. When a person was asked if they would like to go to the toilet, this was done at a volume they could hear and in close proximity so their dignity was respected.
- Staff respected people as individuals and promoted their independence. For example, people were offered butter to spread on their own toast or a pot of tea to pour for themselves. People were asked if they would like to help with household jobs, such as laying tables for meals.

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

At the last inspection a breach of regulation was identified relating to respecting equality and diversity. It was identified people's religious, spiritual and cultural needs were not always met.

At this inspection we found the provider had made improvements and there was no longer a breach of this regulation.

- The service had reviewed people's needs in their support plan relating to their religious needs and values. People had access to services which reflected their religious needs based on their wishes. One person had access to media on a tablet device, including music from their culture which they enjoyed listening to.
- Staff observed staff were kind, patient and caring towards people. We saw staff talking with people in a

respectful way. Staff were patient and unhurried when supporting people, for example one member of staff was helping someone to eat their lunch. They took plenty of time and gave reassurance and encouragement.

- People and their relatives told us staff were kind and treated them well. One relative said, "The staff are lovely, they have had a bit of a turnover, but the ones we have met are good." Another relative told us, "He's been well looked after." A person told us, "Staff are marvellous, good as gold, pleasant and helpful and would do anything for you even if go out of their way. Happy and content as I am."
- Staff used appropriate means of communicating with people and recognised signs of distress or upset. Staff knew what signs people displayed when upset, such as becoming withdrawn or shouting out. Staff responded to people to divert or comfort them.

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

- People were involved in planning their care and support, they were offered choices and their views were respected. People who were important to them were involved in planning their care where appropriate.
- People's relatives told us they felt involved and were kept up to date with any changes in people's care, where appropriate.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection a breach of regulation was identified related to maintaining up to date care records which reflected people's needs.

At this inspection we found the provider had made improvements and there was no longer a breach of this regulation.

- People's support plans were personalised and included their personal history, cultural and religious needs. We observed staff treating people as individuals and taking a different approach based on people's needs and preferences.
- Care plans reflected people's interests, skills and abilities so that people's independence could be promoted wherever possible. Some people liked to be involved in day-to-day activities and the running of the home whereas others preferred more support.
- People were given choices around their care needs and were involved in creating their support plans. People's relatives were asked for information to help understand people's backgrounds and personal history and the service used a national "this is me" document, designed to help understand more about people living with dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection, a breach of regulation was identified relating to a lack of activity and social interaction.

At this inspection we found the provider had made improvements and was no longer in breach of this regulation.

- The service had worked to incorporate more activities which were suitable for people living with dementia. We observed staff talking with people about their families, sitting with people and looking at books relating to their interests and asking about their past.
- There was an activities co-ordinator who worked part time at the home. They carried out one-to-one activities as well as group activities which engaged people of different interests or abilities. These included

games, such as bowling or throwing beanbags, quizzes and bingo, hand massages and nail painting, word searches and board games or puzzles.

- People were supported to take part in activities in the local community wherever possible. Some people in the home living with dementia were more agitated and liked to walk. We saw staff went with them to walk around the local area regularly, which visibly calmed them.
- One person was largely supported in bed or in specialist seating in their room. The person's family told us they tended to avoid activities and socialisation but enjoyed singing. The staff had brought their specialist seating into the living area when an outside entertainer came so they could enjoy the singing.

#### Meeting people's communication needs

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

- The service understood different people's communication needs and ensured information was given to people in a way they could understand. For most people this was in writing or staff explained it to them in simple language.

#### Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy in place. People and their relatives told us they knew how to make a complaint and felt confident to do so. People's feedback was regularly sought to ensure any concerns they had were addressed.
- We saw complaints made had been acted upon in line with the provider's policy.

#### End of life care and support

- People could stay at Poplars Care Home at the end of their life should they wish to. People's relatives and those with legal powers to make decisions were appropriately involved in any decisions related to end of life care.
- People's wishes and views around the end of their life were explored with them, including their spiritual and cultural needs. People had anticipatory care plans and end of life care plans as needed which reflected in detail their views, for example around going into hospital.
- The service sought support and guidance from relevant healthcare professionals when people reached the end of their life to ensure their needs were met.



# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant we could not yet be assured the service management and leadership was consistent. We could not yet be assured that leaders and the culture they created always supported the delivery of high-quality, person-centred care.

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

At the last inspection we identified a breach of regulation relating to the quality assurance of the home. We found that measures in place did not identify all risks to health, safety and wellbeing.

At this inspection we found improvements had been made and there was no longer a breach of this regulation. However, further improvement and embedding of existing checks was needed to sustain improvements.

- Issues from the previous inspection had been taken seriously and acted upon. The provider took feedback on board and could show us areas of improvement. Actions had been shared with staff who told us there had been a number of improvements since the last inspection. One member of staff told us they were concerned improvements may not be sustained after this inspection.
- There had been improvements to the quality assurance measures in the home. Audits were now carried out regularly with clear actions taken in response to any issues identified. However, we felt further improvements were required to ensure all aspects of health, safety and wellbeing were being identified through these reviews. Some areas which required action were not identified on these audits, examples are given below.
- On review of the building, we identified some exposed wiring behind the railing for a stair lift. The equipment was due for service before the second day of inspection. When this was completed, the wiring was covered by the engineer. The risk to people was low, however this had not been identified in the provider's audits of the service.
- We identified two areas of the living space which remained an increased risk to people. One person could not identify the edge of an archway when moving from the dining to living area and went to walk into it, even with staff prompting. The area outside of the manager's office had very little lighting and was considerably darker than the rest of the living area. One person's bedroom was along this area and other people had free access to this area of the home. These areas were highlighted to the registered manager who took action.
- The provider had sought support from a member of staff to undertake reviews and updates of care plans to ensure these reflected people's needs and gave staff enough information. People's records were now accurate and up to date.

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

- Staff were positive about their role and felt passionate about their job. Staff told us they felt they could provide person-centred care since staffing levels and improvements had been made. Staff felt there was an open reporting culture and were comfortable raising concerns.
- The registered managers had overseen a sustained period of significant change and improvement and had been able to prioritise works required. Further review was required to look to sustaining improvements in future to ensure there is a culture of continuous improvement.

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

- The registered managers understood their requirements under duty of candour to be open, honest and issue a sincere apology when things went wrong. People's relatives told us they were always told of any issues or if an incident occurred and had information about actions the provider had taken.

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

- The service sought feedback from people, their relatives and other stakeholders to gain their views for the service. The registered managers acted upon their feedback, such as trying different activities or when re-decorating the service.
- People and their relatives told us they felt listened to. One person said, "[I am] asked for my views, I feel that I can tell them things if I want to, can readily give feedback."
- Staff reviewed how people reacted to different foods or activities to understand if they enjoyed them where they were not able to express themselves verbally.

Working in partnership with others

- The service worked with other professionals to ensure people's needs were met. The registered managers had engaged with support from the local authority to ensure the required improvements were made and had received positive feedback in recent external audits.