

Wykewood Health Care Limited

Wykewood

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Wykewood is a care home providing personal and nursing care to up to 40 people. The service provides support to people living with a range of physical, neurological and mental health issues including brain injury and dementia. At the time of our inspection there were 17 people using the service occupying three of the four units of the home. The fourth unit was not being used.

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

Systems were not in place to make sure people were supported safely. Staff had failed to maintain the levels of observation required to make sure people were safe, which had resulted in serious incidents. Staff were not always sure about the level of support and observation people needed. There was a lack of effective monitoring of records relating to the observation of people with high levels of need. Managers had introduced systems to address these issues, but they had not been fully embedded at the time of the inspection. Medicines were not always managed or stored safely. Some people had missed some doses of their medicines because there was no stock available in the home. Records about medicines were not always accurate and there was a lack of information to make sure "when required" medicines or medicines to be given at a specific time, were given safely. Staffing was arranged in line with people's dependency levels, but we were not confident there were always enough staff available to meet people's needs effectively. The home was clean and hygienic.

We have made a recommendation the provider reviews staffing arrangements to make sure staff are available, at all times, to meet people's needs.

Records in relation to people's deprivation of liberty (DoLS) status were inconsistent. Staff received training appropriate to the needs of people living at the home but varied in their understanding of the Mental Capacity Act (MCA) and safeguarding. Training to address issues identified in the service had not been delivered to all staff. People raised issues about the quality and availability of food and records relating to food and fluid intake required improvement. People were supported to access healthcare professionals as needed.

We have made a recommendation the provider reviews catering arrangements to make sure people have better choice in how and when they receive their meals.

People and their relatives were complimentary of the staff and of the care they received. They were treated with respect. People's independence was encouraged but further work was needed in this area.

Care plans were detailed and personalised, but some gave information that conflicted with other care records. People's relatives felt involved in the care planning and review process. Further work was needed to make sure people were able to follow a programme of activities suitable to their interests and needs. Complaints to the service were managed well.

Governance systems were not sufficiently robust to ensure all aspects of the service were safe or to identify areas needing improvement. People who used the service, their relatives and staff were complimentary of the management team. They felt their opinions about the service were sought and that their feedback was important. A new manager was registered at the service during our inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 27 May 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part by notification of an incident during which a person using the service died. This incident has been reviewed and action is being taken to investigate by the appropriate agency. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the risk of staff not following procedure in relation to levels of observation of people with high level needs. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate 

The service was not well-led.

Details are in our well-led findings below.

Wykewood

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by four inspectors, a medicines inspector and an Expert by Experience who made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wykewood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wykewood is a care home that provides nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

A new manager was registered at the service during our inspection.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 September 2022 and ended on 5 October 2022. We visited the service on 16, 21 and 28 September 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We received feedback from the local authority and professionals who work with the service. The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with six people and six relatives about their experiences of the care and support provided. We also spoke with 12 staff members, including the regional director of operations, the registered manager and previous registered manager, two nurses, care staff, activity workers, and other members of staff who work in the home. We reviewed a range of records. This included three people's care records in detail and a sample of other people's care records, medicine administration records and other associated documentation.

We also looked at other records relating to the management of the home and risk management. We looked at safety information, staff rotas, accident and incident records, meeting minutes, audits and governance information.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People's safety was not monitored effectively.
- Staff had failed to maintain the levels of observation required to make sure people were safe which had resulted in serious incidents.
- Records in relation to people receiving one to one support were inconsistent, which resulted in staff being unsure of the support needed. For example, one person's authorised Deprivation of Liberty form said the person required one to one care twenty-four hours each day. Handover records for this person stated the person received twelve hours one to one support. The home manager told us this person did not receive any one to one support. Handover records for another person receiving one to one support did not include any reference to this.
- We saw one to one observation charts for a person receiving twenty-four hour one to one support that ran from morning until 7:00pm with no observation charts completed after this time. We asked the agency nurse in charge of the unit about this. They said they did not know what happened after 7:00pm. We also noted observation charts had not always been signed off by the nurse in charge at the end of the shift, as required by the form.
- Managers had introduced systems to address the issues detailed above prior to our inspection. This included daily and nightly managerial monitoring of how staff were allocated to make sure people received the level of observation they needed, and the records of observation completed.
- Risks to people's health and wellbeing had been assessed and related support plans put in place to instruct staff how to manage the risk. However, we saw records for one person's behaviours, that resulted in harm to themselves, did not include clear actions about how staff were managing this or reviewing their approach.
- The majority of people living at the service were subject to fifteen or thirty-minute observations. Care plans did not always give detail about how the level of observation had been decided or how this was reviewed.
- The majority of relatives we spoke with felt their family members were safe at the home. One said, "I am very sure (person) is safe there, I wouldn't want (them) to go anywhere else." Some felt that staffing and aggressive incidents between people living at the home put their relatives at risk.

Systems were not in place to keep people safe. This is a breach of Regulation 12(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always safely managed.

- Seven people missed some doses of their prescribed medicines because there was no stock available in the home for them.
- Records about medicines did not always show that they were managed safely because they were not always accurate.
- People had written guidance in place for staff to follow when medicines were prescribed to be given "when required" but there was insufficient information recorded to make sure these medicines could be given safely and consistently. When medicines were prescribed with a choice of dose there was no information recorded to guide staff which dose to give.
- Medicines which must be given at a specific time were not always given at those times.
- Medicines were not always stored safely. Waste medicines were not stored in line with current guidelines. It was not possible to tell if medicines that needed to be stored in the fridge had been stored safely because staff did not record the maximum and minimum temperatures the medicines had been stored at.

Systems for managing medicines were not safe. This a breach of Regulation 12(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Referrals to the local authority safeguarding team had been made appropriately. However, follow up information, outcomes or lessons learnt from the incident had not always been recorded.
- Staff said they had received safeguarding training and knew how to report concerns.
- Information for staff about how to report any concerns they had was available in various places throughout the home.

Staffing and recruitment

- A dependency tool was used to help determine staffing levels. However, we could not be assured that staffing levels were appropriate to meet the needs of people using the service.
- For example, on one unit where six people lived, the daytime staffing levels were one nurse and four care staff. Two people on this unit required one to one support all day and another needed six hours of one to one support. In addition, staff had been informed, through supervision, that there must be a member of staff on the corridor at all times when people were in their bedrooms. This meant there would be times when only the nurse, who had other duties to attend to, was available to support and make observational records for other people on the unit. Two activity co-ordinators were available for support, but they covered all units of the home.
- During the evening and night, three care staff were needed to support one, and sometimes two, people with one to one care and maintain a presence in the corridor. The nurse on duty worked between this and another unit. This meant staffing arrangements left little time for staff to provide therapeutic and social support to people.
- Staff raised concerns about staffing levels and a relative told us their family member should have one-to one support, but this was not always in place due to staffing issues. Another relative said, "I think they have been short staffed, especially after lunch, on one unit there was just one carer and 6 service users and frankly, even as a fit (person), I was wary and uncomfortable being there."
- Concerns were raised about staff retention, the high turnover of staff and high levels of staff absences. One person said, "In one year the number of staff that come and go is crazy." A member of staff said, "There is a big issue with staffing, staff burn out, we sometimes do nine days on the trot, it is happening more often. Staff sickness is a problem."
- The registered manager acknowledged high staff turnover but said this had recently reduced significantly.
- Systems were in place to make sure staff were recruited safely to the service.

We recommend the provider reviews staffing arrangements to make sure staff are available, at all times, to meet people's needs.

Preventing and controlling infection

- We were assured that the provider had effective systems in place to minimise the spread of infection within the service.
- All areas of the home were clean, and staff wore personal protective equipment (PPE) as required by current government guidance.

Learning lessons when things go wrong

- The management team had responded to recent serious incidents at the service and concerns raised about the service. However, we found the actions the provider had said they would take to address issues had not always been sustained. An example of this was the introduction of staff training to address issues raised about maintaining safe and effective observations of people. Some staff received this training, but it was not continued to make sure all staff received it.
- A 'Lessons learned' file available for all staff to read contained information about actions taken in response to incidents and audits during a set period. For each period an analysis of audits was completed to detail where further improvements were needed or what has gone well.

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.

This is the first inspection for this newly registered service.

This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- A member of the management team told us that all but one of the people living at the service had a DoLS in place. However, we found this not to be the case.
- Handover records showed six out of the seventeen people living at the service had DoLS in place. This was not always accurate. For example, the handover records for a person with a DoLS in place did not reflect this.
- One person's DoLS support plan detailed an application for DoLS had been made in September 2021. A review of the care plan dated August 2022 said there was DoLS in place. However, we found this person did not have a DoLS.
- We did not see any evidence of impact on people due to the DoLS recording errors.
- An overview of DoLS was completed by the registered manager. The overview showed some evidence of DoLS applications being followed up, but this was inconsistent. For example, an application for a DoLS for a person having twenty-four hour one to one support had been made in July 2021. We did not see any evidence of the application being followed up.

Failure to maintain accurate records is a breach of Regulation 17(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Detailed assessments of people's needs were completed prior to an offer of a place at the service being made.
- Care files included a range of person centred and detailed risk assessments.
- Relatives told us they had been involved in the initial assessment of their family members needs and subsequent reviews.

Staff support: induction, training, skills and experience

- Staff training was not always effective.
- Staff completed an induction programme and went on to follow a programme of training to support them in their roles.
- Staff were not always confident in the training they had received. For example, some staff were not able to demonstrate an understanding of MCA and DoLS and another was unsure about safeguarding.
- Not all staff had received training identified as needed by the provider in relation to concerns raised.
- Additional training was organised in response to the needs of people living at the service.
- Staff felt well supported. They received regular supervision. Additional group and individual supervision sessions had been organised in response to issues that happened within the service.

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

- Food and fluid intake records were not always completed well. For example, one person's fluid intake charts which showed very little intake, did not include a daily fluid intake target, daily totals of intake had not been recorded and there was no evidence of analysis or review of the record.
- One person's nutrition and hydration support plan and management plan for their percutaneous endoscopic gastrostomy (PEG) feeding regime gave conflicting information.
- Monthly weight charts for a person who was losing weight had not been completed for two months.
- Feedback about the quality, quantity and choice of food varied. One person told us they only had the option of cereal or toast in between 4.30pm and 8.00am. One person who used the service and a relative told us the quality of meals was poor.
- Meal choices had to be made and ordered the day before and was plated in the kitchen. This meant people did not choose their portion size or what components of the meal they wanted on their plate. People did not always have access to condiments.
- Catering staff knew about people's individual dietary needs, such as diabetic, textured and halal. They said one person had fortified diet- because of low weight.

We recommend the provider reviews catering arrangements to make sure people have choice in how and when they receive their meals.

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

- CQC had received concerns from a medical professional about issues with communication from the service and staff lack of knowledge about people's healthcare status and medication. The provider confirmed they were working to address these concerns.
- Care records showed involvement of health care professionals such as GPs and district nurses to meet people's needs.
- The staff team included a physiotherapist and physiotherapy assistant. A consultant psychiatrist was also available to support people.
- Nurse specialists involved in the care of people living at the service had been approached to provide training to staff.

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

- People had access to pleasant and comfortable communal lounges and dining areas within their own unit of the home. Doors to enter and exit all units were controlled by a fob. A therapy room was also available but not in full use at the time of the inspection.
- Specialist equipment such as beds and hoists to meet people's needs was provided.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People felt they, or their relatives, were well supported and cared for.
- Feedback from people about their experience was positive. One person said, "Staff are respectful without a doubt. Healthcare assistants and nurses do not get enough credit, I cannot fault them." Another person said, "I love them."
- Relatives described staff as "brilliant", "exemplary" and "marvellous". One told us how staff had supported their family member to be much calmer.
- Staff were confident people were treated with respect. One member of staff said, "Communication is good. We make sure we are being normal with people, respectful and treat people the way you want." Another member of staff said, "People are well looked after. I have no concerns, people are going out more, and we are seeing more family visits, which is really nice to see."

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

- A visiting relative told us they felt involved in making decisions about their relative's care and said, "They make me feel welcome."
- Other relatives told us about how they were involved, where appropriate, in making decisions about their family member's care.

Respecting and promoting people's privacy, dignity and independence

- People did not always have access to activities that would support their independence. For example, serving their own meals or making snacks at times of their choice.
- Some systems were in place to promote independence. One person told us, "I direct my own care" and we observed staff encouraging independence. For example, one member of staff, was supporting a person to drink, they only partially filled the cup so the person could hold it without assistance. The person told us they liked to do things on their own.
- A relative told us this is just like (family member) is living in a big house and we visit (their) home not an institution"

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant people's needs were not always met.

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

- Care plans were detailed and personalised, but some gave information that conflicted with other care records. For example, one person's hospital passport and summary of needs said the person had no sight or hearing problems, whilst their 'cognition and communication' care plan said they poor vision. The person's skin integrity plan also conflicted with the information recorded on their body map.
- A relative told us, "We all did the care plan with (family member) and the home. (Family member) can say what (they) want and they are always doing 'verbal reviews' with us when we are there just to see if there is anything they could do better and that would help".
- Another relative told us their family member had care plans in place, but they did not feel their needs were always met. They said the high turnover of staff impacted on care delivery because some staff did not know people well or understand people's individual routines.
- The registered manager told us new care planning documentation was being introduced that would further support the person-centred approach.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where needed, people had access to assistive technology to support them with communicating.
- Pictures were used when assessing such as people's mental capacity of needed. A pain board was also used to support people to tell staff if they are in pain.

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

- People did not have activity programmes which were planned around their individual interests. The management team had started work on developing these.
- A relative told us they had recently been asked about their family member's interests so that appropriate activities could be explored. The relative said this was positive but also added, they had previously engaged in similar requests, but nothing had materialised.
- The activities organiser showed us examples of work they had been doing with people to set personal goals. Whilst this was positive, we saw some activities to support people to meet their goals had been delayed due to staff not being available.

- Group activities were provided but these were limited, for example, on the day of the inspection, karaoke sessions were offered in all three units. One person told us, "There is not enough going on."
- During our inspection visits we saw little in the way of personalised activity. Staffing arrangements during the evening meant that activity provision at this time would be restricted.
- One person told us they were looking forward to going shopping later in the day. They said they were, "Going shopping for treats and to buy dresses with long sleeves." Staff confirmed the activity had been planned and would be going ahead.
- A therapy room was available but not in full use at the time of our inspection.

Improving care quality in response to complaints or concerns

- Complaints made to the service had been investigated, responded to and contact had been made with the complainant to confirm they were happy with the actions taken.
- Several people stated the new registered manager was encouraging people to talk about their experiences. One member of staff said, "She is visible and actively seeking views. (Name of registered manager) is responding to people concerns. One person said, "The new manager is listening, and, on the ball, she has made a difference without a doubt, and gets involved and the main thing is that she listens."
- Managers had responded to one complaint by arranging a multi-disciplinary meeting involving the family of the person concerned to address their concerns. A series of actions agreed at the meeting were taken to address the issues.

End of life care and support

- Where people had 'Do not resuscitate' plans in place, information about these was included in care files.
- People's wishes for end of life care had been considered. We saw, where appropriate, people's families had been involved in the discussions. Where people did not wish to discuss their wishes, this had been recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The provider had completed quality audits, but these were not always effective and did not respond to issues raised to make sure people were safe and drive any required improvements.
- Several months prior to our inspection we had made the provider aware of concerns we had received in relation to unsafe record keeping. Immediately prior to our inspection there had been serious incidents relating to this. None of the audits we looked at gave any indication that record keeping was reviewed regularly. This meant the provider had not taken sufficient action to address the concerns.
- Audits such as the 'Daily Home manager walkaround', 'Daily Clinical Walkaround' and 'Night visit audit' were completed electronically giving a pass or fail to the pre-populated areas for audit. Although the audit included areas for comments these were rarely completed, and we noted that comments were not always reflective of issues in the home. For example, a comment made in relation to a serious safeguarding incident involving two people only referred to one of the people involved.
- Audits of meal service did not indicate where it had taken place or if any feedback had been sought from people.
- Audits had not identified the issues we found in relation to medicines management.
- The provider had responded to concerns we had made them aware of but had failed to take all of the actions they had identified as necessary. For example, making sure staff received appropriate training.

Systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- The management team were open and honest with us about the actions they had identified to make sure people were safe and to improve quality of service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt their opinions of the service were important to the provider.
- Staff were complimentary about the management team. They said the registered manager was

enthusiastic and hard working. A relative said, "I've seen improvements since (name of registered manager) started." A member of staff said, "This place has had its up and downs, but has been steadier recently."

- Relatives were complimentary about the management team and felt their views were sought. One said, "I have had a feedback form, both on paper and online since (relative) has been there, "they are very easy to contact on the phone and there is always a staff member to speak to".

Others said, "I can speak to the home easily enough and I can speak to the manager freely and I do" and "I have done feedback surveys, I think I did one recently but they are always asking you things, they do tell you everything that is going on. I am very happy that (relative) is there."

Working in partnership with others

- The registered manager gave us examples of how they networked with relevant people and groups to share and discuss good practice.
- The management team were working with the local authorities and safeguarding team to address recent issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not in place to keep people safe. Systems for managing medicines were not safe
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to assess, monitor and improve the service were not sufficiently robust. The provider had failed to make sure accurate records were kept.