Unity Homes Limited

Castle Grange

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

This unannounced inspection took place on 21 November 2016.

Castle Grange is located in a quiet residential area of West Derby, Liverpool. Castle Grange specialises in long term and respite care for people living with dementia. The service is well served by public transport and is within walking distance of local shops and amenities. Castle Grange has 40 rooms across three floors. At the time of the inspection the service was providing care to 38 people.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw four care plans which were sufficiently detailed and included evidence of regular review. The files contained up to date information and had been checked daily. However, risk was not always managed safely because some records contained conflicting or misleading information.

You can see what action we told the provider to take at the back of the full version of this report.

At the previous inspection we saw that there was no process for analysing incidents and accidents to identify patterns or trends. At this inspection we saw that accidents and incidents were recorded in appropriate detail, but were still not analysed effectively.

At the previous inspection the views of people living at the service and their relatives were mixed regarding the suitability of staffing levels. The staff rotas that we saw indicated that staffing had been maintained at safe levels. The people that we spoke with expressed no concern over staffing levels and we did not see anyone waiting for care to be provided. Each of the relatives that we spoke with said there were enough staff on duty.

At our last inspection of Castle Grange in September 2015 we identified a breach of regulation because we did not see any regular monitoring of call-bells or staff response times. This meant that people could be left for undefined periods while waiting for assistance. At this inspection we saw that staff were vigilant in monitoring call bells and people were not left for extended periods waiting for staff. The service was no longer in breach of regulation in this regard.

Throughout the previous inspection we observed that staff had limited time to interact with people living at the service. During this inspection we saw that staff numbers were sufficient for staff to take time to talk to people even at the busiest times of the day.

At the last inspection we saw that people did not have personal emergency evacuation plans (PEEPs) in

place. The provider told us that they would produce a PEEP for each person living at the service. At this inspection we saw that people had a PEEP which described their needs in relation to horizontal evacuation (evacuation to the nearest place of safety within the building).

At the previous inspection we saw that the environment had not been adequately adapted to meet the needs of people living with dementia. During this inspection we were escorted around the building by the service support manager and saw that adaptations had been introduced.

At the previous inspection we noted that people were not always given information in a way that they understood. The provider assured us that they would address this. During this inspection we saw that the service made better use of signs and pictures to aid people's understanding and independence. Staff also took more time to explain things to people. For example, what activities were planned for the afternoon.

At the previous inspection we saw that confidential information was not always stored securely. During this inspection we saw that confidential information was kept more securely, however, we did see that some confidential information was displayed in the lounge. We spoke with the service support manager about this. They said that the information was placed there to remind staff about important care practice, but would be coded to anonymise it as a priority.

At the previous inspection we saw that staff were unsure about the visions and values of the service. We looked at information and promotional materials and spoke with staff. Each described the vision and values in similar terms citing respect and promotion of independence as core values. We saw that people were respected in the delivery of care. Their independence was maintained and developed where possible.

Staff had been recruited following a safe procedure. Staff files contained a minimum of two references which had been secured before the person started work and photographic identification of the staff member.

Medicines were stored and administered safely in accordance with best practice. One minor issue regarding the administration of PRN (as required) medicine was addressed before the end of the inspection.

Staff were inducted and trained through a mix of practical sessions and e-learning. Staff were trained in relevant social care topics including dementia, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and safeguarding adults. Induction training for new staff was completed by the registered manager and was aligned to the requirements of the Care Certificate.

Each of the staff that we spoke with confirmed that they were well-supported by the provider and received regular supervision and appraisal. The records that we saw indicated that all staff had received an appraisal within the last year and had been supervised every four to six weeks.

The records that we saw indicated that consent to provide care had been sought in accordance with the principles of the Mental Capacity Act 2005 (MCA). Applications to deprive people of their liberty had been made to the local authority as required.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain.

Relatives and friends were free to visit or contact the home at any time. In addition to their bedrooms, people living at the service had access to other areas of the building should they require them during visits.

We saw evidence of regular contact with and visits by relatives. There were no restrictions placed on visiting times by the provider.

We saw evidence in care records that care plans were subject to regular review, but the evidence of involvement of people living at the service was inconsistent.

The service employed an activities coordinator who facilitated a range of other activities including, pamper days, pet therapy, arts and crafts and music. Trips out were organised and people told us how much they enjoyed them.

Information regarding compliments and complaints was clearly displayed and the registered manager showed us evidence of addressing complaints in a systematic manner. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint. The staff that we spoke with knew who to contact if they received a complaint.

Other mechanisms for capturing people's views included surveys for people living at the service and family members. The results of the most recent surveys were very positive. The majority of responses were categorised as very good or excellent. The survey distributed to people living at the service included images to help people's understanding of the questions.

At the previous inspection in September 2015 there was a lack of clarity from the provider regarding requirements to notify CQC with regards to critical events including Deprivation of Liberty Safeguards (DoLS) authorisations. During this inspection we checked records of incidents and notifications and spoke with the service support manager and registered manager. We saw that notifications had been submitted as required and that the management team understood their responsibilities.

Each member of staff that we spoke with expressed confidence in the registered manager and service support manager. The registered manager and service support manager demonstrated that they were aware of the day to day culture of the service. They were confident that the culture had improved in recent months. The staff that we spoke with confirmed that progress had been made and that the culture was generally more positive.

The provider showed us evidence of extensive quality and safety audit processes which had been completed on a regular basis. Audits included; care plans, food safety, hygiene, laundry and medicines. The provider used an appropriate mix of paper-based records and electronic records to capture and assess data. We saw evidence that quality and safety issues had been identified and acted on in a timely manner. However, audits had failed to identify concerns relating to some risk assessments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some care records contained confusing and conflicting information regarding risk and risks to people were not always managed safely.

Medication was appropriately stored and administered, though the medicine policy required updating.

Staff were safely recruited and deployed in sufficient numbers to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were inducted and trained through a mix of practical sessions and e-learning. Staff were trained in relevant social care topics including dementia.

The service was operating in accordance with the principles of the Mental Capacity Act 2005.

People were offered a choice of food and drinks and told us that they enjoyed the menu.

People were supported to maintain good health through regular monitoring and contact with external healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff knew people well and took time to interact with people in a caring and reassuring manner.

People spoke positively about the quality of care they received.

Relatives and friends were free to visit or contact the service at any time.

Is the service responsive?

Good

The service was responsive.

Staff demonstrated a good understanding of the needs of the people they supported and made a contribution to the development and review of care and support plans.

The service employed an activities coordinator and promoted a range of activities. We saw evidence of recent activities which included trips into the local community and access to an in-house cinema.

Information on how to complain was clearly displayed. The people living at the service and their relatives that we spoke with knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager was in post and was supported by a service support manager and the provider.

It was clear that progress had been made following the previous inspection.

The provider had systems in place to monitor safety and quality. However, audits had failed to identify issues with risk assessments.

Care Quality Commission

Castle Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 November 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the service and the staff. We also spent time looking at records, including four care records, four staff personnel files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of our inspection we spoke with four people living at the service. We also spoke with two relatives and a visitor. We spoke with the provider, the registered manager, the service support manager and two other staff.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection the views of people living at the service and their relatives were mixed regarding the suitability of staffing levels. We checked the service's process for establishing safe staffing levels. We saw that a recognised dependency tool was used which took into account people's care needs. The staff rotas that we saw indicated that staffing had been maintained at safe levels. The people that we spoke with expressed no concern over staffing levels and we did not see anyone waiting for care to be provided. Each of the relatives that we spoke with said there were enough staff on duty.

At our last inspection of Castle Grange in September 2015 we identified a breach of regulation because we did not see any regular monitoring of call-bells or staff response times. This meant that people could be left for undefined periods while waiting for assistance. At this inspection we saw that staff were vigilant in monitoring call bells and people were not left for extended periods waiting for staff. The service was no longer in breach of regulation in this regard.

At the previous inspection we saw that there was no process for analysing incidents and accidents to identify patterns or trends. At this inspection we saw that accidents and incidents were recorded in appropriate detail, but were still not analysed effectively. This meant that people were exposed to potentially avoidable risk because causes and preventative measures were not formally considered.

We saw four care plans which were sufficiently detailed and included evidence of regular review. The files contained up to date information and had been checked daily. However, risk was not always managed safely because some records contained conflicting or misleading information. For example, one record stated that a person living at the service had no allergies, while another document in the person's care plan listed a known allergy. In another example, a person was described as being at risk of choking, but there was no associated risk assessment in the care record. We spoke with the registered manager about this and were told that the records would be checked and corrected as a priority to ensure risk was identified and managed safely.

This is a breach of Regulation 12(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relatives that we spoke with told us that their family member was safe. One person living at the service said, "I don't have to worry about who is knocking on the front door." While another person told us, "There always seems to be someone around if you need anything."

People were protected from bullying, harassment and avoidable harm because staff were trained in relevant topics and applied this training in the delivery of care. When asked, staff demonstrated that they had a good understanding of the needs and behaviours of the people living at the service. Staff were trained in adult safeguarding and demonstrated they knew what to do if they suspected that someone was being abused or neglected.

At the last inspection we saw that people did not have personal emergency evacuation plans (PEEPs) in place. The provider told us that they would produce a PEEP for each person living at the service. At this inspection we saw that people had a PEEP which described their needs in relation to horizontal evacuation (evacuation to the nearest place of safety within the building). The provider had a fire alarm system in place and extinguishers at appropriate points throughout the building. The fire alarm was tested weekly. Other fire safety equipment and processes were checked regularly.

The service also monitored safety in relation to water temperatures, the call-bell system, hygiene and general health and safety. The records that we saw indicated that all checks had been completed according to the provider's schedule. Where concerns had been identified, timely action had been taken to reduce risk. For example, when a leak was identified which caused a slip hazard, access to the area was restricted pending a repair. The repair was completed within 24 hours.

Staff had been recruited following a safe procedure. Staff files contained a minimum of two references which had been secured before the person started work and photographic identification was evident within the files. The files staff files that we checked also contained evidence of a disclosure and barring service (DBS) check being secured before the person started work. A DBS check is a method for checking the suitability of people to work with vulnerable adults.

We checked the provider's approach to the storage and administration of medication. Medication was stored in the clinical room. The room was lockable and specifically allocated for the storage of medication. We looked at the medication administration record (MAR) for four people. They included a picture of each person and any special administration instructions. The MAR sheets that we saw were complete.

Medicine's that required refrigeration were stored correctly and daily fridge temperatures were recorded and signed for. We checked the storage and administration of controlled drugs. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. The controlled drugs were stored safely in a separate lockable cabinet, stock levels were accurate and records completed correctly. There were separate storage facilities for homely remedies, topical medicines (creams) and medication which was to be returned to the pharmacy. Medicine audits were completed regularly by a senior member of staff.

We were told that none of the people currently living at the service required covert medicine. Giving medicine covertly means medicine is disguised in food or drink so the person is not aware that they are receiving it. The registered manager was able to explain what procedure would be followed if somebody required covert medication in the future. This procedure was in-line with the Mental Capacity Act 2005 (MCA).

Some people were prescribed medicines only when they needed it (often referred to as PRN medicine). Staff were able to describe for us how they identified when people needed the medicine, usually for pain relief or when they were distressed. People had a PRN administration plan which meant that PRN medication was administered is a safe and timely manner. However the plan for one person stated that they should take, 'one or two paracetamol' but did not describe how this judgement should be made. The associated MAR sheet did not detail how many paracetamol had been administered on each occasion meaning that it was impossible to monitor dosages and stock levels in relation to this medicine. We raised this with the registered manager and additional instructions were subsequently included in the care plan.

There was a medicine management policy in place, however it did not include guidance on all routes of administration in use, such as via a percutaneous endoscopic gastrostomy (PEG) tube (given through a tube

inserted into a person's abdomen into their stomach.) The registered manager told us they would update their policy to include this guidance as a priority.

Good

Is the service effective?

Our findings

At the previous inspection we saw that the environment had not been adequately adapted to meet the needs of people living with dementia. During this inspection we were escorted around the building by the service support manager and saw that adaptations had been introduced. For example, the door frames of bathrooms were painted in a contrasting red paint and toilet seats were fitted in most bathrooms in the same colour. Red is one of the easiest colours for people living with dementia to recognise as their condition progresses. This meant that people could potentially continue to use the bathroom independently for longer. We also saw that the service had introduced dementia-friendly signage to help people orientate themselves within the building.

Staff were inducted and trained through a mix of practical sessions and e-learning. Staff were trained in relevant social care topics including dementia, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and safeguarding adults. The provider used both internal and external sources to deliver training. One member of staff said, "I did all the training. I feel well-equipped to do my job."

Induction training for new staff was completed by the registered manager and was aligned to the requirements of the Care Certificate. The Care Certificate requires new staff to complete a programme of learning then be observed by a senior colleague before being signed-off as competent. Staff were required to complete a further programme of training and to refresh this every year. Records indicated that over 90% of staff were trained in accordance with the provider's requirements. The majority of staff training was completed in 2016. Some staff had completed nationally accredited training at level two or above in health and social care.

Each of the staff that we spoke with confirmed that they were well-supported by the provider and received regular supervision and appraisal. The records that we saw indicated that all staff had received an appraisal within the last year and had been supervised every four to six weeks.

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).

The records that we saw indicated that consent to provide care had been sought in accordance with the principles MCA. Where people were assessed as not having capacity, decisions had been made in their best-interests with the involvement of family members or healthcare professionals. Applications to deprive people of their liberty had been made to the local authority as required.

People told us that they enjoyed the food and drinks available at the service. One person told us, "The food is very nice. I never leave anything." The dining room was bright and tables laid-out with table-cloths and cutlery. A menu was displayed next to the serving hatch and made use of photographs to help people make independent choices. We saw some people still finishing their breakfasts at 10:50 am. This demonstrated that the serving of breakfast was not restricted to a particular time and people were not rushed by staff.

Records showed that advice was sought from the dietician when there were concerns regarding people's nutritional intake. Specific dietary needs were catered for, including a diabetic diet and provision of nutrition through a PEG tube.

People were supported to maintain good health by staff. Health checks were undertaken on a regular basis and staff were vigilant in monitoring general health and indications of pain. One member of staff said, "We check the patient's condition and call the physio, GP or community matron for advice." We saw records of conversations and appointments in care records. We looked at a care plan for a person with diabetes. We saw the care plan for diabetes was appropriate, detailed and offered clear guidance of food intake. However, the information had not been transferred to the equivalent plan for diet and nutrition. We spoke with the registered manager and service support manager about this. They confirmed that care plans would be checked to ensure that information was accurately and consistently recorded. The other records that we saw were completed correctly.

Good

Is the service caring?

Our findings

Throughout the previous inspection we observed that staff had limited time to interact with people living at the service. During this inspection we saw that staff numbers were sufficient for staff to take time to talk to people even at the busiest times of the day. People had previously expressed mixed views regarding the quality of care provided. The comments that we received at this inspection were very positive. One person said, "The staff are caring people. The staff here care and they have a laugh with you too." Other people described the staff as, "Nice" and "Lovely."

At the previous inspection we noted that people were not always given information in a way that they understood. The provider assured us that they would address this. During this inspection we saw that the service made better use of signs and pictures to aid people's understanding and independence. Staff also took more time to explain things to people. For example, what activities were planned for the afternoon.

During the previous inspection we raised concerns that staff were not responding in a caring and timely manner when people used the call-bell. Throughout the course of this inspection staff responded promptly to the call-bell. None of the people that we spoke with said that they had to wait for staff to provide care when they rang for assistance.

Staff communicated well with people throughout the inspection. We heard numerous examples of staff talking with people in a gentle and caring manner. They clearly knew people's needs well and took time to offer information and re-assurance. In one example, we overheard a member of staff talking to a person who was disorientated. They used the phrase, "Come-on lovely" as they gently guided them to the dining room.

People living at the home that we spoke with said that they were encouraged and supported to be independent. Staff asked if people wanted support with tasks before intervening. We saw that people declined care at some points during the inspection and that staff respected their views.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's need regarding personal care and discrete when asking if people required assistance. People living at the service had access to their own room with washing facilities for the provision of personal care if required. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity in the provision of care.

At the previous inspection we saw that confidential information was not always stored securely. During this inspection we saw that confidential information was kept more securely, however, we did see that some confidential information was displayed in the lounge. We spoke with the service support manager about this. They said that the information was placed there to remind staff, but would be coded to anonymise it as a priority.

Information regarding advocacy services was available to people, although we were told that nobody was currently using them. Each person was able to advocate for themselves or had a family member to act on

their behalf.

Relatives and friends were free to visit or contact the home at any time. In addition to their bedrooms, people living at the service had access to other areas of the building should they require them during visits. We saw evidence of regular contact with and visits by relatives. There were no restrictions placed on visiting times by the provider.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in their care planning and if they were able to make decisions about their care. Some people were unsure what this meant, but had family members to represent them. Other people explained how they had been involved and what changes had been made as a result. For example, one person told us how their care needs had changed following a bereavement. They said, "They [staff] looked after me. I was a bit lost." They described how staff had supported them after their loss.

We saw evidence in care records that care plans were subject to regular review, but the evidence of involvement of people living at the service was inconsistent. The people living at the service that we spoke with could not recall being invited to formal reviews of their care. Staff told us that their views were sought by the nursing staff in preparation for reviews and that they had daily conversations with people to establish if needs had changed. One member of staff said, "I update care plans. We talk to residents and families when we're reviewing care."

People were supported to maintain relationships by the service. In one example, a married couple had been provided with a bedroom and a lounge area so they could stay together and entertain family members.

The service demonstrated respect for people's views and evidence of this was found in the cinema room. A small cinema room had been developed because people had said how much they enjoyed watching films as a group. The service had purchased equipment and decorated an area of the building to look like a cinema. Each of the people that we spoke with told us how much they looked forward to watching films.

The service employed an activities coordinator who facilitated a range of other activities including, pamper days, pet therapy, arts and crafts and music. The service had a budgerigar for people to feed and pet and one person had another budgerigar in their bedroom. Trips out were organised and people told us how much they enjoyed them. One person said, "In the summer staff take me for a walk and I've been to Blackpool in the minibus." During the inspection we saw the activities coordinator facilitating a series of chair-based exercises in the lounge. They created a lively atmosphere and encouraged everyone to participate.

Information regarding compliments and complaints was clearly displayed and the registered manager showed us evidence of addressing complaints in a systematic manner. All of the people that we spoke with said that they knew what to do if they wanted to make a complaint. The staff that we spoke with knew who to contact if they received a complaint.

Other mechanisms for capturing people's views included surveys for people living at the service and family members. The results of the most recent surveys were very positive. The majority of responses were categorised as very good or excellent. The survey distributed to people living at the service included images to help people's understanding of the questions.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was supported by a service support manager and an administrator.

At the previous inspection in September 2015 there was a lack of clarity from the provider regarding requirements to notify CQC with regards to critical events including DoLS authorisations. During this inspection we checked records of incidents and notifications and spoke with the service support manager and registered manager. We saw that notifications had been submitted as required and that the management team understood their responsibilities.

We spoke with staff regarding the leadership of the service. Each member of staff expressed confidence in the registered manager and service support manager. One member of staff said, "The registered manager leads the team well. We get good information. We have regular staff meetings." Another told us, "We can suggest stuff. I feel supported by my manager. It's more organised." We looked at records of staff meetings and saw that important information had been shared. For example, staff were given instructions regarding the timely serving of food. In another example staff had raised concerns about people not getting out of bed early enough. The registered manager was clear in their explanation that it was down to individual choice and should not be organised for the benefit of staff. In conversation the registered manager and service support manager demonstrated that they were aware of the day to day culture of the service. They were confident that the culture had improved in recent months. The staff that we spoke with confirmed that progress had been made and that the culture was generally more positive.

Staff were aware of whistle blowing and how to report concerns. One member of staff told us, "We talk about concerns at hand-over. We know if something's not right, I'm aware of whistle-blowing. We have the policy in the staff room."

At the previous inspection we saw that staff were unsure about the visions and values of the service. We looked at information and promotional materials and spoke with staff. Each described the vision and values in similar terms citing respect and promotion of independence as core values. We saw that people were respected in the delivery of care. Their independence was maintained and developed where possible. Some people had used Castle Grange on a short-term basis before returning to their own homes. However, one person who had the potential to live more independently told us that they had chosen to stay at the service. They said, "I can find nothing wrong with the home at all."

The registered manager and service support manager worked in partnership to support the inspection process. The registered manager was acting as the named nurse on the day of inspection and was unavailable at certain points during the inspection. Both managers provided clear leadership to staff and supported them in practical ways as required. We were told that one or the other was regularly in the service on a Saturday to provide additional leadership and oversight of the service. Staff told us that they felt supported by the managers. The managers told us that they were supported by the provider. They said, "We get very well supported by [provider]. Anything we need for the residents we can have."

The provider showed us evidence of extensive quality and safety audit processes which had been completed on a regular basis. Audits included; care plans, food safety, hygiene, laundry and medicines. The provider used an appropriate mix of paper-based records and electronic records to capture and assess data. We saw evidence that quality and safety issues had been identified and acted on in a timely manner. For example, where an issue had been identified with the clarity of written information, the issue was raised at supervision and appropriate support put in place. However, audit systems had failed to identify significant issues relating to risk assessments.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment **Risk was not always managed safely because some records contained conflicting or misleading information.**