

## The Alice Butterworth Charity

# Tynwald Residential 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: Tynwald is a residential care home that was providing personal care to 25 older people, some who were living with dementia, at the time of the inspection.

People's experience of using this service:

- The provider could not be assured that people had received all their medicines due to an error in their electronic system. We have made a recommendation about managing this.
- Not all equipment had been maintained as wheelchairs were not serviced.
- The provider had failed to identify any learning from falls by analysing these for any trends.
- Enough suitably recruited and trained staff were deployed to meet people's needs. However, there had been feedback from people there wasn't enough staff. We made a recommendation that the provider uses a dependency tool in the main report.
- The provider had not ensured that feedback and auditing was used to make improvements.
- Monitoring records for people's food intake and weight monitoring where they were at risk of malnutrition needed improvement as they were not always completed or completed accurately. The failure to ensure complete records and effective quality assurance systems was a breach of regulation.
- Systems were in place to protect people from abuse.
- The provider promoted a good quality of life for people. People were happy living at the home and were supported to access the healthcare they needed.
- Care was person centred, achieved good outcomes and people were offered choice and involved wherever possible.
- Feedback from people, relatives and staff was positive.
- The provider was responsive to feedback at our inspection and has put a new management structure in place to support the necessary improvements.
- On the day of our inspection we spoke to the new manager who was in the process of registering as the current registered manager was not available.

More information is in the full report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published on 16 May 2018). This service has been rated Requires Improvement at the last two inspections.

Why we inspected: This was a comprehensive planned inspection based on the previous rating.

Follow up: We will continue to monitor this home and plan to inspect in line with our reinspection schedule for those services rated Requires Improvement.

## 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 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** ●

# Tynwald Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, older people and dementia care.

#### Service and service type:

Tynwald 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. Tynwald accommodates up to 26 people in one adapted building.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in post who was in the process of registering with CQC. The existing registered manager had taken on a more senior role to support the governance of the home.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the home. This included details about incidents the provider must notify us about, such as serious injuries. The provider had completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection we looked at the following:

- The environment, including the kitchen, bathrooms and people's bedrooms
- We spoke to eight people living at the home and four relatives
- We spoke to two care workers, two team leaders, the cook, the maintenance man, the activities co-ordinator, the deputy manager, the manager and two trustees.
- Nine people's care records
- Medicines records
- Records of accidents, incidents and complaints
- Audits
- Four staff recruitment files
- Staff training records
- Rotas
- Fire, health and safety and maintenance records

After inspection the manager provided us with additional information we requested around fire safety.

# Is the service safe?

## Our findings

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

RI:  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.

### Using medicines safely

- At our last inspection on 18 and 19 December 2017 we rated the service as Requires Improvement in safe, as people's medicines were not always managed safely. One medicine had expired, liquid medicines were not dated on opening and creams were not always stored safely and administered as prescribed. There were no protocols in place for medicines taken 'as required' to provide staff with guidance on their administration.
- At this inspection the provider had acted to mitigate all these risks in relation to medicines. All creams and liquid medicines were dated on opening. Creams were stored securely and administration records for creams were complete. Detailed protocols were in place for all 'as required' medicines which ensured staff knew when the person needed these medicines and how to evaluate their effectiveness.
- People told us they received their medicines on time and were offered pain relief. Staff completed training in medicines and their competency was checked by managers although this wasn't always recorded.
- The provider had implemented a new electronic medicine system to improve the safe administration of medicines. In addition, there were medication checks and audits completed by team leaders and managers to monitor expiry dates and correct administration.
- Medicines were ordered, stored and disposed of safely and regular checks were done, for example that medicines were stored at the right temperatures. However, there were gaps in some people's individual medicine administration records which could not be fully explained, even after a stock check. We identified this was an error with the new system. We spoke to the manager about this who was proactive in contacting the company who provides the system to rectify this.

### Recommendation

- We recommend that the provider implements an additional system to ensure the reasons for any missed medicines are recorded and managed until the errors with the electronic system are rectified.

### Staffing and recruitment

- People told us there wasn't enough staff at night when medicines were administered. Comments included, "Never have enough staff." We spoke to the manager about this who informed us additional staff have been deployed between four and 10 pm to support this.
- People were supported by a consistent staff team. Agency staff were used to cover staff sickness and received an induction to the home. Only one agency was used to ensure continuity of care and which provided consistent staff for long term sick cover. Staff told us there were enough staff available to keep people safe and meet their needs. One staff commented how they found it easier since the staff have been increased in the morning.
- We observed there were enough staff deployed to meet people's needs during the day and call bells were

answered in a timely way. However, people's views on this were mixed. People said, "I don't buzz because they are so busy, I just do without whatever I wanted"; "Sometimes they are not very quick with the bell. I have to wait a long time in the mornings to get washed"; "They come quick enough, I used it the other day and they were like a flash"; and "They come quickly when they can."

- We spoke to the manager about this who was already aware of the feedback about staffing levels from a recent residents meeting. Action had been taken to consider this further and the activity coordinator had plans to speak to all people about this to gather their views.
- Staff were recruited safely and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff. However, recruitment records for one longstanding staff member had been misplaced. We spoke to the manager about this who told us they will be auditing all staff files and the provider has allocated some additional office staff resources for this.

#### Assessing risk, safety monitoring and management

- At our last inspection on 18 and 19 December 2017 we rated the service as Requires Improvement in safe as not all risks had been assessed and mitigated in relation to external doors and use of pressure mattresses.
- At this inspection we found these risks had all been assessed and mitigated. External doors were alarmed and the garden had been made safe and accessible. Pressure mattresses were used in line with people's needs and at the correct settings for people's weight.
- There were environmental risk assessments in place to ensure the environment was safe, for example using the stairs when evacuating.
- Individual risks to people were identified and assessed and managed safely. Risk assessments were in place to provide guidance to staff how to mitigate the risks to people and staff could tell us how they kept people safe. For example, from the risk of falls or malnutrition.
- Certificates evidenced regular servicing for the fire system, electrical safety and equipment such as hoists. However, not for wheelchairs. We spoke to the maintenance man about this who evidenced they regularly checked and cleaned these but there was no formal servicing in place. The manager agreed to rectify this.
- All the necessary safety checks were completed for example, around fire, water temperatures, fridge temperatures and legionella.
- Emergency evacuation plans were in place; fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to prevent a reoccurrence. Most accidents were falls and people's individual needs had been identified and acted on. For example, sensor mats linked to the call bell system were in place and care plans were reviewed following a fall. However, the provider had failed to identify any learning from falls by analysing these for any trends. For example, if there were more falls at certain times of the day or in certain locations. We spoke to the provider and manager about this who agreed this was required. We will check this has been done at our next inspection.

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

- People told us they felt safe living at the home. Comments included, "I've never been worried about safety, I've always felt very safe"; "You feel safe because there are more of you, rather than living on your own." Relatives said about their loved ones, "(Name) mobility is not very good so they prefer to stay in their room but the staff are always around to support (name) so I feel (name) is very safe" and "I leave here every night knowing they are safe and well looked after."
- System were in place to protect people from abuse and avoidable harm. Policies were in place and staff received training in this area.

- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.

#### Preventing and controlling infection

- The home was clean and free from malodour. People told us 'the cleaning was excellent and their towels were changed daily'.
- Staff had received training in infection control and could tell us what they did to prevent and control infection, such as wearing gloves and aprons. Information about how to prevent the spread of infection was present in the home and personal protective equipment was available for staff to use.

## 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

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

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

- The building was over two floors and all the communal areas where people could dine, watch TV, relax or engage in activities together were on the ground floor. People could use the lift or the chair lifts on the stairs if they wanted to use these communal areas and their bedroom was on the first floor.
- The home was accessible for people living with dementia. For example, people's bedroom doors had pictures of them on so they knew it was their room. Rooms had signs to show their purpose such as the bathrooms or dining room.
- People's rooms were personalised and had their own belongings. Bedrooms were redecorated before a new person moved in.

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

- People's needs had been assessed before they moved into the home, to ensure the home could provide the care required to meet their needs. Additional assessments were completed around people's individual needs, for example for people at risk of pressure sores or of malnutrition.
- People were supported to maintain their mobility where possible. For example, we observed staff supporting one person to get up from their chair and use their walking frame. They remained with the person, offering encouragement and reassurance, being there should they need assistance but allowing them independence to move where they wanted to.
- Care records included a summary of people's care needs which highlighted any risks and provided guidance for staff. Care plans included people's rights.
- Effective outcomes were achieved, for example at the time of the inspection there was no-one with a pressure wound as people received good care to prevent this.

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

- People told us the food was good. One person said "We have a fridge in our room. It is full of goodies." Another person said, "Nothing wrong with the food but I'm very fussy so I provide my own soup, one member of staff does my food shopping for me." One relative said, "(Name) is eating well, they have put on weight since they have been here."
- We observed the lunchtime experience was enjoyed by people. People sat in groups and chatted and one member of staff sat and ate their lunch with people and stimulated conversation.
- Staff told us how they go around with the menu and give people time to make their choice. The cook catered to accommodate for changes as some people changed their mind the next day.
- People could choose where they ate, some people told us they prefer to eat in their rooms.
- People had constant access to cold drinks and were served hot drinks regularly.

- People's dietary needs and preferences were met and staff were aware of people's needs in relation to risks associated with eating and drinking. Staff followed guidance from healthcare professionals such as dietitians. For example, one person had their food pureed and drinks thickened due to a risk of choking.
- Where people were at risk of malnutrition staff worked with dietitians and they monitored their weight. People had achieved good outcomes with maintaining their weight.

#### Staff support: induction, training, skills and experience

- Staff had received an induction to their role and on-going training to support them in their work. Rotas evidenced new starters worked alongside experienced staff to learn the role. Staff told us they had received training. One staff told us they had recently completed five on-line refresher training courses and found them to be informative. They also said they had received some training on choking to help them work with one person.
- Staff demonstrated their knowledge and experience when we spoke to them. Staff said they received supervision three monthly although some staff said they had not had these for some time. We spoke to the manager about this who had a plan in place to ensure all staff had regular supervision. However, staff told us they were supported in their role and could ask for help and raise any concerns with the manager.

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

- People told us they received medical assistance from healthcare professionals when they needed it. People told us they had visits from the chiropodist, dentist, opticians and a GP was called if they needed one.
- People were supported to maintain their health and were referred to appropriate health professionals as required. The staff worked with other healthcare professionals to ensure people were supported with their health care needs. For example, on the first day of our inspection an occupational therapist was visiting to train the staff team in the use of slide sheets.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Mental capacity assessments had been completed and where people were deprived of their liberty, the registered manager had sought authorisation from the local authority. Where DoLS had been authorised, there were no conditions set. People were encouraged to make day to day decisions such as what they wanted to eat and drink or if they wanted to do an activity. People had signed consent to their care plans and staff understood and followed the principles of the MCA.

# 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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. Comments included, "Staff have made the effort to get to know me"; "Staff are very caring and they are good listeners"; "They are very caring, you have only got to ring the buzzer if you need anything." Relatives said, "All the staff are approachable, they are lovely" and "As a family we couldn't be happier with the care."
- Staff were patient and caring with people and showed compassion when appropriate. We viewed positive and respectful interactions throughout the inspection. One staff member told us, "It's very homely, very friendly and warm, like a family, it's not clinical. That was my first impression when I started and I still feel it now."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion and sexuality. Staff completed training in equality and diversity. Some people chose to attend various church services held at the home.

Respecting and promoting people's privacy, dignity and independence

- People could have visitors whenever they wanted and visitors were made to feel welcome. There was a small kitchen for people and their visitors to use to make their drinks.
- Staff respected people's privacy and dignity. Staff listened to people, respected their choices and upheld their dignity when providing personal care. Staff told us they always shut the door and curtains and cover people up in the way they prefer. One person told us, "They are very discreet, never a problem, always knock on the door."
- People's confidentiality was supported and information about people was held securely. Staff described how they protected people's privacy and didn't talk about them in front of other people.
- People were encouraged to maintain their independence where possible. For example, people told us how they managed their own strip wash and chose their own clothes in the morning. Staff described how they asked people what they could do and what they wanted help with.

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

- People told us they were involved in decisions about their care. We observed staff asking people what they wanted to do after they had finished their lunch, some people chose to go back to their room and others to the lounge. One person said, "I like living here, I can dress when I want to, I can eat when I want to and I can have a drink when I want to."
- Staff showed a good understanding of people's needs and preferences. They would ask the person's permission before doing something, such as making them more comfortable. People were consistently given choice about what they wanted to eat or what they wanted to do.

- People's relatives were involved with their care when the person wanted and reported excellent communication between the home and themselves. No-one was using advocacy services at the time of our inspection. The manager informed us they would support people to access advocacy services if needed and we saw an advert for this in the reception area. Advocacy services offer trained professionals who support, enable and empower people to speak up.

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care in line with their needs and preferences. People's care plans were detailed and held clear information about what the person could do for themselves and how to encourage their independence. Care records were updated to ensure they reflected people's current needs.
- Staff knew people well and described how they spent time getting to know people by chatting to them. One staff member said, "You can have a good laugh and joke with people when you get to know them, it's how you approach each individual."
- There was good communication between staff and handover meetings were held between shift changes. Staff told us they were informed of any changes to people's care needs.
- People's needs around their communication were met. The home identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were identified, recorded and highlighted in care plans. For example, some people who were hard of hearing used white boards to support their communication.
- There was a weekly activity plan with a range of activities available for people facilitated by the activity co-ordinator and outside providers. On the first morning of our inspection an outside agency provided chair exercises to music and in the afternoon, there was a word game. People told us they enjoyed joining in the activities. Some people told us they chose not to join in the activities and liked having a daily paper. Comments included, "We watch the TV together in the evening in our room" and "In the summer we have cream teas and music in the garden."
- One person said, "Our family takes us out regularly but we have only had one outing with the home since we have been here." Two people went to a day centre weekly. The manager told us how they borrowed school transport to take people out for lunch and one of the charities trustees drives. The activity co-ordinator was planning a trip to a garden centre in the spring. One staff told us how the activity co-ordinator booked trips out for people in the summer but people would often change their mind and not go.
- The activity co-ordinator told us how they were recording attendance at activities and how successful the activity was to analyse and help plan for future activities. They were also looking at starting smaller focused groups for people.

Improving care quality in response to complaints or concerns

- People told us they could raise any concerns they had and knew who to talk to. People said they had been asked about their views and experience of living at the home. A complaints procedure was available for people, relatives and visitors and displayed on a notice board in the reception.
- We reviewed the complaints received and these had been responded to appropriately. There were feedback forms available for people to make any comments.

#### End of life care and support

- The home was supporting one person who was receiving end of life care at the time of our inspection. They had a detailed care plan in place and the district nurse visited regularly. Anticipatory medicines were available for the person if they needed them. Contact was maintained with their family and they had arranged for a priest to visit at the persons request.
- Staff told us how they cared for the person at the end of their life and how if needed the manager would get an extra staff member in to sit with them overnight so they were not on their own.
- People's wishes, where known were recorded around this. For example, one person had detailed wishes for their funeral plan.

# 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

RI:  Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last inspection on 18 and 19 December 2017 we rated the service as Requires Improvement in well-led as quality checks were not effective at identifying shortfalls in the safety and quality of the home. We recommended the provider implemented regular checks on the shortfalls we identified around medicines, the environment and pressure prevention equipment.
- Whilst the provider had ensured these recommendations were met, there continued to be a lack of identifying areas of improvement. Therefore, the governance framework had not ensured the delivery of high quality and safe care. For example, the lack of servicing for wheelchairs had not been identified or the missing recruitment records for some staff.
- There was a lack of learning from incidents, a lack of falls analysis and feedback received to support improvements. However, the manager had begun to identify these concerns and the provider told us they were aware of these concerns.
- Quality assurance systems, such as audits and checks had not always led to improvements. For example, audits were completed on infection control, maintenance and grounds, health and safety and medication. However, very few actions were identified as a result and where they were, they had not always been completed. For example, one audit had identified emergency lighting and smoke detectors had not been checked within the last month but no corrective action was identified.
- An electronic care records system was in use. This provided the home with tools to easily monitor and analyse people's care needs and once fully established had the potential to provide high quality records. However, improvements were needed with monitoring of daily records. For example, for one person at risk of malnutrition their food intake was not consistently recorded and an overview of their intake was not created and reviewed. We spoke to the deputy manager about this who immediately worked out how to create this overview for future monitoring.
- Another person's weight monitoring showed they had lost over 50% of their body weight last month. This had not led to an alert to the management team and any action taken. We discussed this with the manager who re-weighed the person and found this to be an error. We informed the manager there needs to be an alerting system in place when monitoring identifies concerns such as these. The manager told us they will rectify this.

The lack of robust quality assurance and complete monitoring records meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014.

- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings and it was on the provider's website.

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

- The provider had identified the need to increase staffing levels and an additional manager to improve the quality of the home. A new manager had recently started and had begun the process of registering. The existing manager was taking on a more senior role to support the required improvements. 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.
- There was a caring culture in the home and people and staff were positive about the management team.
- The provider and management team demonstrated a commitment to ensuring they provided person centred and high quality care. The provider had invested in the environment and the management structure. The manager was proactive in making improvements and demonstrated this in their response to concerns we raised at our inspection. Both were responsive to feedback during our inspection. Responses to complaints which had been made had demonstrated their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- One person said, "I don't feel there is anybody here that I couldn't go and talk to."
- One staff said, "Even the executive managers are still very involved and talk to people."
- Residents meetings had been held twice a year. The last residents meeting was held in January 2019 and six people attended. Actions were recorded in response to people's comments and these were followed up. The activity coordinator told us how they had plans to look at how to engage with people who don't come to the resident's meetings.
- There were no surveys completed with relatives, staff or healthcare professionals involved with the home. This was a missed opportunity to learn from feedback to make improvements.
- Staff told us they felt involved and had staff meetings where they were asked for their ideas. One staff told us how the home is well managed because they have more staff now and they all work as a team. Staff were knowledgeable in their roles and told us they felt supported by the managers who were approachable.
- The staff team worked in partnerships with other community agencies, for example their local churches, schools and cubs have visited the home. They have pet therapy sessions where a dog visits and a local gardening group volunteer comes in weekly. There were also plans to recruit some volunteer helpers for outings.

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 17 HSCA RA Regulations 2014 Good governance  The lack of robust quality assurance and complete monitoring records meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively.