

Blythson Limited

# Blythson Limited - 3 Ashley Avenue

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Blythson Limited - 3 Ashley Avenue is a service for up to three people with learning disabilities and /or autistic spectrum disorder who may also have behaviours that can be challenging. The service is a semi-detached house in a residential area close to local amenities. There were three people living at the service when we inspected.

Blythson Limited - 3 Ashley Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There were two registered managers at the service, one of whom was in the process of deregistering and moving to manage another of the provider's services. 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.

Although people were supported in a person centred way by a staff team who knew them well we found that people's care plans did not evidence the care provided. Care plans contained a large amount of information; however, much of this was repetitive and it was not available in an accessible format. Care plans gave staff limited guidance about how people liked to be supported and what they could do for themselves. People had goals in place. However, there was evidence of people's involvement in identifying goals and no system in place to monitor the steps needed to reach the goals or to review the progress had made. We made a recommendation about this.

Risks relating to people were identified and assessed and plans had been put in place to give staff guidance about how to minimise risks. However, each person had a large number of separate risk assessments which contained similar information, much of which was generic. We made a recommendation about this. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; however, the policies and systems in the service did not always support this. People's capacity to make specific decisions had not always been assessed and when people lacked capacity to make decisions, these had not always been made in line with guidance.

Accidents and incidents had been reviewed and incidents involving behaviour which challenges had been graphed to look for patterns and changes had been made to their support as a result. However, information had not been recorded to show any actions taken as a result of learning or changes made to drive improvement, in relation to staff performance and safeguarding incidents. Staff had developed positive working relationships with other agencies in order to meet the needs of people. However, a health and

social care professional told us staff had not always recorded information about people's progression or shared incident forms unless prompted to do so. The provider used a system of audits to monitor the quality of the support given to people. Audits had failed to identify the issues found during our inspection.

The registered manager had not informed CQC of particular events. Some people had had deprivation of liberty authorisations put in place and CQC were not notified as required. 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. The provider had failed to display their rating on their website and it was not on display in the service when we arrived. The provider and registered manager took action to resolve these issues on the day of the inspection.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them. People's medicines were managed safely by competently trained staff. People were supported to access healthcare professionals when required and staff followed any guidance given in relation to people's care.

People took part in a range of activities, which they told us they enjoyed, including local community projects. People were encouraged to look after their home and take part in preparing meals. People were supported to have a balanced diet and staff worked with people to help them expand their food options. People chose when and where they would like to eat. Staff treated people with kindness and compassion and in a way which promoted their dignity and privacy. A range of communication tools were used to support people to express themselves and make decisions. The provider's complaint procedure was available in an accessible format and people's behaviours were monitored for signs they were unhappy.

People were supported by staff who had the support and training required to meet people's needs. Staffing levels were based on people's needs and planned activities. Staff were recruited using a robust system which ensured they were suitable for their role. Staff understood infection control and personal protective equipment was readily available. Adaptations had been made to the flooring of Staff told us the provider and registered manager were approachable and open to new ideas. Risks to the environment were assessed and plans were in place to mitigate risks. Feedback was sought from people, relatives and professionals, which was analysed and acted on.

The service was last inspected in October 2015 and was rated good. This is the first time the service has been rated Requires improvement.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

## 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 consistently safe.

Staff had received safeguarding training and understood their responsibilities in relation to reporting concerns.

Risks to people and the environment were assessed and some plans were in place to mitigate them, but these would benefit from being simplified.

There were enough staff to keep people safe and they were recruited safely.

People's medicines were managed safely.

Personal protective equipment was used as required to minimise the risk of infection.

Incidents relating to people's behaviours were analysed, however, changes made as a result were not always recorded or reviewed for effectiveness.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People's needs were assessed and day to day support was delivered in line with current legislation and guidance.

Staff worked in line with the principles of the Mental Capacity Act (2005), however people's care plans did not include capacity assessments for specific decisions or records of best interest decisions.

People were supported to choose a balanced diet.

People's health care needs were supported well and understood by staff.

Staff had the training and support required to carry out their role.

**Requires Improvement** ●

Learning was shared across the provider's services.

### Is the service caring?

The service was not consistently caring.

People were treated with respect during the inspection. However, staff had recorded incidents in a negative way and this had not been addressed by the registered manager.

People were treated with kindness and compassion by staff who knew them well.

Communication tools were used to support people to express their wishes and views.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

Although people were provided with person centred care this was reliant upon the knowledge of staff. People's care plans contained a large amount of information and were not accessible to people.

People had goals identified but there was no evidence of their involvement in choosing these and no step by step plan as to how they would be achieved.

There was an accessible complaint procedure, and people's moods were monitored for signs of people being unhappy.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Notifications had not been submitted in a timely fashion.

The provider had not displayed their rating on their website and it was not displayed in the service on our arrival.

Audits had been completed by they had not identified the shortfalls found at this inspection.

**Requires Improvement** ●

Learning and improvements were not evidenced, and staff had not been challenged about poor recording.

People and staff told us the provider and registered managers were approachable and open to suggestions.

Feedback was sought from people, families and other stakeholders.

# Blythson Limited - 3 Ashley Avenue

## **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.

This inspection site visit took place on 4 January 2018 and was announced. We gave short notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused. The inspection was carried out by two inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we spent time with all of the people who live at the service. We spoke with the two registered managers, senior team leader, and activity staff. After the inspection we spoke with a health and social care professional who is in regular contact with the service. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

# Is the service safe?

## Our findings

People were supported by staff who understood the risks to people and who managed them effectively. However, each person had a large amount of risk assessment documents, many of which were repetitive and did not always provide the guidance staff required. The impact to people was minimised as they were supported by a consistent staff team who had worked at the service for a number of years. The registered manager agreed the risk assessment documentation would benefit from being simplified to ensure staff had the guidance they needed.

We recommend the provider reviews their risk assessment documentation to ensure it gives staff the guidance required to minimise risks.

Some accidents and incidents were monitored and analysed for learning. Incidents of challenging behaviour were graphed and reviewed to inform people's care and support. For example, after an incident between two people, plans were put in place to minimise the risk of this reoccurring. However, action taken as a result of incidents was not always recorded or reviewed to check if the action taken was effective.

The provider and registered manager had failed to maintain accurate and complete records in relation to incidents and accidents. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had received training in safeguarding and who understood their responsibilities in relation to reporting concerns. The registered manager had raised concerns with the local safeguarding team when required. Staff told us that they were confident the registered manager would take action about any concerns. People could present behaviours which challenged and at times this could lead to conflict between people. Staff understood how to support people with their relationships with their peers and how to minimise the impact of any behaviours. Staff moved to stand between people in a subtle way and encouraged people to focus on them rather than their peers, minimising the risk of people becoming distressed.

Risks relating to people's health were managed well and people's care plans gave staff the guidance they needed to keep people safe when they were unwell. Risks to the environment had been assessed and plans were in place to mitigate the risks. Regular health and safety audits were completed and staff were allocated tasks to resolve any shortfalls. Regular fire drills took place at various times of the day. People had personal emergency evacuation plans (PEEPs) in place which detailed the support they would need to leave the service in the event of an emergency such as a fire. Each person's PEEP gave separate instructions for staff for day and night time and clearly showed which staff member would be responsible for each person's safety.

Staffing levels were planned around people's needs and activities. Each person had one member of staff allocated to support them; some people also required additional staff to support them when they were going out or if they were distressed. Gaps in staffing due to sickness or annual leave were covered by the staff team or staff from the provider's other services, all of whom were known to people. Staff were recruited safely using the provider's recruitment procedures. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new



staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed by staff who were trained and had been assessed as competent to do so. There was guidance for staff about how people liked to receive their medicines. When people were prescribed medicines to be used 'as and when required' (PRN) there were protocols in place. PRN protocols detailed when the medicine should be offered, how often it could be given and the maximum dose in 24 hours. This was accompanied by information about how each person may indicate they are in pain. Medicines were stored safely and medicine administration records were completed accurately and completely.

Staff had received training in infection control and food hygiene. Personal protective equipment such as gloves were readily available around the service and were used appropriately by staff. Food was stored appropriately in line with guidance, with fresh products being dated when opened. People were encouraged to work alongside staff to keep their home clean.

## Is the service effective?

### Our findings

A health and social care professional told us, "The staff are very good at supporting people with their health needs. They advocate for people and fight for them to get the right treatment." Despite this positive comment we found some areas of practice that required improvement.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood how MCA applied to their support of people. Staff sought consent from people before providing support. Staff looked for ways to support people to understand decisions and express their choices, using communication tools when required. However, each person only had one mental capacity assessment in their care plan which related to consent to care and support. Capacity assessments should be completed for specific decisions. Each assessment stated the person did not have the capacity to understand any decisions or make any choices about their care. They also stated that a named relative should be contacted to make any decisions. Under the MCA, decisions should be made in a person's best interest by a group of people who know them well unless there is a lasting power of attorney in place. The service had not recorded any best interest decisions. For example, some people had guidance in place for staff to use physical interventions as a last resort. When we asked the registered manager how this had been agreed they said it had been discussed in the person's annual review. However, there were no records of the discussion or who was involved.

The provider had failed to act in accordance with the MCA 2005. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. DoLS authorisations had been applied for as required.

People were supported by staff who had the training and support required to meet people's needs. Staff completed a comprehensive induction, which for the first three months included weekly meetings with their line manager to discuss their progression and assess their competency. This then reduced to every two weeks until the end of the probation period. There was a regular schedule of training which included core subjects such as fire awareness and safeguarding. Staff also completed training which related to the specific needs of people such as epilepsy or challenging behaviour. Staff told us, "One of the directors (providers) does a lot of our training and it is really good. They know the people we support really well so the training really matches their needs."

People's needs had been assessed and support was offered in line with good practice and legislation. For example, staff had received training in, and followed the principles of positive behaviour support (PBS). PBS

is recognised in the UK as the best way of supporting people who display, or are at risk of displaying, behaviour which challenges.

Staff had regular supervisions and appraisals with their line manager to discuss their performance and development. Many staff had been supported to progress into other roles such as deputy managers, team leaders and activity co-ordinators.

Some people were living with complex health conditions such as epilepsy. Staff understood their condition well and worked closely with health professionals, such as specialist nurses to ensure they were supporting people in line with good practice and the most up to date guidance. One person had recently been admitted to hospital and staff stayed with them at all times, with the registered manager being present most days to support staff. Staff worked with hospital staff to minimise the distress this caused the person. For example, the person was waiting to see a consultant but was distressed; staff agreed with the hospital that the person could go home overnight and return the next morning. People were supported to attend regular health appointments and check-ups. When people could be anxious about appointments staff had worked with professionals to provide visits at home which minimised the impact of the appointment.

People were supported to have a balanced diet and to expand the range of foods they ate. One person had moved into the service with a limited diet and staff continued to encourage them to try new things. People chose when they ate and where, one person preferred to eat on their own. Staff knew this and encouraged other people to give them space to eat. People were involved in preparing their lunches and snacks when possible. They also helped staff prepare their main meal on occasions. Staff also worked with families to maintain a balanced diet during family visits. One person had an agreement about the amount of snacks they had each day and staff prompted them to 'swop' snacks as opposed to getting more.

The property was large and spacious and did not require any specific adaptations. However, one person had fallen several times in the dining area of the kitchen as a result of their epilepsy. To reduce the impact of falls the flooring had been changed carpet with a thick underlay and the dining table had been replaced with a smaller one which took up less space.

## Is the service caring?

### Our findings

A health and social care professional told us, "The staff know people really well and have built very positive relationships with them. This means they understand how people communicate and what they need." Staff told us, "We are like a big extended family, everyone from the providers to the people we support. We all work together."

On the day of the inspection staff were seen to support people in a way which respected their dignity and privacy. However, we found a number of incident forms and behaviour observation forms in which staff recorded information about people in a negative way. Staff described 'telling people off' following an incident. We discussed this with the registered manager who told us, "If the member of staff had spoken to [person] in that was recorded the incident would have escalated, but it is not appropriate for staff to record things in this way. I will speak to the member of staff about their attitude to incidents and understanding of their role."

People were encouraged to close their bedroom doors when changing and to respect each other's space. When people were unwell or anxious staff encouraged their peers to another area in the service.

People were supported by a staff team which was well established and consistent. The majority of the staff had worked at the service for many years and spoke knowledgeably about people and their needs. Staff spoke proudly of the progress people had made since moving into the service and were passionate about people continuing to expand their horizons.

People used a range of communication tools to express themselves and staff understood these well. For example some people used signs to communicate and had adapted them from the original sign. Staff told us, "When new staff start we work alongside them and help them to learn [person's] signs, it can take some time but everyone gets there in the end." People had access to picture cards to choose food or activities. People's activity planners were pictorial and each person had a copy in their room. People had access to cards with Makaton symbols on them and there was a folder available in the communal areas which contained pictures of activities etc. which people enjoyed which they could use to express what they wanted to do. Staff told us, "We know people well, we can pick up on how people interact to know if they are happy or not."

People's loved ones were often involved planning their care and shared information with staff about their previous choices. People could access advocacy services if required to assist them in expressing their views or making choices. An advocate is someone who supports a person to make sure their views are heard and rights upheld.

Interactions between people and staff were relaxed. We observed people were comfortable with staff. One person asked staff if they could watch their favourite programme on the staff member's phone. They sat down together and the person selected the episode they wanted to watch. They were smiling and pointing out things to staff in the show. Staff gave people time to communicate and were led by people when carrying out an activity. Some people could take some time to process information that was given to them; staff were patient and waited quietly for people to respond.

People were supported to develop and maintain relationships with friends and family. Some people had regular visits to family, staff supported this and worked with family members to minimise the impact of the transition between the service and the family home. People met up with friends at local community projects and activities, they also spent time with people from the provider's other services.

One person had a fear of dogs which could limit them going out. Staff had worked with them to minimise the impact of this fear. They now waved to dogs and were supported to keep their distance by staff. This had enabled the person to take part in activities which they had avoided previously due to the risk of encountering a dog.

People were encouraged to develop independent living skills, they worked alongside staff to complete their laundry and take care of their home. The service was well decorated and some areas had recently been updated. The registered manager told us some areas were due to be decorated and people were involved in selecting colours for the communal areas. Each person's bedroom was personalised and reflected their interests. One person enjoyed sensory activities and had a range of lights and sounds in their room. Other people had pictures of their favourite characters or football teams.

## Is the service responsive?

### Our findings

People received care and support based on their needs and preferences. However, people's support was reliant upon the knowledge and understanding of staff. People's care plans contained a large amount of information much of which was repetitive and which did not give clear guidance about how their support should look. For example, one person had a document which gave staff information about how they would express different emotions and how staff should respond. Under how to respond to the person becoming distressed or anxious the guidance was for staff to 'be positive.' As people had limited communication there was a risk they would be supported in a way which did not meet their needs.

Goals had been identified for people, such as to increase road safety or try new foods. However, there was no plan about how people would reach these goals or guidance for staff about the steps involved. Goals were reviewed annually and the progress of all goals at the last review was 'to continue to achieve supported.' There was no evidence of people's involvement in identifying their own goals and all goals record related only to daily living skills. Staff had not recorded any progress made or what had been successful or unsuccessful in supporting people toward their goals. Staff told us that people had made progress towards these goals, and gave us examples. Such as people expanding the variety of foods they ate, which was shown in their daily records. However, staff admitted any progress made had not been recorded or reviewed. A health care professional told us, "People have some goals but I have not seen any evidence of progression towards them."

The registered manager and provider had failed to ensure that systems were in place to support people to achieve their goals and continually assess their needs. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People took part in a range of activities and there was a dedicated activity co-ordinator. Each person had a pictorial planner which showed their activities for the week. Some people could be reluctant to participate in activities and staff tried a variety of ways to encourage people to take part. People had an alternative activities planner which they were then offered. Different staff would speak to people to encourage them to take part. If people decided they did not want to participate staff respected this choice. People attended a local community centre and took part in a community project which was run by one of the providers. On the day of the inspection some people were going ten pin bowling and to play pool. They told us they were looking forward to going and that they enjoyed bowling. When they returned to the service they told us they had had a good time. Staff spent time with people in their rooms, using sensory items or playing musical instruments.

The service had not received any complaints. There was an easy read complaints procedure, which used pictures, in place which was displayed in the dining room area. The registered manager told us they also monitored people's behaviour to check if they were happy with their support. They told us, "Previously we had a person's behaviour increase when they were supported by a certain member of staff. We reviewed how the staff member supported the person and found they were not always working consistently with the person. The member of staff was given additional support and the person's behaviours began to reduce."

## Is the service well-led?

### Our findings

There were two registered managers at the service, one had recently been registered with the Care Quality Commission (CQC) and the other was in the process of de-registering in order to be registered at one of the provider's other services. Both registered managers had worked for the provider for over 15 years, progressing from support worker roles and knew the people in the service well.

Regular audits of the service were completed by the registered manager, staff team and provider. However, these had not identified the shortfalls found at this inspection. For example, audits of people's care plans and goals had not identified the large amounts of repetition and lack of guidance for staff. People's capacity assessments had not been reviewed and the lack of evidence relating to best interest decisions had not been identified.

The registered manager told us they reviewed every incident form completed by staff. However, there was no record of any actions taken as a result of the recorded incident and if the actions had been effective. Some incident forms were written by staff in a negative manner, this had not been identified by the registered managers and no action had been taken to address the member of staff's performance in relation to report writing. The registered managers had not consistently evidenced learning from incidents or changes made as a result.

The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The provider had failed to display their rating on their website and it was not on display in the service when we arrived. The provider and registered manager took action to resolve this on the day of the inspection.

The provider had not displayed their rating on the website within 21 days of publication and it was not on display in the service. This is a breach of regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had not always submitted notifications to CQC in an appropriate and timely manner. Some people at the service had received a Deprivation of Liberty Safeguards authorisation in November 2017; registered managers were required to submit a notification to CQC to inform us of this without delay. Notifications had not been submitted, prior to our inspection on 4 January 2018. The required notifications were submitted by the registered manager on the day of the inspection.

The registered manager had not submitted notifications in line with required time scales. This is a breach of regulation 18 of the (Registration) Regulations 2009.

Audits related to the environment had been regularly undertaken and any actions were completed and signed off with the date. Medicines audits were completed by the registered manager and also by the pharmacist who issued people's medicines.

Staff and health professionals told us the registered managers and providers were approachable and accessible. Staff had regular contact with the providers through training and supporting people to attend a local community project which was run by them. The registered managers attended weekly meetings with the providers and managers of their other services, to discuss learning and good practice.

The provider and staff had a shared vision for the service, which focussed on people and supporting them to opportunities to develop the lifestyle they wanted. Staff told us, "They should have the same chances we do and the chance to try new things. We want them to have the best life possible. Staff worked in partnership with other professionals to meet people's needs. They made referrals for support when needed and followed the advice given. The registered manager shared information about people's changes and behavioural data during annual reviews. However health and social care professionals told us, although the information they received was helpful they would like to have more frequent updates. They told us they would raise this with the registered manager when they next spoke to them.

Feedback was sought from people, their loved ones and professionals. This was done using a range of methods including annual surveys, monthly meetings and informal chats. Feedback had been positive and no action had been required since the last inspection from feedback received. Feedback from families included, 'My loved one is very happy at Number 3 (Ashley Ave.) They are kept happy, healthy and busy. I cannot ask for more' and 'Thank you for looking after my loved one as a person. This puts my mind at ease and I do not have to worry about them when I am not there.'



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 18 Registration Regulations 2009 Notifications of other incidents  The registered manager had not submitted notifications in line with required time scales.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider and registered manager had failed to act in accordance with the MCA 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider and registered manager had failed to establish and operate systems to assess, monitor and improve the quality and safety of the services provided and failed to maintain accurate and complete records.