Care Quality Commission

Buckland Care Limited

Kingland House Nursing & Residential Home

Inspection report

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Date of inspection visit: 20 and 21 January 2015
Date of publication: 31/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This comprehensive inspection took place on 21 and 22 January 2015 and was unannounced. One inspector visited the home on both days.

At our last inspections in May and June 2014 we found breaches of regulations relating to the care and welfare of people, record keeping and nursing staffing levels. The provider sent us an action plan telling us they would have met these shortfalls by July 2014. In addition to this, the provider agreed, following our inspection in June 2014 not to admit any further people with nursing needs until they had recruited enough nurses to cover the home. They informed us in September 2014 they had a full complement of nursing staff. We reviewed the actions the provider had undertaken as part of this comprehensive inspection. We found that improvements had been made to meet the relevant requirements.

Summary of findings

Kingland House is a care home with nursing that provides accommodation and personal care for up to 44 older people some of whom were living with dementia. At the time of the inspection 39 people were living or staying at the home.

There was a registered manager who worked at the home three days a week and the representative of the provider worked at the home for two days week to provide additional management cover. In addition to this there was a deputy manager and a clinical nurse lead. 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.

People's medicines were not consistently safely managed or administered. This was because staff did not have clear instructions when they needed to give people 'as needed' medicines and when creams were applied this was not always recorded. Two people had their medicines covertly; this meant the person was not aware they were taking medicines, for example in a drink or food. This process was not properly assessed and planned to make sure this was in their best interest. These shortfalls were a breach of the regulations and placed some people at risk of harm and not receiving the treatment they needed.

The call bells were audible throughout the home and the constant ringing of the call bells may have had an impact on the emotional well-being of some people.

Some people living with dementia did not always receive personalised activities because their personal information had not been used to plan their need for activity, stimulation and occupation. Not all the staff had the skills and knowledge they needed to meet the social and emotional needs of people living with dementia. However, the registered manager had dementia care training booked to address this shortfall. Another area for improvement was that one person's wound management plan had not been followed and this potentially placed them at risk of not receiving the treatment they needed.

People told us they felt safe at the home. Staff knew how to recognise any signs of abuse and how to report any allegations.

Decisions that were made in people's best interests were mostly recorded to make sure that people's rights to make decisions about their care were respected. However, staff did not fully understand the implications of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The lack of staff understanding was an area for improvement.

People and staff told us and we saw that following an increase in staffing there were enough staff to meet people's needs. There was a full complement of staff and agency staff were not used. Staff were recruited safely, received an induction and core training and felt they were well managed and supported.

People received personal and nursing care and support in a personalised way. Staff knew people well and understood their physical and personal care needs. Staff were kind, caring and treated people with respect.

There was a clear management structure and staff, representatives and people felt comfortable talking to the managers about any concerns and ideas for improvements. There were systems in place to monitor and drive improvement in the quality of the service.

Summary of findings

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

Overall the service was safe but some improvements were needed. The management of medicines was not consistently safe. This was because there were not appropriate arrangements for the administration and recordings of some medicines.

People told us they felt safe and staff knew how to recognise and report any allegations of abuse.

Any risks to people were identified and managed to keep people safe.

People, staff, and professionals told us there were enough staff to keep them safe. We found staff were recruited safely.

Is the service effective?

Requires Improvement

The service was effective but some improvements were needed.

People's rights were not effectively protected because staff did not understand the implications of the Mental Capacity Act 2005.

Staff had effective core training to carry out their roles. Staff needed further training to be able to fully meet the needs of people living with dementia.

Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered a choice of food. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

People accessed the services of healthcare professionals as appropriate.

The design and décor of the home did not always take into account the needs of people living with dementia.

Is the service caring?

Good

The home was caring. The people and a relative told us that staff were kind, caring and compassionate.

People were involved in decisions about the support they received and their independence was respected.

Staff were aware of people's preferences and respected their privacy and dignity.

Is the service responsive?

Requires Improvement

The service was responsive but some improvements were recommended.

Summary of findings

People were supported to take part in activities that they enjoyed. People said their visitors were always made welcome. However for some people living with dementia, their need to be kept occupied and stimulated was not consistently met.

People received care that met their individual's needs. People's needs were assessed and care was planned and delivered to meet their needs.

People and their relatives knew how to complain or raise concerns at the home.

Is the service well-led?

Overall the service was well-led but improvements were needed in record keeping.

Observations and feedback from people, staff and professionals showed us the service had an improving, positive and open culture.

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and investigations into allegations of abuse.

Requires Improvement

Kingland House Nursing & Residential Home

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 comprehensive inspection took place on 21 and 22 January 2015 and was unannounced. One inspector visited the home on both days. We met and spoke briefly with all 39 people living at Kingland House. We spoke in depth with seven people. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with one visiting relative during the inspection. We also spoke with the registered manager, deputy manager and six staff.

We looked at four people's care, treatment and support records, an additional two people's care monitoring records, all 39 people's medication administration records and documents about how the service was managed. These included staffing records, audits, meeting minutes, maintenance records and quality assurance records.

Before the inspection we reviewed the information we held about the service, this included incidents they had notified us about. We contacted the local authority safeguarding, contract monitoring teams and GP practices to obtain their views.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make. This was because we brought forward this inspection to follow up on actions the provider had completed since the last inspection.

Requires Improvement

Is the service safe?

Our findings

People who were able to said they felt safe at Kingland House. We saw that other people freely approached and sought out staff. They smiled and responded positively when staff spoke with them. When people were upset or anxious they sought out staff to provide reassurance and comfort. This indicated people felt comfortable and safe with staff. For example, when one person, living with dementia, called out for help in the lounge, staff responded immediately and held the person's hand and gently spoke with them. The person then visibly relaxed.

A relative told us, "Things have really improved I now feel mum is safe here".

Staff were knowledgeable about spotting the signs of abuse and knew how to report possible abuse to the local authority. Staff had completed training in protecting people from abuse and were aware of the provider's policy for safeguarding people who lived in the home. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

Staff had been trained in the administration of medicines and records showed they had their competency assessed to make sure they were safe to administer medicines.

We looked at the medicines plans, administration and monitoring systems in place for people. People who were prescribed PRN (as needed) medication had MAR (medication administration records) in place. However, not all of the people who had PRN medicines prescribed had additional PRN care plans in place so that staff knew when to administer these medicines. This meant that people may not have received their PRN medicines when they needed them.

Staff told us two people had their medicine covertly; this meant the person was not aware they were taking medicines, for example in a drink or food. Both people were living with dementia and may not have been able to consent to this. This decision had been made in consultation with the person's GP and their family were aware of the decision. However, this decision not been made in line with the Mental Capacity Act 2005. This was because a mental capacity assessment had not been completed in relation to this decision. In addition other professionals, the pharmacist and family members had not been involved in making the best interest decision.

People's medicines administration records for creams had gaps in the recordings where staff had not signed the records to show creams had been applied. This meant we could not be sure people were having their creams applied as prescribed.

The shortfalls in the recording of creams, PRN and covert medicine plans were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there were not appropriate arrangements for the administration, and recording of medicines.

Medicines were stored safely and we checked the stock balance of some specialist medicines. These were also checked weekly by the deputy manager or clinical lead nurse and another member of staff and an entry written in the register to show whether the stock balance was correct.

People had risk assessments and management plans in place for falls, moving and handling, pressure areas and nutrition. We noted one person, who was living with dementia, was showing some visible signs of discomfort but when staff asked about pain relief they declined it. There were not any pain management risk assessment tools in place for people who may not have been able to verbalise when they were in pain and tell staff when they needed pain relief. The registered manager took immediate action and introduced a pain assessment tool so that staff could effectively administer pain relief to people.

Following our last inspection in June 2014 the provider agreed not to admit any further people with nursing needs until they had recruited enough nurses to cover the home. This was because they did not have enough nursing staff to ensure people's nursing needs could be met. The provider informed us in September 2014 they had a full complement of nursing staff and planned to admit people with nursing needs into the home. At this inspection we found that no agency staff had been used for a number of weeks. People told us they received care from a consistent staff team they knew and who knew their needs.

There were enough staff to meet people's needs. We reviewed the staffing rotas for four weeks and the new planned rota. The registered manager had reviewed

Requires Improvement

Is the service safe?

people's needs, and accidents and incidents. They identified that there were peak times in the mornings and evening when staffing needed to be increased. They had implemented this increase in staffing the week of the inspection. Staff confirmed and we saw in staff meeting minutes they had been consulted about working more flexible hours to meet people's needs. On the second day of the inspection the home was staffed to the new staffing levels. This resulted in a calmer atmosphere and quicker response to call bells than on the first day of inspection. Staff told us that they felt they were able to meet people's needs better with the new staffing levels.

We looked at four staff recruitment records and spoke with two members of staff about their recruitment. We found that recruitment practices were safe and that the relevant checks had been completed before staff worked with people. This included up to date criminal record checks, fitness to work questionnaires, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in their employment history were explained. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

There were emergency plans in place for people, staff and the building maintenance. In addition to this there were weekly maintenance checks of the fire system and water temperatures. There were robust systems in place for the maintenance of the building and equipment undertaken by the maintenance worker who was at the home five days a week.

Requires Improvement

Is the service effective?

Our findings

People told us the staff knew their needs and how to care for them. Staff had a good understanding of how to meet people's physical and nursing care needs. However, we identified and staff told us they did not have the right skills and knowledge on how to care for people living with dementia. This was because there were significantly more people living with dementia who had moved into the home in recent months. The registered manager and staff had identified this shortfall and dementia care training was booked for all staff in February and March 2015.

Staff told us they felt very well supported and records showed they had regular one to one support sessions with their line manager. The registered manager and staff said they had their annual appraisals booked where they were going to set personal goals and training plans. Staff told us they completed core training, for example, infection control, moving and handling, safeguarding, fire safety, health and safety and food hygiene. Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period. The registered manager had a training plan and planned to include further specialist training following the planned staff appraisals.

At our last inspection one person, who was on a short stay, was being deprived of their liberty without proper authorisation. At this inspection, the registered manager understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. Some of the people living at the service had been assessed as lacking mental capacity due to them living with dementia. DoLS applications were correctly completed and submitted to the local authority. We met and spoke with one person who was subject to DoLS, reviewed their care plans and spoke with staff. The care records and the way staff supported the person reflected the conditions of the DoLS.

Some best interest decisions for people had been made following a capacity assessment in relation to a specific decision. For example, when bed rails were used to minimise the risks of the person falling out of bed. However, feedback from the local authority contract monitoring team was that overall staff had mixed understanding of the Mental Capacity Act 2005 and how to record mental capacity assessments and best interest decisions. This feedback supported our findings because when we discussed mental capacity act, best interest decisions and DoLS with staff their understanding was mixed. This was an area for improvement so that people's rights are protected by staff who fully understand the implications of the Mental Capacity Act 2005.

We recommend staff be provided with further information and guidance about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us they enjoyed the food and there was always a choice. One person said "They are very obliging with the food, every Sunday evening we have a buffet tray. I asked for something different and they sorted it out. Anything we ask for they get".

We observed a mealtime and there was a relaxed atmosphere with people chatting between themselves and staff. People assisted to lay the tables and helped out other people during the meal. Staff supported people to eat and drink in a sensitive way and they sat and chatted with them. They explained to people what they were eating and assisted them to eat and drink at a comfortable pace. People were offered a choice of meals but at the mealtime they were not offered a choice of drinks. This meant people may not have had their drink of choice.

People who were risk of malnutrition had their food and fluid intake and weight monitored. This was to make sure they had enough to eat and drink and their weight was maintained or increased. These food and fluid records included a target amount of fluids that were calculated by each person's body weight. The records had been added up each day to make sure people had enough to eat and drink. People received nutritional supplement drinks and foods as prescribed by their GP.

The deputy manager and staff told us and we saw there were systems in place to monitor and take action when people did not drink enough. However, as some of the people were very frail or were living with dementia they were reluctant to drink and they did not consistently reach their target amount of fluid. The deputy manager

Requires Improvement

Is the service effective?

acknowledged this was an area for improvement and they would establish with other health professionals realistic fluid targets for each person taking into consideration their individual circumstances.

The registered and deputy manager had systems in place to monitor people's health. Records showed referrals were made to health professionals including opticians, chiropodists and doctors. People were supported to maintain good health and have ongoing healthcare support. Three GPs told us they did not have any concerns about the health of people, people were well cared for and staff were very helpful. One GP told us there were significant improvements for their patients.

Care plans showed people had access to a range of health care professional and specialist health teams including, speech and language therapy, dieticians and district nurses. Care plans were reviewed monthly and updated to ensure people's most recent care needs were met. For example, one person had been referred to the dietician following some weight loss. Staff knew what additional nutritional supplements this person needed and this was reflected in their care plan.

People who were at risk of developing pressure sores were regularly repositioned to relieve pressure and records of their position throughout the day were kept. Some of these people were cared for on specialist air mattresses or cushions. This information was detailed in their care plans, staff knew this and we saw that people were being cared for on the correct equipment. However, staff had incorrectly recorded the mattress setting for one person. This meant the air mattress was on the incorrect setting and may not have been fully effective. The deputy manager took immediate action and addressed this incorrect recording with all staff.

Nursing staff at the home managed and redressed one person's leg ulcers. The person said they were very happy with the way staff managed their wounds. However, we noted from the care records the frequency of when the dressings were changed did not always correspond with the person's wound care plan. This meant this person's dressings were not changed as planned and this was an area for improvement. This was because if the dressings were not changed as planned staff would not be able to monitor and assess whether the wounds were healing.

We looked at the design and adaptations in the home to see whether it met the individual needs of people living with dementia. There was limited signage in the home so people could identify and recognise their bedrooms, toilets and bathrooms. The majority of décor was in neutral colours and for some people living with dementia they would not have been able to distinguish the differences between doors, furniture and walls. There were not any bright contrasting coloured toilet seats so people could easily recognise the toilets.

We saw and staff gave us examples of where one person was not able to recognise where the toilet and their bedroom was. Three people and a relative also said there had been recent incidents where other people had entered their bedrooms uninvited and one person had taken some of their possessions. This may have been due to the lack of signage which meant people may not be able to recognise their bedrooms. The registered manager had also identified the environment was an area for improvement. They acknowledged they needed further advice on making the home more dementia friendly and in the short term had asked staff to find some suitable pictures for toilets and bathrooms doors.

Good

Is the service caring?

Our findings

We saw good interactions between staff and people. They were chatting and were relaxed with each other and this showed us they enjoyed each other's company. People spoke highly of staff and the care they received. One person told us, "The staff go to the extra effort and try to study the individual so they know what they like". Another person said, "The other day I was so sick and the two young carers were wonderful they reassured me and supported me. You don't get that kind of care elsewhere. I can't speak highly enough of them". A third person told us, "The carers just show a small act of kindness like them letting me use their phone to call my wife when mine broke, they are amazing".

Staff smiled and they were relaxed and friendly, they were kind and they treated people with patience and respect. They spoke fondly about people and told us they enjoyed the time they were able to spend with people. They all spoke positively of their role and that now the home was fully staffed they had got to know people much better and they enjoyed working there.

People or their relatives were involved in planning their care. People told us staff asked them about their care needs. We saw records that showed people's views and preferences for care had been sought and were respected.

People's independence was promoted and some people told us they were encouraged to participate in things around the home. For example, one person laid the tables for lunch and assisted staff to put away activity equipment.

People were encouraged to maintain their mobility and staff supported people to walk with their walking frames at their own pace. A specialist chair was being trialled for one person who had previously been cared for in bed. The person was alert, smiling, saying a few words and was watching the activities. They reached out for their food and drink, and staff commented the person's eating drinking had improved since using the chair. Staff were clearly pleased at the improvement in the person's alertness, well-being and independence.

People's privacy was respected and their dignity maintained. One person said, "When they are washing me they keep the rest of me covered with the towel and always shut the curtains". People's bedroom doors were closed when they were being supported with their personal care needs. When people were hoisted staff ensured they were covered with a blanket to maintain the person's dignity. Staff knocked on people's doors before they entered and called people by their preferred names when speaking with them. People's care records were kept securely in a lockable cabinet and no personal information was on display.

People told us their relatives and friends were free to visit when they wanted. A relative told us staff offered them a drink when they visited. The registered manager told us visitors had recently asked whether drink making facilities could be made available. They had not been able to identify an area for this but had given a commitment that visitors could request drinks from staff and the kitchen.

Requires Improvement

Is the service responsive?

Our findings

Overall, people said staff responded to their care needs at the time they needed it. However, four people said that at times it took a long time for staff to respond to call bells. One person said, "It all depends on what time of day it is to how quickly they respond", and another person said, "It sometimes takes them a long time to answer the buzzers especially when its handover".

Both mornings of the inspection the call bells were sounding constantly. They were audible in the corridors outside people's bedrooms, including people who were cared for in bed. The constant repetitive beeping sound would have a negative impact on those people's wellbeing. The registered manager made sure the call bells were turned down on the second day of the inspection. However, they were still audible and repetitive in the corridors. The registered manager told us they were able to monitor response times to call bells on the system if response times were queried. However, the registered manager told us that they were not able to print out call bell response times. They informed us that this would be addressed so they could study the response times in more detail and take appropriate action if response times were too long.

At our inspection in July 2014 we found the staff had not always responded when people's needs changed. At this inspection, people told us and records showed that people's needs were assessed and that care was planned to meet their needs. Staff knew the people they were caring for, what care and support they needed and this reflected what we saw in people's care plans. We looked at four people's assessments and care plans and saw that they had been reviewed on a monthly basis or as their needs changed. For example, one person had sustained injuries following a number of falls. Staff told us how they were now monitoring and supporting the person to move and this reflected what was recorded in the person's care plan.

Staff assisted people with their mobility and ensured they had their mobility aids within easy reach.

Staff were responsive to people's needs. For example, one person decided part of the way through their meal they wanted to eat in their bedroom. Staff responded straight away and took them.

People were supported to take part in activities they enjoyed. Group and individual activities were provided by activities staff Monday to Friday. People told and showed us the activities programme and during the two days of inspection people did painting, played dominoes and a singer visited. People said they were asked about how they liked to spend their time and they had the opportunity to join in group activities if they chose to. People who were cared for in their bedroom had things to occupy them. For example, one person who was cared for in bed and was unable to tell us their experience was awake and listening to Rock and Roll music. This reflected the person's preferences in their care plan and they type of music staff said the person liked. Another person told us, "I like to keep to myself but I do like to go to the (church) service and the staff sort me out some word searches".

Staff knew people well, and spoke knowledgeably about some of their life histories and information about what was important to them. However, the staff we spoke with did not have an understanding of how to provide personalised activities for some people and this information was not included in their care plans. They did not understand how they could use people's life history and how they had previously kept themselves occupied to develop individual ways of stimulating and occupying people. This was an area for improvement for some of the people who were living with dementia. For example, one person was at times distressed and although staff sat, played classical music, talked and held hands with the person, they did not always settle. If the staff had a better understanding of the person's life history and how they had previously liked to spend their time they may have been able to provide some different reassurance and stimulation for this person. The registered manager ordered 'This is me' documents which are a nationally recognised assessment tool for people living with dementia. They planned to introduce these so that staff had a much better understanding of each person and they could start to identify personalised activities.

People and a relative told us they could raise concerns with any of the staff and managers and they felt confident they would sort their concerns out. None of the people we met or spoke with had needed to make a complaint. The registered manager told us that they encouraged people, relatives or representatives to raise any concerns on behalf of people and they were able to address their concerns satisfactorily. There was a written complaints procedure displayed in the home. We reviewed the complaints

Requires Improvement

Is the service responsive?

received since our last inspection. The registered manager had responded in line with the policy and had acted appropriately where people had complained or raised concerns. The registered manager told us and we saw from staff meeting minutes they shared the outcomes and the learning from complaint investigations with staff.

Requires Improvement

Is the service well-led?

Our findings

Observations and feedback from people, staff, relatives and professionals showed us there was an improving positive and open culture. People and staff told us one of the reasons was because there was now a stable management team and full nursing and care staff team. People said the registered and deputy manager sought their views on an individual basis. One person said, "The manager quite often comes in for a chat with me to check how things are." There was a regular newsletter and a weekly group activities plan given to each person. People told us this kept them informed about things happening at the home. The registered manager told us they planned to introduce residents meetings so people had more opportunities to contribute to how the home was run. People were consulted about the service by completing three monthly surveys. The results and action plans were displayed in the front entrance of the home.

A relative told us they felt they were now kept up to date with things at the home and they had confidence in the management. There were relatives meetings where the registered manager shared information with people's family members and listened to any concerns. For example, relatives requested a way of leaving feedback for managers when they were not at the home. The registered manager had introduced a suggestion box in the main entrance where people and their visitors could leave any concerns or suggestions.

Staff told us that things at the home had improved and they now felt supported and listened to. They said they felt valued and when they raised any issues or concerns with the registered and deputy manager these were acknowledged and addressed. They spoke positively about how the lack of agency staff usage had impacted positively on the people and staff group. Minutes from staff meetings showed a supportive and open management style.

Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing. The registered manager gave us an example of where a staff member had whistle blown and what action they had taken in response.

Arrangements were in place to monitor the quality and safety of the service provided. There were monthly audits of medication, infection control, cleaning schedules, health and safety, care plans, staff training and moving and handling competencies. We saw that where any shortfalls were identified in these audits actions were taken.

There were systems for monitoring any accidents or incidents. This included reviewing all accidents across the home on a monthly basis. This was so they could identify any patterns or areas of risk that needed to be planned for. There was learning from safeguarding, accidents, incidents and complaints. The registered manager fed back to individual staff and at staff meetings any learning. For example, there had been a number of accidents and safeguarding incidents when people were left without staff in the main lounge. Following the investigations there was a daily plan put in place the detailed which member of staff was to be based in the main lounge to support people. This meant there was always a staff presence in the lounge and people were not left unsupervised. Staff, a relative and people spoke positively about this and that they felt reassured by the staff presence.

At our inspection in May 2014 we identified that records keeping needed to improve so there was an accurate record of the care and treatment provided to people. Overall, the record keeping had improved enough to protect people. Daily spot checks of records such as food and fluids, cream application and care monitoring records were in place but these were not yet fully effective. This was because although the spot checks highlighted some issues there continued to be shortfalls in some of the record keeping. The registered manager and deputy manager told us they now planned to formally address any shortfalls with individual staff so they understood the implications of inaccurate record keeping for people.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines.