Golden Manor Healthcare (Ealing) Limited

Charlton Grange Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 4 February 2016. This inspection was to follow up on actions we had asked the provider to take to improve the service people received.

Charlton Grange Care Home provides accommodation, nursing and personal care for up to 62 older people, some of whom are living with dementia. There were 39 people living at the service at the time of our inspection.

At the last comprehensive inspection on 8 January 2015, we found the provider was breaching the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff to keep people safe. Staff had not received all the training they needed or been adequately supported by their managers. Safe recruitment procedures were not followed. Medicines were not managed safely and the provider had not always obtained people's consent to their care. Complaints were not appropriately managed or investigated. Quality monitoring systems were not effective in identifying shortfalls and managing risks. There was no registered manager in place and this had led to a lack of effective leadership.

Following the inspection, the provider submitted an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At this inspection there was a registered manager in post, who had improved the leadership and management of the service. 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 and associated Regulations about how the service is run. Healthcare professionals told us the registered manager had driven improvements in the care people received. They said this had given them increased confidence that people received the care and treatment they needed.

The number of staff deployed on each shift had increased, although we found that there were sometimes insufficient staff to meet people's needs on the first floor. On the ground floor, there were enough staff deployed to provide the support people needed.

Robust recruitment procedures were being followed, which helped to ensure only suitable staff were employed. The consistency of care people received had improved. The reliance on agency staff had reduced and people said they received their care from staff who were familiar to them.
The registered manager had improved the training, supervision and support provided to staff. All new staff attended an induction and training for all staff had been introduced in key areas.

Medicines were managed safely and people's consent to their care had been obtained and recorded. Any complaints received had been investigated and responded to appropriately. There was a focus on monitoring the quality of the service and the care people received. Any shortfalls were identified and action

taken to address them.

The service was responsive to people's individual needs and care plans were reviewed regularly to ensure they accurately reflected people's needs, wishes and preferences. The availability of activities had increased and people at risk of social isolation were encouraged by staff to engage with others. Records relating to people's care were accurate and up to date.

Staff understood safeguarding procedures and were aware of how to report their concerns if they suspected abuse. Risk assessments had been carried out to minimise the likelihood of harm to people and there were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People told us they enjoyed the food provided. Relatives told us their family members' dietary preferences were known and respected. Catering staff were given guidance about people's individual dietary needs and staff who helped people to eat understood how to provide their support.

People were supported to stay healthy and to obtain treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell. Staff were kind, caring and sensitive to people's needs. People told us they said they had good relationships with the staff who supported them and we observed examples of staff showing people genuine kindness and compassion.

During the inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement

The service was not always safe.

There were insufficient staff deployed in some parts of the service to keep people safe and meet their needs in a timely way.

Staff understood safeguarding procedures and knew how to report any concerns they had about abuse.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the necessary skills and experience to provide effective care.

Staff were well supported in their roles and had access to regular supervision and appropriate training.

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported them and staff were kind, compassionate and sensitive to people's needs.

Staff treated people with dignity and respect.

Staff recognised the importance of encouraging people to maintain their independence and supported people in a way that promoted this.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care and treatment they needed.

Care plans had been improved to reflect people's individual needs, wishes and preferences.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in activities.

Complaints were managed and investigated appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager had improved the support provided to staff and the leadership of the service.

There was an open culture in which people were encouraged to express their views and contribute to the development of the service.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and stored appropriately.

Charlton Grange Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 February 2016. The inspection was unannounced and was carried out by two inspectors and a specialist nursing advisor.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We had not asked the provider to complete a Provider Information Return (PIR) as we were following up concerns identified at the previous inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority quality monitoring team, who had carried out monitoring visits to the service since our last inspection.

During the inspection we spoke with 15 people who lived at the service, nine relatives and two healthcare professionals. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with 12 staff, including the registered manager, regional manager, care, nursing and catering staff. We looked at the care records of six people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at five staff recruitment files and other records relating to staff support and training. We also looked at the staffing rota and records used to monitor the quality of the service, such as the provider's audits of different aspects of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found there were not enough staff on duty to provide people's care and keep them safe. The provider was not able to demonstrate how they calculated the appropriate number of staff on each shift based on people's needs.

At this inspection, we found the number of staff deployed on each shift had increased and the provider was able to demonstrate how they calculated the number of staff required. However although there were more staff on each shift, we found that there were not always enough staff available in some parts of the service.

On the ground floor, people told us that staff were always available when they needed them and responded to their needs quickly. One person on the ground floor said, "If I need anything, I don't have to wait, they are here straightaway" and another person told us, "I don't use the bell, I just give them a shout. They are always here very quickly." Relatives and staff confirmed that there were sufficient staff deployed on the ground floor. One relative whose family member lived on the ground floor told us, "There's always someone around if we need anything" and another relative said of their family member, "They keep her safe and warm and comfortable. They check on her regularly." A member of staff who worked on the ground floor told us, "The staffing is much better than it was. We've got the right numbers now."

On the first floor people sometimes had to wait for care when they needed it and people at risk of falls were not always appropriately supervised. On the day of our inspection there were two care staff deployed on the first floor. Staff told us the full staffing complement for the first floor was three care workers but that on some shifts only two staff were deployed. This was confirmed by the staffing rota. Staff told us some people needed two staff to provide their care due to their mobility needs, which was confirmed in care plans. They said this had an impact on other people as they sometimes had to wait for care when they needed it until a member of staff was available. Staff told us that some people on the first floor were independently mobile but at risk of falls. They said they were not always able to supervise independently mobile people as they were often working together to support people who needed two staff to provide their care. One member of staff told us, "Two to three times a week there are only two carers upstairs. When we don't have enough staff it stressful, I feel under pressure. It's hard to do the meds in the morning when there is only one other carer and I worry that someone could fall trying to walk without a member of staff being there."

Failure to deploy sufficient numbers of staff meant the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. The registered manager told us that safeguarding and whistle-blowing were discussed with staff at individual supervisions and team meetings. This was confirmed by staff. Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

Risk assessments had been carried out to identify any risks to people and the actions necessary to minimise

the likelihood of harm. For example staff evaluated the risks to people of developing pressure ulcers and those at risk of inadequate nutrition and/or hydration. Where risks were identified, staff implemented measures such as pressure relieving equipment and repositioning regimes to reduce the risk of pressure ulcers and food/fluid monitoring charts to address the risk of inadequate nutrition and/or hydration. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence.

The provider had developed plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as adapted baths, hoists and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. A personal emergency evacuation plan (PEEP) had been developed for each person, which detailed the action to be taken to keep them safe in the event of a fire.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Interview notes demonstrated that the provider explored applicants' values and attitudes to supporting people at interview. Prospective nursing staff were questioned about areas including medicines management, wound care and the responsibilities of a registered nurse. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. The DBS helps providers ensure only suitable people are employed in health and social care services.

People's medicines were managed safely. People told us staff helped them to take their medicines at the right time and checked whether they required pain relief. One person told us, "I do not have to worry, I get my tablets at the right time" and another person said, "I speak to the nurse if I need any painkillers." Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. We observed that the member of staff who administered medicines during our inspection was confident with the systems in place and competent in their practice.

Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. Although people received their medicines safely, we found some instances in which the administration of topical creams had not been recorded. This issue had been identified by the provider through medicines audits and we were advised that action would be taken to improve practice in this area.

Good

Is the service effective?

Our findings

At our last inspection, we found that people did not receive consistent care from familiar staff. The service had a high turnover of permanent staff and high usage of agency staff which meant that people did not receive their care from staff who knew their needs. Relatives told us that agency staff did not understand people's needs and this had resulted in inappropriate care being provided.

At this inspection, we found the reliance on agency staff had reduced and that people almost always received their care from staff who were familiar to them. People told us staff knew them well and provided their care in the way they preferred. One person said, "I see the same faces.
The staff all know what I need." Relatives told us that the consistency of staffing had improved and that this had had benefits for their family members. One relative told us, "Things have improved enormously in that regard. There are more staff around now and the staff are more regular, more consistent. They know him and his needs better." Another relative said, "The staff used to change so regularly. There were different staff all the time, which meant there was no consistency. Now I see the same faces, that's a noticeable thing for me." A third relative told us, "There are much more permanent staff now. There are still some agency staff but they are regular and Mum knows them all too. The staff just didn't know the residents before, but they do now."

Healthcare professionals also told us the consistency of staffing had improved the care people received. They said they were confident staff now had a good understanding of people's individual needs and referred people to them when necessary. One healthcare professional told us, "They had too many bank staff in the past but it's completely different now. The stability of staffing has helped enormously. They are more aware of people's needs. Before, I wasn't confident that staff were highlighting people about whom there were concerns. People are getting better care now. They are clean, they are well fed and they are well looked after." Another healthcare professional said, "The continuity of staffing is much improved. Staff can now actually tell me about a resident and if I give advice, they follow it."

At our last inspection, we found that staff had not been adequately supported and had not received all the training they needed to carry out their roles effectively. Staff did not have opportunities to meet with their managers to discuss their training and development needs and training records indicated that a significant proportion of staff were not up to date with their core skills training.

At this inspection, we found that the support and training provided to staff had improved. Staff met regularly with their managers for professional supervision, which gave them the opportunity to discuss their role and seek advice if they needed it. A system of annual appraisals had been introduced, which involved staff and their managers reviewing performance and identifying any training and development needs. Targets had been set for the completion of core skills training by staff, including safeguarding, moving and handling, fire safety and infection control. Progression towards meeting these targets was recorded in the service development plan.

Staff told us the support and training they received had improved in the last 12 months. They said they felt

better equipped to provide the care people needed as a result. For example staff told us that they had attended dementia training, which had improved their ability to provide effective care and support to people living with the condition. Nursing staff told us they had opportunities to attend training areas such as catheter acre, which contributed to their continuing professional development. One member of staff told us, "The support wasn't there before but things have moved on. Supervision is regular now and we have lots of training." Another member of staff said, "We get the training we need now, which has made me more confident when I'm looking after the residents."

At our last inspection, we found the provider had not always gained people's consent to the care and treatment they received. Where people could not give their consent, the provider had not ensured that decisions were made in the person's best interests.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At this inspection, we found the provider had obtained and recorded people's consent and had provided training for staff to support them in understanding consent and how the MCA applied in their work. People told us that staff checked with them that they were willing to receive their care and support. One person told us, "I am always asked for my consent" and another person said, "They always check with me before providing my care." The registered manager had submitted applications for DoLS authorisations where people were subject to restrictions to keep them safe, for example where bedrails were used. Best interests meetings had been arranged where people who lacked capacity needed support to make decisions.

At our last inspection, we found the environment did not support people living with dementia to orientate themselves in terms of time and place. Some of the signage used in the service was incorrect and therefore confusing. For example a dining room had a sign on the door stating 'Activities' and a lounge had a sign on the door stating 'Dining Room.' Noticeboards that aimed to assist orientation by displaying the date and day of the week had not been updated to show the correct details. At this inspection, we found these issues had been addressed.

People told us they enjoyed the food provided. The provider had changed the catering arrangements since the last inspection and people told us they were happy with the new provision. They said they had a choice of dishes at each meal and had access to drinks and snacks outside mealtimes. Relatives told us their family members' dietary preferences were known and respected. One relative said of their family member, "She eats very well" and another relative told us, "She has a pureed diet now but she still enjoys the food."

Care staff provided catering staff with information about people's individual dietary needs, such as gluten free and soft diets, and preferences about their food. Staff who helped people to eat understood their individual needs and how to provide their support. Staff demonstrated good practice when supporting people. They ensured that people were positioned correctly and provided support at an appropriate pace.

They encouraged people to eat and engaged with them positively, making conversation in addition to focusing on the task at hand. Staff told us that increased staffing levels meant they now had the time to support people appropriately and without feeling rushed.

People told us that staff supported them to see a doctor if they became unwell and relatives said their family members were supported to maintain good health. One relative told us, "She is at risk of losing weight so they weigh her regularly. They asked the doctor to see her last week and she has seen the specialist nurse." Another relative told us, "They do monitor his health. They weigh him regularly. When he had a couple of falls they referred him to the falls clinic, which was good, and they put together a care plan."

People's care records demonstrated that they had access to a visiting GP and to other healthcare professionals, such as dentists, chiropodists and the tissue viability nurse. Staff understood their responsibility to monitor people's health and to alert the nurse on duty if they felt a person's condition was deteriorating. Healthcare professionals told us that staff monitored people's health and referred people to them appropriately, which had not always happened in the past. One healthcare professional said, "They refer people more appropriately now, which means there have been fewer hospital admissions. If I ask them to keep an eye on someone, I am confident that information gets passed on and the resident will be monitored."

Good

Is the service caring?

Our findings

At our last inspection, we found that people did not always receive their care from caring and compassionate staff. People told us that some staff were kind and helpful but that others were not. They said that the quality of care they received was dependent on the staff on duty on each shift. Relatives told us that the quality of care their family members received was variable. They said some staff were caring and sensitive to their family members' needs but that other staff were not attentive and did not appear motivated to provide good care.

At this inspection, we found that people were happy with the care they received from staff. People told us the staff who provided their care were kind and caring. They said they had positive relationships with the staff and enjoyed their company. One person told us, "I'm very happy here. The staff are all kind and friendly" and another person said, "The staff are always friendly and happy to help."

Relatives told us their family members were looked after by staff who genuinely cared about them. They said staff were kind to the people they cared for and sensitive to their needs. One relative told us, "The care is very good. The staff are really good with her. They encourage her to eat, they praise her when she does; they try really hard." Another relative said of their family member, "She responds to them so well. She's so used to their voices."

Relatives said the atmosphere in the service had improved in the past year, which had benefited their family members. One relative said, "Things have changed for the better. It's a more friendly atmosphere now." Another relative told us, "Things have been turned around. The staff attitude is much better. The staff now are friendly and cheerful." We observed staff showing kindness and compassion to people. For example we saw staff reassuring people when they became anxious and providing emotional support to people who were distressed.

At our last inspection, we found that people were not given sufficient opportunities to be involved in making decisions and planning their own care. People and their relatives were not consulted about their care plans and when they had requested changes to the care they received, these changes had not been actioned.

At this inspection, we found that people and their relatives were more involved in planning their own care. People and their relatives told us they had been consulted about their care plans and that the plans reflected their needs and preferences. They said that if they had requested changes to their care, these changes had been made. Relatives told us that the way in which staff communicated with them had improved. They said they were now kept up to date about their family members' welfare by staff. One relative told us, "I'm always kept informed now. They get in touch straightaway if there's a problem." Another relative said, "They always let me know what's going on, they're very good at that. And I feel comfortable talking to staff or management, they are all very receptive."

Staff treated people with dignity and respected their privacy. Staff were attentive to people's needs and proactive in their interactions with them. We observed that staff supported people in a kind and sensitive

way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support. Staff respected people's decisions when they wished to spend time alone in their bedrooms or to meet with friends and relatives in private. Staff encouraged people to do things for themselves where possible to promote their independence. For example staff encouraged people to eat their meals as independently as possible and supporting them where necessary.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff understood the importance of maintaining confidentiality and had signed a confidentiality statement.

Good

Is the service responsive?

Our findings

At our last inspection, we found the service was not responsive to people's needs. Care plans did not always reflect people's individual needs and wishes and were reviewed infrequently. Some people were at risk of social isolation because they were not encouraged or supported to engage with others. There were few opportunities to take part in meaningful activities.

At this inspection, we found these issues had been addressed. People and their relatives told us they were now consulted about their care. They said their care plans reflected their needs and that staff knew and respected their preferences. People told us staff provided their care in the way they preferred and relatives said staff responded to their family members' individual likes and dislikes. For example one relative told us staff had purchased their family member's favourite brand of hot chocolate from a shop as it was not available in the service.

People who had moved into the service had a full assessment of their needs to ensure that the staff could provide the care and treatment they needed. Where needs had been identified through the assessment process, these were recorded in people's care plans. Care plans were in place for areas including communication, nutrition, skin integrity, continence, mobility and pain management.

We found that care plans had been reviewed on a monthly basis and any changes in people's care needs recorded. Staff knew the individual needs of the people they cared for and told us they read their care plans regularly. They understood the importance of providing individualised care and responding to any changes in need. One member of staff told us, "We use the care plans to make sure we are providing the care people need." Another member of staff said, "We take into account the needs of each individual resident."

The service employed an activities co-ordinator, who had been given additional support since our last inspection. The activities co-ordinator was not present on the day of our inspection but people told us there were activities they could take part in if they wished. Relatives told us that the provision of activities had increased since our last inspection. They said people who spent the majority of their time in their rooms were encouraged by staff to engage with others. One relative said, "There is more going on now than there was. My relative doesn't always take part but the activities co-ordinator encourages him to join in."

At our last inspection, we found that staff did not always communicate information about people's needs effectively. At this inspection, we found that the way in which staff shared information had improved. Staff told us that they always received a handover at the beginning of their shifts. They said these handovers were comprehensive and included updates on any incidents or accidents, changes in people's needs and any concerns about people's health or well-being. One member of staff told us, "The handover is very thorough. We go through all the residents and their needs."

At our last inspection, we found that complaints were not managed appropriately. Relatives told us that complaints they made about their family members' care had not resulted in any improvements. At this inspection, we found the response to complaints had improved. The volume of complaints received had

reduced significantly and people told us any complaints they had made had received an appropriate response. One person told us, "If I've made a complaint, they've always sorted it out." Other people said they had not needed to make a complaint but were confident any concerns they raised would be addressed. One person told us, "I would know who to talk to if something wasn't right. They have encouraged us to tell them if we're not happy so they can put it right."

Good

Is the service well-led?

Our findings

At our last inspection, we found that the service had not been well-led. There was no registered manager in place and the lack of effective management had allowed a culture to develop within which some staff displayed inappropriate behaviour and attitude. Relatives told us staff who behaved inappropriately were able to do so without sanction.

At this inspection, there was a registered manager in post, who had improved the leadership and management of the service. The registered manager was supported in managing the service by the provider's regional manager. Staff told us the registered manager's approach had improved the consistency of leadership they received. One member of staff said, "The manager is very good. She has been very clear about her expectations." Another member of staff told us, "[Registered manager] is very supportive but she's firm when she needs to be."

Staff said the registered manager had improved the support they received to do their jobs. One member of staff said, "We can go to her if we have a problem. She has an open door policy." Another member of staff told us, "If I have a problem I can speak to the manager. She is very approachable and supportive." A third member of staff said, "Things have improved since I started last year. There is better communication from management and better teamwork now."

We saw evidence that the registered manager had introduced regular meetings for staff groups including nursing, care, activities and cleaning staff. The notes of the meetings demonstrated that staff were asked for their views and ideas about how the service could improve. A staff recognition award had been introduced, which the registered manager said aimed to recognise staff who had been identified by people and their relatives as 'going the extra mile' in their work.

Healthcare professionals told us the registered manager had driven improvements in the care people received. They said this had given them increased confidence that people received the care and treatment they needed. One healthcare professional told us, "There has been a great improvement. There is much better management now, more organisation. I deal directly with [registered manager] at the end of my rounds. We have a good rapport. It's reassuring to me that there's somebody I can rely on." Another healthcare professional told us, "The manager has made a lot of improvements. Staff are well supported now and the staff who had a poor attitude have gone. It feels a lot calmer as a result, more settled, which is good for the staff and the residents."

At our last inspection, we found the provider did not have an effective quality monitoring system. Monitoring visits were carried out but did not always identify shortfalls or concerns. We found that care records were not always kept up to date or completed accurately.

At this inspection, we found the provider had taken action to address these concerns. Key areas of the service were now checked and audited regularly. The regional manager produced quality monitoring reports based on checks and observations made over a number of days each month. The regional manager

checked the responses to any complaints received, safeguarding issues, infection control, pressure ulcer and wound care, fire safety, moving and handling, medicines and care documentation. The regional manager also observed care practice and checked how staff recorded the care they provided. Where areas were identified for improvement through the monitoring process, there was evidence that action had been taken to address them.

The records we checked relating to people's care were accurate, up to date and stored appropriately. They provided information about the care people received, their health, the medicines they took and the activities they took part in. They provided evidence that health and social care professionals had been involved where necessary to ensure people received the care they needed.

Staff told us the registered manager had made clear their expectations in terms of recording. They said they had been given guidance to ensure that documentation accurately reflected the care and treatment people received. Relatives told us they had noticed a marked improvement in the quality of recording. One relative said, "The paperwork is much better now. They record what he's eaten, when they have turned him, the care they have given." Another relative told us, "I always check the care records when I visit and they're always up to date."

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 18 HSCA RA Regulations 2014 Staffing The registered person had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff.