

Sanctuary Care Limited

Yarnton Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We visited Yarnton Residential and Nursing Home on 21 April 2015. Yarnton provides residential and nursing care for people over the age of 65. The home also provides a service for people who are living with dementia. The home offers a service for up to 60 people. At the time of our visit 44 people were using the service. This was an unannounced inspection.

We last inspected in September 2014 following concerning information we received about the service. At the inspection in September we identified that people's care, welfare and nutritional needs were not always being met. Additionally people were not always being treated

Summary of findings

with dignity and respect. People did not always receive their medicines as prescribed and the provider and registered manager did not have systems to monitor and improve the quality of service people received.

Following our inspection in September we imposed a condition on the provider that they were to admit no more people until these concerns around people's care and welfare and the management of the service had been addressed. At our inspection in April 2015, we found the provider had made significant improvements, however we still had concerns around the management of people's medicines.

In April 2015, there wasn't a registered manager in post at the service. The provider had an interim manager who had been in post since September 2014 and had applied with CQC to become the registered manager. Prior to our inspection a new manager had been recruited and was in their induction with the provider. 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 didn't always receive their medicines as prescribed. This meant people did not have the medicine they needed to ensure their health and well being. We issued a warning notice to the provider and discussed this with the provider who assured us that action would be taken.

People were cared for by kind and compassionate care workers. Staff knew the people they cared for and what was important to them. People's choices and wishes were respected by care and nursing staff.

The health needs of people were being met. Staff had received support from healthcare professionals and worked together to ensure people's individual needs were being managed. People received support to meet their nutritional needs.

Staff promoted choice around meals and ensured people had more food if they wished. People told us they had enough to eat and drink.

People had access to a range of activities and events. We observed people enjoying activities in the home and the home had a welcoming and relaxed atmosphere. People told us they enjoyed activities and trips out of the home.

Staff ensured people received personal care in privacy. Systems were in place to ensure when people were being assisted by care staff they would not be disturbed. People were involved in their care and their involvement was promoted.

People and their relatives spoke positively about the management of the home and the improvements that had been made. People, their relatives and staff were still anxious about the changes within the management of the service. The provider was aware of these concerns.

The provider had implemented a number of systems to improve the quality of care people received. These systems were having a positive impact on the lives of people living at the home. Staff were given the information they needed to meet people's needs.

The interim manager had made applications where people were being deprived of their liberty, these had been completed in accordance with the Deprivation of liberty safeguards. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. Staff understood the principles of the Mental Capacity Act 2005.

Staff had the training they needed to meet people's needs. Staff told us they felt supported by the interim manager and the provider, however not all staff had received regular one to one meetings with their line manager. We have made a recommendation that staff receive effective formal supervision and appraisal.

We found one 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.

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?

The service was not always safe. People did not receive their medicines as prescribed. Staff did not keep an accurate record of people's stock.

People felt safe at the home. Care and nursing staff had good knowledge of safeguarding.

There were enough staff deployed to meet the needs of people living at the home. Where staff had identified risks, appropriate action was taken.

Requires Improvement



Is the service effective?

The service was not always effective. Care and nursing staff were not always supported through an effective supervision and appraisal process.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, staff took appropriate action.

Staff had good knowledge of the Mental Capacity Act.

Requires Improvement



Is the service caring?

The service was caring. People spoke positively about the care they received from care staff.

People were treated with dignity and kindness from staff and were supported to make choices.

Staff respected people and ensured that their dignity was respected during personal care.

Good



Is the service responsive?

The service was responsive. People were involved in planning and reviewing their care needs.

People were supported with activities and were able to spend time with staff. Relatives were informed when people's needs changed.

The service sought people's views and had acted on people's comments to change the service.

Good



Is the service well-led?

The service was not always well led. There was no registered manager in post. Audits around medicine did not identify concerns found during the inspection.

People and staff felt the management team at the home were approachable and positive.

The management team had acted on a range of concerns to improve the quality of service people living at the home received.

Requires Improvement



Yarnton Residential and Nursing 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 checked 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 took place on 21 April 2015. The inspection team consisted of two inspectors, a specialist advisor, with a background in dementia and nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a

notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams. We also sought the views of one healthcare professional.

We spoke with 14 of the 44 people who were living at Yarnton Residential and Nursing Home. We also spoke with people's relatives. Not everyone we met was able to tell us their experiences, so 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.

In addition we spoke with two registered nurses, six care workers, a domestic worker, the chef, an activity co-ordinator, the deputy manager, the interim general manager and two regional managers. We looked around the home and observed the way staff interacted with people.

We looked at people's care records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service.

Is the service safe?

Our findings

At our last inspection in September 2014, we found people did not always receive their medicines as prescribed. Care and nursing staff did not always keep an accurate record of when people had been assisted with their prescribed medicines. We also found medicines were not always stored appropriately and the service was not following processes around covert medicines. At this inspection we found the provider had taken some action, however we still identified concerns.

Six people had not received their medicines as prescribed in April 2015. When we checked people's prescribed medicines against their medicine administration record (MAR) charts we found records did not accurately reflect the stock. Care and nursing staff had signed to record they had given people their medicines on MAR charts, however they had not assisted people to take this medicines. When we discussed this with nursing and care staff they were unable to account for the discrepancies.

One person was prescribed a medicine which needed to be given in variable doses. We saw nursing staff did not always give the person the correct dose. This meant the person was not always receiving their medicine as prescribed which may have a negative impact on their wellbeing.

Care and nursing staff did not always keep an accurate record of people's prescribed medicines. One person had been prescribed pain relief. We saw this person's medicines had run out the day before our inspection and care staff had not been able to give this person their medicine on four occasions. We discussed this with a care worker who informed us they had requested an urgent prescription and due to the person's needs were requesting a GP review their medicine.

These concerns were a breach of regulation 12 (f) (g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

One person required their medicines be administered covertly as they refused medicines which they needed for their health needs. Staff had identified the person did not have capacity and did not understand the importance of taking their prescribed medicines. A best interest meeting was held, with staff, the person's family and GP. It was decided that it was in the best interest of the person to

ensure they received their medicines covertly. Clear guidance was in place from the person's GP on how staff were to assist this person. Care staff we spoke with knew how to support this person with their medicines.

People told us they felt safe living at the home. Comments included: "I am safe here, without a doubt.", "It's a nice place, I'm comfortable here" and "we both feel safe and secure." A relative told us they felt their loved one was safe in the home.

Staff we spoke with had knowledge of types of abuse, signs of possible abuse, which included neglect and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the nurse in charge, the manager or the provider. One staff member said, "I would inform the care leader and the manager immediately." One staff member added that, if they were unhappy with the manager's or provider's response, "I can go to the Care Quality Commission or safeguarding, there is information to support me." Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The interim manager and deputy manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the interim manager and representatives of the provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm.

People and their relatives told us there were enough staff. Comments included: "Staff are always at hand. No complaints at all about that", "There are always carers around and there are enough to cope" and "always someone around." One person told us there was enough staff, however they felt there was sometimes an issue during the evenings. They said, "There is an overlap from about 7.45 to 8.30(pm) for handover. This is the period when it can be difficult if anyone needs help."

People had call bells in their bedrooms and we saw these were always within their reach. Care staff told us they checked on people who preferred to spend time in their room or who were in bed as not everyone was able to use their call bell. We observed care staff and nurses responded promptly when call bells were used. One person said, "They are well trained and very prompt." We observed care staff

Is the service safe?

and ancillary staff spend time with people, talking about their days and their interests. The atmosphere in the home was calm. One person told us, "I like that they come and talk to me, it's very nice."

Staff told us there were enough staff to meet the needs of people. Comments included: "There are enough staff. We have time for the residents", "There are plenty of staff around, we all help each other out" and "the staffing is good here, it's definitely improved."

The interim manager and regional manager ensured there were enough nursing and care staff available to meet the needs of people. They had a tool to assess how many staff were needed to meet people's need. Staff rotas showed the numbers of staff required were on shift.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. In addition staff told us they received induction training and a period of shadowing of more experienced staff.

People had assessments which identified risks in relation to their health and wellbeing. These included moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to maintain their independence. For example, detailed risk assessments were in place to enable people to safely self-medicate or drive independently.

Is the service effective?

Our findings

At our inspection in September 2014, we found that people were not always supported with their healthcare and nutritional needs. We found people who were at risk of pressure area care were not always assisted to ensure they were protected from risk. People did not always receive appropriate support to have an appropriate diet. Following this inspection we imposed a condition to restrict the provider admitting new people at this service. The provider gave us an action plan and told us how they would ensure people's needs would be met. At this inspection we found appropriate action had been taken.

People spoke positively about the food they received. Comments included: "The roast meals are very good and the others are OK", "The food is very adequate and suitable for all tastes", "I have a good appetite and enjoy my food" and "I'm not really a very sociable person and I prefer to eat on my own. I had a nice sandwich for lunch as I much prefer plain cooking." One person told us the chef had won a prize from the provider in recognition of their work.

People had choice at mealtimes. We observed care workers assisting people to make choices. A care worker showed people two options for lunch. This enabled people to see and smell the meal before making a choice. One person asked to have a bit of both meals, a care worker supported this person. The person told us, "we always get choice. I like to have a variety and I enjoy it." One person told us they got plenty to eat and drink.

Staff supported people who were at risk of dehydration and malnutrition. Care staff had identified one person who was at risk of malnutrition following a recent stay in hospital. Care staff supported the person with their lunch and documented how much they had eaten. One care worker told us, "we've been concerned they're tired and we've asked their doctor to come and review their medicines."

Other people were supported by staff with thickened fluids because they were at risk of choking. Where staff had identified people were at risk of malnutrition, food supplements were available and the chef produced calorie rich meal options. Staff understood how to meet each person's dietary needs and report any concerns when they had identified them.

Nursing and care staff ensured people were protected from the risk of pressure damage. Nursing and care staff had

identified where people were at risk of pressure sores to ensure their needs were met. Care staff ensured people were repositioned and had access to pressure relieving equipment, such as pressure mattresses and cushions. Nursing and care staff knew how to care for people, when to assist them to turn and where they needed topical creams (prescribed medicines to moisten and nourish skin) to ensure their healthcare needs were met.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses, speech and language therapists, and other professionals from the Care Home Support Team (The care home support service provides specialist advice and guidance to improve the care people receive). One healthcare professional told us staff sought their advice when necessary. They also said when advice was provided, this was followed. They told us, "I enjoy coming here. The staff want the best for residents and they are open to suggestions" and "I've been impressed with how staff manage people's needs. People like it here."

Staff understood their responsibilities under The Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). Nursing and care staff ensured where someone lack capacity to make a specific decision, a best interest assessment was held. For one person a best interest decision had been made as the person wished to leave the home, however they did not have the capacity to understand the risks to them outside of the home. A best interest meeting was held and the manager made a Deprivation of Liberty Safeguards (DoLS) application. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

Where the home had applied to deprive some of their liberties, they ensured care plans gave care and nursing staff clear guidance on how to meet these people's needs in the least restrictive ways. These care plans were reviewed to ensure people's care was effective and the need to deprive people of their liberty was still necessary.

People told us care and nursing staff were trained and knew how to meet their needs. Comments included: "I'm well looked after and there is always plenty of help if I need it", "They are well trained and very prompt" and "Some of

Is the service effective?

the carers are more in sync with us and are very good." One relative told us, following a period of staff turnover, that things had improved. They told us their relative had a named key worker (a key worker is a point of contact for the person, their relatives and other staff) which had really helped improve consistency.

Staff told us they had a range of training to meet people's needs and keep them safe including safeguarding adults, moving and handling and fire safety. Staff spoke positively about the training they had received. Comments included: "There is plenty of training, it's really good", "I've had training. I had a really good induction when I started. I got the information I needed" and "the training and support we have is good and has really improved."

Staff were supported to develop professionally and told us they could request training. One care worker told us how

they used their supervisions to request training. They said, "I told my manager in one to one's I liked to be challenged. Sanctuary has helped me a lot and let me access lots of training, and I provide training to other staff."

Care staff told us they felt supported by the interim manager and deputy manager of the service. However, a number of care staff had not had regular supervision (a one to one meeting with their line manager). No nursing or care staff had received an annual appraisal (a meeting with their line manager to discuss their developmental needs). We discussed this concern with a regional manager who informed us appraisals for all staff were to be completed by July 2015.

We recommend the provider ensures all staff receive effective and regular supervision to ensure they have the skills to meet people's needs and support their professional development.

Is the service caring?

Our findings

At our last inspection in September 2014, we found that people were not always treated with dignity and respect. People's choices were not always respected and staff did not always have respect for their dignity. Following our inspection in September 2014 the provider gave us an action plan. At this most recent inspection we found the provider had taken action to ensure people were treated with dignity and respect.

People and their visitors told us they were treated with kindness and compassion by care staff. Comments included: "the staff are definitely caring", "The staff are very chatty and there is an 'at home' feel here", "I'm quite happy with everything here." One relative told us how their relative was cared for well and had no concerns about the service.

We observed a number of positive caring interactions between care staff and people. For example, we observed a care worker assist someone with their lunch. They gave the person a choice of their meal and sat next to them. They supported the person to eat independently, prompting them with their cutlery. The person smiled and assisted themselves to eat. The care worker talked to the person, ensuring they were okay. The person ate their meal and decided they did not want to eat their pudding in the dining room. Care workers respected this choice, and made sure the person was comfortable.

Care staff assisted people in a respectful way. We observed two care workers support a person from their wheel chair into an armchair in the upstairs lounge. The person wasn't able to communicate their needs however the care workers worked together as a team and explained carefully what was going to happen and ensured the person was as comfortable as possible during and following the transfer. We saw the person was comfortable as they were assisted and was content once they had been supported.

People's choices around their health care needs were respected. One person had a health condition which was treatable. The person had made a clear decision they did not wish to have treatment for this condition. This was recorded on the person's care plan and care staff clearly understood and respected the person's decision. One care worker said, "we're aware of it, and ask them about it. However it doesn't cause them any issues."

Care and nursing staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. Care staff told us about one person who walked around the home, they told us how they supported the person and what was important to them. We observed one care worker sit with this person and talk to them about their interests. The person, when asked, told us they were happy in the home.

People told us they were always supported to make choices and care staff respected their views. One person said "They [care staff] prefer you to tell them what you want, they don't get grumpy!" Another person told us how staff always sought their permission to go into their room. We also observed staff ask this person, during their breakfast if it was okay to change their bed. They said, "They give me support if I need it but I can normally manage but the help is there. I make my own bed but they would do it if I asked."

Care staff gave people the information to make decisions. One person told us they lived in the home with their wife. They told us how their wife's needs had changed and they required nursing care. This person said, "They need proper nursing care which would disturb my sleep." They told us how care staff supported them to spend time with their wife during the day. They spoke positively about staff and the support they received.

People were treated with dignity and respect. People told us they received personal care in the privacy and comfort of their room. We observed care staff assist one person who wished to go to bed. Staff gently supported them and made sure their door was closed. Where people were receiving personal care in their rooms, staff used a light system so they weren't disturbed. One care worker told us, "We can turn the light above the door green. This means we're assisting people with their personal care and shouldn't be disturbed. It's worked really well." We observed that staff used this light system consistently to ensure people's privacy and dignity was respected.

Care staff told us how they ensured people were treated with dignity and respect. Comments included: "We always make sure people are cared for in private. Close doors and curtains", "We talk to people, involve them" and "We all know the residents come first."

Is the service responsive?

Our findings

People's care plans included information relating to their social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. People's care records showed where people and their relatives had been involved in planning their care and documenting their preferences. Each care plan documented if people wished to have a male or a female care worker, and what parts of their personal care they liked to do themselves.

The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs. People told us they were involved in planning their care. We also saw where appropriate, people signed documents in their care plan which showed they wished to be involved. One person explained how they were involved in their care, and had made decisions about how they wished for staff to promote their independence. This was clearly recorded in the person's care plan.

Where necessary, people's relatives were involved in their healthcare needs. We saw people and their relatives were invited to review meetings with care staff. These meetings enabled people and their relatives to discuss their views on the care. We saw where concerns or improvements had been identified, care staff ensured clear actions had been implemented. For example one review had identified a change in the person's needs which care staff acted on and recorded. This meant all care staff had the guidance and information they needed to assist this person.

People told us they enjoyed their social life and activities within the home. Three people told us they enjoyed activities such as garden club, handicrafts and knitting. One person told us how they enjoyed their space and could see the home's rabbits from their room. Another person told us how they were supported by staff to access the community and go shopping in local towns. They said, "The home has its own minibus to take us out and they drop us off for half an hour or an hour depending on what we want to do."

We observed people being involved in activities throughout our inspection. We saw a group of people enjoying knitting in the garden, whilst other people enjoyed watching a film. Another group of people took time to sing with each other.

We spoke with one of these people who said, "I love to sing with my friends." We observed people receiving support from two hairdressers and a hand care assistant in the salon. There was a good atmosphere with everyone chatting and laughing with staff.

People and their relatives spoke positively about the activity lead in the home. One relative told us how the activity lead "borrowed" their dogs to show other residents. They said, "they work very hard to keep everything like a family atmosphere and encourages families to come in."

We spoke with the activity lead who told us how they ensured people had access to activities which were important to them. They told us they had arranged for care workers to have advice on how to provide activities when they were not around and provided equipment for staff to use. They discussed a range of events and activities they had started based on people's needs. Events included a ladies day, a car boot sale, fish and chip nights and a pub quiz night for St George's day.

People who were cared for in their rooms received support from the activity lead and care staff to reduce the risk of social isolation. The activity lead told us they provided sensory support to people using a mobile sensory unit which contained bubble machines, music and special lighting. They also explained how they would offer hand massages. We saw care staff, domestic staff and hairdressers assist people in their own rooms. One person wanted their hair cut, however they were not well enough to attend the salon, so the service arranged for staff to go to them. Care staff and domestic staff took the time to sit with people and talk about their days and interests which had a clear positive impact on people living in the home.

People and their visitors told us they knew how to raise concerns. One person's relative raised concerns about an incident which made their relative feel frightened. They told us they raised this concern at a residents meeting and an acceptable outcome had been achieved. There was guidance on how to make a complaint displayed in the home in accessible locations for people and their visitors. We looked at the interim manager's complaints and complements record and saw all complaints had been dealt with in line with the provider's policy. For example one complaint was thoroughly investigated and led to a full review of one person's care with support from healthcare professionals.

Is the service well-led?

Our findings

At our last inspection in September 2014, we found concerns that the service was not always being managed. People, their relatives and staff had concerns of how the service was being run. The service also did not have systems in place to monitor and improve the quality of the service people received. Following our inspection we imposed a condition on the service to restrict further admissions. The provider provided us with an action plan documenting how they were going to improve the service. At our most recent inspection we found significant improvements had been made, however while these improvements had been embedded, people, their relatives and staff were unsure of the stability of management at the service.

People, their relatives and staff spoke positively about the interim manager of the home, and felt they were approachable. Comments included: "The manager is approachable. They've been really good, however we know things are changing", "there has been lots of improvements, however we're anxious about another manager coming and if these improvements will continue" and "since we've had the current manager I would say the place is definitely 100% well led. The manager is so approachable, so supportive."

At the time of our inspection the service did not have a registered manager. The interim manager had applied to become the registered manager, however a new manager had recently started at the service. This manager was working with the interim manager in the short term and had support from a regional manager employed by the provider. It is a condition of this services registration that a registered manager is in post. The regional manager was also regularly at the service and was visible and available to people as well as to provide support to the manager.

Following our last inspection the provider, regional manager and interim manager implemented a detailed service improvement plan to ensure people were receiving a good quality service. The service improvement plan provided clear details of concerns or shortfalls the service had identified and clear action plans. For example, concerns around care plans had been identified by the manager and clear actions have been put in place to ensure these concerns are dealt with. When we checked people's care plans we could see why management had

reviewed the documents and raised concerns. The regional manager discussed plans to change how people's care needs are documented. The regional manager stated they were looking at electronic systems to record people's care needs and additional systems to ensure a record of people's care needs remained current and factual.

The interim manager and provider had identified concerns around the management of medicine in the home. They had implemented weekly audits for care and nursing staff around the recording of people's prescribed medicines. At this inspection we did find concerns around medicine. We discussed this with the regional manager and director of care operations for the provider. They informed us an audit of people's medicines had been completed at the start of April 2015 which did not identify concerns found at our inspection. They also informed us they were taking immediate action to ensure future concerns around people's medicine would be minimised.

The interim manager and regional manager had implemented systems to monitor the quality of the service they provided to people. These included audits on people's care plans and incident and accident audits. We saw incident and accident audits analysed all incidents and accidents within the home. The manager used this information to identify any concerns or trends. We looked at this information and saw the manager ensured people were made safe after incidents. We could see from the information there were no trends, however the information would enable the manager to identify any trends.

People and their relatives views were sought and acted upon. The provider carried out an annual survey to understand the views of people who used the service and their representatives. Results of this survey were displayed at the service and any actions were included in the service's service improvement plan. From the last survey 76% of people using the service said they were happy with activities. People we spoke with told us activities had improved since the last inspection. This meant the provider had systems to listen to people's views.

The regional manager and interim manager carried out resident and relative meetings and was planning to arrange meetings to introduce the new manager. They hoped to increase the frequency of these meetings to ensure people and their relatives had the information they needed. The service also provided a newsletter to people and their

Is the service well-led?

relatives to help improve the information people received. The views of people and their relatives were also sought through one to one meetings and people spoke positively of these meetings.

Team meetings were carried out by the interim manager to ensure care and nursing staff had the information they needed. Meetings also discussed concerns identified during audits and gave clear directions to staff around training, care plans and health and safety. Care and nursing staff told us they could not always attend team meetings, however they always had access to meeting minutes and could discuss the meetings with their line managers and colleagues. One care worker told us, "I haven't been to a team meeting yet. I do get all the information and support I need though."

Care and nursing staff told us they were supported by the interim manager and regional manager to be involved in changes at the service and also to make decisions where necessary. All staff we spoke with spoke positively about

being involved in changes. One member of staff spoke positively of the support they received. They told us, "I'm always involved. I have helped in reassessing people's needs (if they've been in hospital) and I do family reviews. I have got the support to make decisions."

All staff spoke positively about challenging unsafe practices in the home and knew how to whistle blow if they had any concerns. Comments included: "If I had concerns I would challenge them" and "I would be confident in raising concerns."

Staff told us they received feedback from the provider and manager's at the service. This feedback was communicated in team meetings and through memos. One member of staff said, "We do get feedback." Another member of staff told us, "The feedback I enjoy is from residents and their families. When they say thank you it makes my day." We saw a record of compliments which had been made by people and their representatives about the care staff provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12.— <ol style="list-style-type: none">1. Care and treatment must be provided in a safe way for service users.2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— (f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; (g) the proper and safe management of medicines.

The enforcement action we took:

We have issued a warning notice informing the provider they must make improvements by 31 May 2015.