Care Quality Commission

Tamaris Healthcare (England) Limited

Warrior Park Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
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

Warrior Park Care Home is registered to provide nursing and personal care. The home is registered for 56 places but there are only 48 bedrooms following the reduction of shared rooms and conversion of some rooms for storage. There were 41 people living there at the time of this inspection. The home is a two storey purpose-built building with secure gardens. The ground floor provides accommodation for people with nursing or personal care needs, whilst the first floor provides accommodation and nursing or personal care for people living with dementia.

The home had a registered manager but they had resigned and were leaving their employment that week. The provider had identified another experienced manager who was going to transfer to the home in the near future, and they would be applying to be registered as manager of Warrior Park Care Home.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

This inspection took place over two days. The first visit on 20 January 2015 was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 21 January 2015.

The last inspection of this home was carried out on 22 September 2014. At that inspection we found a breach of regulation in relation to the accuracy and completeness of care records. We asked the provider to make improvements to care records. During this inspection we found the provider had reviewed and improved the accuracy of care records.

During this inspection we found the provider had breached a regulation relating to the support and development of staff. This was because staff had not received supervision or appraisals, so they were not being offered support in their role as well as identifying the need for any additional training. You can see what action we told the provider to take at the back of the full version of the report.

People and their relatives felt the service was safe and they felt comfortable with staff who supported them. Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected. Potential risks to people's safety were assessed and managed. People's medicines were managed in a safe way.

People told us there were enough staff to meet their care needs. One person commented, "If you are in your room all you have to do is press the bell and someone comes to see what you want." Staff were vetted before they started work so that only suitable staff were employed. They had good opportunities for training that was relevant to their roles. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and deprivation of liberty safeguards to make sure they were not restricted unnecessarily.

People told us the meals were "very good". They were supported to eat and drink enough so their nutritional well-being was maintained. People's health needs were assessed and monitored and the staff contacted relevant health care professionals when necessary. A visiting health care professional told us, "The staff act on any guidance we've given and they're encouraged to phone us if there are any changes in people's health."

People had many positive comments about the "caring" and "helpful" attitude of staff. For example, one person said, "All staff are very good, they do everything in their power to help." People were treated with respect and dignity. There was a warm, friendly atmosphere in the home and there were positive interactions between staff and the people who lived there.

People and relatives told us there was a good range of activities at the home. Staff made sure people had the chance to go out shopping or to local places, including the library, church and pub. People and their relatives knew how to make a complaint if necessary and were confident these would be acted upon.

People, relatives and staff felt the home was well run. They were able to give their views and suggest improvements, although staff said they did not always receive feedback about their suggestions. The provider had a quality assurance programme to check the quality of the service, but commissioners had identified a lack of in-house checks in areas such as pressure care, infection control and continence. The provider had started to carry out work to address these shortfalls, but it was too early to check the effectiveness of the improvements.

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?

Good

The service was safe. People said they felt safe living at the home and comfortable with the staff who supported them. Staff knew how to recognise and respond to abuse in the right way.

There were sufficient staff to meet people's needs. The home only employed staff who had been vetted to make sure they were suitable to work with vulnerable people.

Staff managed people's medicines in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had not had regular supervision sessions or annual appraisals so had not been supported with their professional development.

People felt their needs were met and were positive about the support they received from staff. People were supported to eat and drink enough to maintain their nutritional health.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, unless it was in their best interests.

Is the service caring?

Good

The service was caring. People and their relatives felt staff were kind and helpful.

People were assisted by staff in a courteous and patient way. Staff understood how to support people in a way that upheld their dignity and privacy.

Many of the staff had worked at the home for some years and had established good relationships with people and their relatives.

Is the service responsive?

Good

The service was responsive. The care records about people needs had improved so that these were now kept up to date.

There were meaningful activities for people to participate in, either individually or in groups, to meet their social care needs. There were good opportunities for people to go out in the local community.

People knew how to make a complaint or raise a concern. They were confident these would be listened to.

Summary of findings

Is the service well-led?

The service was not always well led. The provider had a quality assurance programme to check the quality and safety of the service, but improvements were still taking place to how checks were carried out.

People felt there was an open, welcoming and approachable culture within the home.

Staff said they could make suggestions about how to improve the service but were not sure if these were communicated to the provider.

Requires Improvement

Warrior Park 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 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 started on 20 January 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist adviser 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. A second visit was carried out on 21 January 2015 by an adult social care inspector which was announced.

Before our inspection we reviewed the information we held about the home, including the notifications of incidents that the provider had sent us since the last inspection. We contacted the commissioners of the service and the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with eight people living at the home, five relatives and friends and a visiting health care professional. We also spoke with the registered manager, a regional manager, the deputy manager, two senior care workers, four care workers and a member of catering staff. We observed care and support in the communal areas and looked around the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of seven people, the recruitment records of six staff members, training records and quality monitoring reports.

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 also joined people for a lunchtime meal to help us understand how well people were cared for.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe at the home. Their comments included, "If I didn't feel safe then I would not stay here", "Yes, perfectly safe, the staff are kindness itself" and "I feel very safe in here with the staff". One person told us, "Everything is safe, staff are very good and if I had any worries I know I could tell the manager." Visitors also confirmed they thought their family members were safe at the home. One relative commented, "We feel this is a good, safe home for her to be in."

All the staff we spoke with had a good understanding of safeguarding and how to report any concerns they had about the safety or care of people. Staff confirmed they completed training in safeguarding vulnerable adults and whistle-blowing. They were able to tell us how they would respond to any allegations or incidents of abuse and were aware of the lines of reporting in the organisation. One staff member told us, "I have confidence in the system and am positive it would be followed through by the management." Another staff member said, "I feel any concerns would be listened to but I know I could go further up [in the organisation] if I got no response." There were copies of the safeguarding procedures in the nurses' office so staff had access to these at any time.

Risks to people's safety and health were assessed and recorded in each person's care files. There were risk assessments about people's potential for falls, pressure damage to their skin and using moving and assisting equipment. The risk assessments were reviewed each month. The provider also had a computer-based reporting system in place to analyse incident and accident reports in the home. This was to make sure any risks or trends, such as falls, were identified and managed. For example one person had experienced several falls in a short period and staff had taken action to minimise this risk. This included increased monitoring and referrals to all relevant agencies, such as the falls clinic who arranged for a medicines review and a brain scan. We saw that where people who were living with dementia walked around the home, staff were attentive to them and ensured they were kept safe.

All the people we spoke with were of the opinion there were enough staff on duty to meet their needs. One person told us, "There are always one or two of the girls around if you need anything or any help at all." Another person commented, "If you are in your room all you have to do is press the bell and someone comes to see what you want." One person said, "I think there are enough staff, nobody grumbles and says they are too busy and you always get help if you ask for it." People in the dementia care unit were not able to give us their opinions of staffing, but we saw there was good staff presence throughout the day. Staff spent time engaging with people and regularly checked on people who were in their bedrooms.

The staff members we spoke with commented, "I feel like we have enough staff" and "there's enough although we could always do with an extra pair on hands around mealtime and when we assist people in the morning". One staff told us, "It can feel busy sometimes, especially when we get tied up with paperwork, but we always make sure it's safe for people."

There were two senior care staff, five care workers and one nurse (who was the deputy manager) on duty during the days of this inspection. Night staffing levels were one nurse, one senior and three care workers. Staff rotas showed this was the typical staffing at this home. The provider had recently introduced a new staffing tool, called CHESS, to determine the staffing levels. The new tool used the dependency levels of each person (for example, if they had mobility needs or were cared for in bed) to calculate the number of care and nursing staffing hours required throughout the day and night. The new staffing tool indicated that the staffing levels provided were sufficient.

We looked at the recruitment records for six staff members and spoke with staff about their recruitment experiences. We found that recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

The registered manager carried out monthly checks to make sure that nursing staff were registered with the Nursing and Midwifery Council (NMC). This helped to make sure people received care and treatment from nursing staff who were required to meet national standards and abide by professional code of conduct.

There were two vacant posts for registered nurses. These hours were being covered by the existing nurses (including

Good

Is the service safe?

the registered manager and deputy manager), two 'bank' nursing staff and a regular nurse from the provider's own nursing agency. One domestic staff member was on sick leave and those hours were also being covered by existing staff. The registered manager said staffing was "safe" and that staff were always willing to help out in an emergency. There were contingency arrangements for staff absences although the registered manager tried not to use agency staff unless it was critically essential as they would not be familiar with people's needs.

People felt they got the right support with their medicines and at the right times. One person told us, "The nurse gives me my medicines. I get them three times a day. She always gives me some water to help them down." Another person commented, "The nurse knows my medicines better than me. I forget what I have to take, but she keeps me right."

The 'lunchtime' medicines round was observed. People got their medicines at the right time and as they were prescribed, for instance either before or after meals. Staff checked to make sure the right medicines were being prepared and photographs helped staff to make sure the right person was given their medicines. Staff explained to people what the medicines were. Staff also supported people to take their medicines, provided them with drinks, and made sure people were comfortable in taking their medicines.

The staff member remained with each person to ensure they had swallowed their medicines. The staff member then signed the medication administration records (MARs), which made sure an accurate record was kept about the medicines people had taken.

All medicines were securely stored within the medicines trolley or the treatment room. The medicines trolley was well organised by people's names and room number. The nurse and senior staff who were responsible for administering medicines had received training in this and undertook annual competency checks and refresher training. The service had an up-to-date medication policy. This included all the required guidance for staff in managing medicines in a safe way and in line with current regulations and guidance. This meant the arrangements for managing people's medicines were safe.

Requires Improvement

Is the service effective?

Our findings

We looked at how the provider supported the development of staff through supervisions. Supervisions are regular meetings between a staff member and their supervisor, to discuss how their work is progressing and where both parties can raise any issues to do with their role or about the people they provide care for. It was evident from supervision records that some nurses and care staff had had only one or no supervision sessions in the past year, which was contrary to the provider's own supervision policy. Some staff had not had an annual appraisal with a line supervisor in the past year. This meant the provider had not made sure that the professional development of staff was supported or assessed. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with felt the service met their care needs. One person told us, "I am not a demanding person but if I ask for anything the staff respond. They are very good indeed." A relative commented, "I come in twice a day and observe the care she gets. I am happy with the care she gets."

People told us staff were trained and experienced in care. For example, one person commented, "They have to use a hoist to bathe me. They are competent and make sure I am picked up and lowered down into the bath, there are always two of them." People said they had confidence in the service. One person commented, "Whenever I ask for help, I get it. I have confidence in the staff, I don't think they would be likely to do anything they are unsure about." Another person told us, "I believe they know what they are doing when they are helping me."

The staff we spoke with said they received sufficient training to carry out their roles. Staff told us, and records confirmed, they received necessary training in health and safety matters, such as first aid, fire safety, food hygiene and infection control. The provider used a computer based training system for each staff member to complete annual training courses, called e-learning. The home provided care for people living with dementia and staff spoke enthusiastically about group training they had received in dementia care. All care staff, except new staff, had a suitable care qualification such as a diploma or national vocational qualification in health and social care.

Staff felt there had been a recent improvement in training opportunities offered by training agencies outside the home. For example several staff had recently attended training in distress reactions, depression, falls prevention, pressure damage, nutrition and incontinence.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. The registered manager and nurses were aware of an important supreme court decision about DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. The registered manager had made 13 DoLS applications to the local authority in respect of people who needed supervision and support at all times, and further applications were to be made. This meant staff were working collaboratively with the local authority to ensure people's best interests were protected without compromising their rights.

People's care records identified where they could make decisions, or where they need support from other people, including advocates, for more complex decisions. All staff had been trained in MCA and the deputy manager had carried out checks of care records to make sure these reflected people's capacity to make decisions and to consent to care. This meant the provider was following the requirements of MCA.

The first floor unit provided accommodation for people living with dementia. There were lots of items of visual and tactile interest for people around this unit, such as themed areas and reminiscence artefacts. There were familiar items attached to people's bedroom doors to help them recognise their own room. There were visual signs for different rooms and coloured doors to bathrooms and toilets for people to find their way around. There was a popular sitting area in the main corridor so people could see who was coming and going or to have a rest stop if they

Is the service effective?

were walking around. There were picture menus in the dining room to help inform people about forthcoming meals. This meant the home had some specific design features that supported people living with dementia.

People said they were "happy" or "very happy" with the meals provided to them by the chef. One person commented, "We do get a good choice of food. If you don't fancy anything on the menu, which is not often, then you can ask for something else. The chef is always obliging and he knows what we like. He is a good cook and very pleasant." Another person told us, "No one here can say that they don't get good and well cooked food. The chef does his best to please us. If we say we like something then it is not long afterwards that it comes up on the menu."

People knew the chef well and by name. He had worked at the home for eight years, and said he really enjoyed his job. In discussions it was clear that he was very familiar with each person's dietary needs, their individual preferences, portion sizes, frequency of meals, any allergies and fluid requirements. The chef described how he was sourcing adapted cutlery for one person as staff had reported to him that the person was now finding it difficult to manage their own meal. This meant there was good communication about people's changing dietary needs between the care and catering staff.

People said they got the support they needed to enjoy their meals as independently as possible. For example one person told us, "I have my meals in my room. I get help with getting my food cut up, then I am able to feed myself." People were able to have their meal where they wished, for example two people preferred to have their meal in the lounge, others in the dining room or in their own bedroom. People also felt they got support with keeping hydrated, and we saw there were drinks dispensers in dining rooms and jugs of drinks in people's bedroom. One person commented, "They are always coming round with tea and fruit juices."

We joined people for a lunchtime meal. The food was of good quality. There were two hot main dishes for people to choose from, and a range of desserts. Staff asked people which choice they would like and gave people time to respond. There were soft foods for people who needed their meals prepared in this way. People who needed physical assistance to eat their meal were supported in a sensitive and engaging way. People who needed verbal reminders were encouraged in a supportive way. For example, one person occasionally stood up and walked around the dining room and they were gently prompted by staff to return to their meal. Staff were kept busy with serving and clearing meals but took time to chat with people during the meal. Some people took longer to finish their meal but they were not hurried along, so they could enjoy the dining experience at their own pace.

Staff said they supported people to attend appointments if required, such as GPs and chiropodists. For example, one person told us staff supported them to get ready to attend regular hospital appointments each week. Staff also told us they contacted family members to inform them of any changes in their relative's needs, such as if they were ill.

A visiting health care professional told us, "The staff are able to take me to the person I'm visiting and tell me about how they've been. The staff act on any guidance we've given and they're encouraged to phone us if there are any changes in people's health."

People's care records showed when other health professionals visited people, such as their GP, occupational therapist, specialist nurses, podiatrist and dietician. This meant that people received treatment when they needed it and were supported to maintain their health.

Good

Is the service caring?

Our findings

All the people and visitors we spoke with had only positive comments about the "caring" and "helpful" attitude of staff. For example, one person said, "All staff are very good, they do everything in their power to help." Another person told us, "There are a lot of nice girls in here." One person commented, "I did not expect to like living in a home but I must say the staff are very kind and considerate."

Relatives were also very positive about the caring attitude of staff. For example, one visitor told us, "I believe this is the right place for my [relative]. I am sure she is well cared for, the staff are very warm and kind." Another visitor said, "I am happy with the home. Staff are brilliant with my [relative]." A visiting health professional told us, "It's nice and warm and smells nice. Residents appear to be happy there."

Some people were unable to tell their opinions about the care they received, but throughout this visit staff addressed people in a kind, caring and considerate manner. Staff had a good understanding of the importance of treating people with dignity and respect. They gave us practical examples of how they delivered care to achieve this aim. For example, making sure doors and curtains were closed when helping with personal care, keeping people covered up and respecting people's rights and choices.

We saw staff asked permission before carrying out any care tasks such as helping someone to clean their mouth after a meal, or helping them with their mobility. One person told us, "When I am going to have a bath I am always asked if I am alright and am I ready to have my bath." Another person said, "When I get up I am always asked what I want to wear and then they get it for me and help me to dress."

People were assisted by staff in a courteous and patient way. Staff had a good rapport with people and knew how to support people when they were not always able to articulate their wishes very well due to their dementia. We saw people were comforted and reassured by care workers when this was required. One person told us, "What they do really well is care about you." Another person described a member of staff as, "A really lovely girl who often stays back when really she should go home. She is so obliging and has such a nice way about her, does anything for you and is always so kind."

People were encouraged to make their own daily decisions wherever possible. The care records showed that people were prompted to make choices about when to get up and go to bed, what to wear and what to have for meal. One member of staff on the dementia unit described how they supported people to make informed choices. They told us, "We only ask people for their meal choices at the time of the meal. We show them the two different plates so they can show us what they would like." In this way people were supported to make their own decisions.

People were supported with their personal appearance. One person told us they preferred to go out to a day centre every week to have a bath (where they could receive same-gender support) and this choice was respected. They told us, "I get picked up and brought back so I see a bit more of the town too. It's what I chose to do."

The registered manager commented that there were many committed staff at the home across all roles, including housekeeping and care staff, who volunteered their own time to take people out on trips. All the staff we spoke with felt that the staff team all supported people in a caring way. One staff commented, "All the staff are very caring. We've got a good relationship with families too and we try to involve them as much as possible in their relative's care." This was confirmed by a visiting relative who stated, "When I come in they let me know what is going on."

Good

Is the service responsive?

Our findings

At our last inspection on in September 2014 we found care records were incomplete or inaccurate about people's needs. This placed people at risk of receiving the wrong treatment or support because staff did not have up to date guidance about their care needs. The poor care recording had also been the subject of a safeguarding investigation at the home which had also identified incomplete or inadequate care records for some people. Following that inspection, the provider told us the care records had been audited by a quality assurance manager, reviewed and were now improved. The provider told us individual training sessions had been held with staff about care records.

During this inspection we looked at seven people's care records. These contained information about people's likes and dislikes such as preferred time of rising, going to bed and interests. There were assessments of people's care needs, such as eating and drinking, personal hygiene, mobility and health needs. The assessments were used to design plans of care for people's individual needs. We saw care records had been updated and reviewed since the last inspection.

People's dependency levels were assessed each month and their individual care plans were reviewed on a monthly basis. In one person's care record we found their mobility needs had recently changed following a stay in hospital but their care plan had not been updated. Although staff were supporting the person in the right way, it meant their care plan about mobility was now inaccurate. We told the registered manager about this who explained the key worker who would usually complete that person's records had been away, so this had been an oversight and would be addressed immediately.

A daily record was completed for each person. Although these daily statements were up to date, some were repetitive and lacked detail. For example statements such as 'unsettled' did not reflect how people had been supported. However the home had improved daily handover records for communicating important information to staff on each shift. These were now detailed and provided staff with comprehensive information about how each person had been each day. The handover records were shared with staff at the start of each shift so that all staff on duty knew about each person's wellbeing at that time. Some people were being nursed in bed. They had a bedside folder which provided a record of personal hygiene tasks carried out, positional change record, and a daily care record. All of those records we looked at were up to date.

People felt the care service met their individual needs and preferences. One person said, "They know well enough how to transfer me from bed into my wheelchair." Another person commented, "They get me library books because I enjoy reading and I have now settled."

The staff we spoke with were knowledgeable and respectful of people's individual needs, abilities and preferred daily lifestyles. One senior staff commented, "It is personalised care because all the staff know people really well and what they need and like." Family members also confirmed that staff knew their relative well and understood their individual needs. For example one visitor told us, "I feel the staff do meet my [relative's] needs."

People and relatives told us there was a good range of social activities at the home. The home had an enthusiastic and committed activities co-ordinator who arranged for group activities such as exercise classes, and individual activities such as pamper sessions or shopping trips. Other activities included sing-a-longs, coffee mornings, trip outs, movie afternoons, board games and bingo.

All the people we spoke with commented positively about the activities coordinator. One person told us, "She is wonderful, nothing is too much trouble for her. She took me into town to shop for a blouse." Another person told us, "There is always something to do, we had a really good time at Christmas, she organises everything for us." One person said, "I love the coffee mornings, anyone of our relatives can come, they are made welcome."

The home had good links with the local community, including local schools and churches. There were monthly trips to the see musical matinees at the town hall, and trips to the cinema and local library. The activities coordinator told us, "The local pub is brilliant – they do blended meals for people if they need that, and we share events with another care service so people can socialise while they're out."

All the people and visitors we spoke with knew how to make a complaint, although none had done so. One person told us, "If I was not happy with anyone then I know

Good

Is the service responsive?

I could talk to the manager. She would sort any problem out." Another person commented, "I do know what to do if I had a complaint. I would try and sort it out for myself but if I could not then I would involve the manager."

There had been one complaint recorded in the past year relating to a personal care issue. This had been investigated, discussed with the staff involved and recorded as a supervision and a written response was to be forwarded to the complainant. The registered manager told us that any complaints were now recorded on the provider's datix (management reporting tool) so that the provider could analyse complaints for any trends and make sure that outcomes or actions were completed.

Requires Improvement

Is the service well-led?

Our findings

People said they thought the service was well run. One person told us, "I think it is well managed. I don't often see the manager but I know who she is and if I wanted to speak to her I know she is approachable." Another person commented, "As far as I am concerned the place is well enough managed."

People who could express a view and their relatives felt they had some opportunities to contribute their comments and suggestions about the running of the service. There were occasional resident/relatives' meetings; the last one was held in September 2014. The minutes showed that people discussed the quality of food, activities and laundry service. Everyone had expressed satisfaction.

The home had a registered manager but they were leaving their employment that week. The provider had identified another experienced manager who was going to transfer to the home in the near future. Staff were unaware of the new arrangements as these had not been officially decided at the time of this inspection and staff were anxious about the changes.

People, relatives and other visitors told us the culture in the home was warm, calm and welcoming. Staff felt there was an open, friendly atmosphere in the home and said they felt supported by the registered manager. Many staff had worked at the home for several years. Staff understood their individual roles but also helped each other with tasks, and felt there was good teamwork amongst the staff group. Some staff had additional roles such as infection control lead and dementia care champion. These staff took responsibility for keeping up to date in relation to current best practice or initiatives relating to those areas.

Staff stated that they enjoyed working at the home but did not always feel valued by the provider. For example, one staff member commented, "We have wonderful staff, they go the extra mile and should be rewarded, encouraged and thanked. They aren't recognised enough." Another staff member told us, "It feels hard to please the organisation. They are always raising the bar and have such high expectations. But we get great support from the manager and she makes sure we know what's expected of us."

Staff meetings were used to support staff with expected standards. We saw minutes of the staff meeting that had been held in October 2014. Staff said they were able to contribute ideas and suggestions for improvements within the home at staff meetings, but were not sure how these were then communicated to the organisation. Staff felt there were areas for improvement including: the number of nurses on duty; the storage in the building; and better incentives and marketing to attract newly qualified nurses to work in care homes.

The provider's quality assurance programme included monthly visits by the regional manager to check the quality of the service. We saw detailed reports of these visits and action plans and timescales for any areas for improvements. We saw the regional manager checked that any actions had been completed at the next visit.

The home had been the subject of audits by health and social care commissioners. The most recent audit by the Clinical Commissioning Group in November 2014 scored the home 48% for the health commissioning standards. Many of the areas for improvements related to gaps or lack of audits in areas such as pressure care, infection control and continence. The provider had started to carry out work to address these shortfalls and in-house audits were being carried to check if improvements were taking place, but it was too early to assess their effectiveness.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 People were cared for by staff who did not receive sufficient supervision and appraisal to support them to deliver care and treatment to an appropriate standard.