ADL Plc

Warley House

Inspection report

Warley Road
Scunthorpe
Lincolnshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Warley House is a registered care home providing personal care and accommodation for up to 39 older people, some of whom may be living with dementia. The home is close to a bus route and is situated on a housing estate, some distance from the town centre of Scunthorpe and its amenities. There is an enclosed garden at the rear of the property. The home consists of a two-storey building; the first floor was accessible by a passenger lift and stairs. At the time of our inspection there were 17 people using the service.

We undertook this unannounced inspection over two days, on the 9 and 10 January 2017. The service was last inspected in November 2014, when we identified a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns that people had not always consented and been fully consulted in decisions about how their care and support was carried out. Following the inspection in November 2014 we received an action plan from the registered provider that detailed how improvements would be made to the service.

At this inspection we found improvements had been made to address the above breaches of regulation. We found assessments had been carried out to ensure where people were unable to make informed decisions, best interests meetings were held, that involved people and those with an interest in their care and support. Care staff had undertaken training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were supported to have choice and control over their lives by care staff that supported them in the least restrictive way possible.

A registered manager was in post at the time of this inspection. 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.

Recruitment checks were carried out to ensure care staff were safe to work with people who used the service. Safeguarding training had been provided to enable care staff to recognise and report potential signs of abuse. Care staff were supported and confident the registered manager would take appropriate action to follow up concerns when this was required. Risks to people were monitored with action taken, to ensure these were appropriately managed. People's medicines were administered in a safe way, by care staff who had received training on this aspect of their role. Whilst dependency levels of people were not always carried out in a timely way, the registered manager took steps to ensure sufficient numbers of care staff were available to meet people's needs.

Care staff were provided with a range of training and development to help them progress their careers and carry out their roles. People received a choice of nourishing home cooked meals and were consulted about their care and support. Community based health care professionals had good working relationships with the

service.

Whilst opportunities for meaningful social interaction were sometimes limited and the registered manager had plans to develop these for people, we noticed some aspects of people's dignity could be better supported. A complaint's policy was in place and people were able to raise concerns and have these investigated and resolved wherever possible.

Management checks were carried out to enable the quality of the service to be assured, however action was not always taken in a timely way to make changes and improvements when this was required.

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 were protected from harm by staff who had been recruited safely and trained to ensure they knew how to recognise and report potential abuse.

People received their medicines when required and systems were in place to ensure medicines were managed safely.

People's care plans contained information and risk assessments to help staff support them safely.

The registered manager took steps to ensure there were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

A range of training was provided to ensure that care staff could effectively carry out their roles.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure people's legal and human rights were protected.

People were supported to make informed decisions about their care and support.

People who used the service were provided with a range of wholesome meals and their nutritional needs were monitored to ensure they were not placed at risk.

Is the service caring?

Good

The service was caring.

Care staff had positive relationships with people who used the

service and understood their needs.

People's right to make choices about their lives was respected.

Information about people's needs was available to help staff support and promote their health and wellbeing.

Is the service responsive?

Requires Improvement

The service was responsive.

People were involved and able to provide feedback on the support that was delivered and did not have any complaint.

People's care plans contained information to help staff meet their preferences and wishes.

Opportunities for people to engage with staff in meaningful social activities were somewhat limited to ensure their dignity was promoted, although the registered manager had plans to develop this aspect of the service to ensure it was more person centred.

Is the service well-led?

Requires Improvement

Some elements of the service were not always well led.

People and care staff told us the registered manager was approachable and listened to their concerns.

Management checks were carried out to enable the quality of the service to be monitored, although action was not always taken to address shortfalls in these in a timely way.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

Warley House

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 registered 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 unannounced inspection was carried out by an adult social care inspector and took place on 9 and 10 January 2017. At the time of our inspection visit there were 17 people living at the home.

The registered provider had not been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent to us as these help tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. As part the of the pre inspection process we contacted the local Healthwatch and local authority safeguarding and quality performance teams in order to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England. Healthwatch and the local authority safeguarding team told us they were not aware of any current issues. The local authority quality performance teams told us they were due to make a visit to the service in the near future.

During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who were unable to talk with us.

We spoke with five people who used the service, seven visiting relatives, two members of care staff, two members of senior care staff, the cook, a member of domestic staff and the registered manager. We also spoke with a specialist mental health occupational therapist that was making a visit to the service.

We looked at care records belonging to three people who used the service, three staff records and a

selection of documentation relating to the management and running of the service such as staff training, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and trusted the staff. Relatives we spoke with had confidence in the staff and felt action was taken when needed to ensure people were protected from avoidable harm. A relative told us, "I visit two or three times a week and my [relative] visits every day. I trust the staff and am more than happy; otherwise my [relative] wouldn't be here. It may not be the Hilton but I know they are being genuinely looked after."

There was evidence new staff were carefully checked before they were allowed to start work in the home, to ensure they did not pose a risk to people who used the service. We found robust recruitment procedures had been followed. This included obtaining references and clearances from the Disclosure and Barring Service (DBS) to ensure new staff were not included on an official list that barred them from working with vulnerable adults. The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. This helped ensure people were not supported by staff that had been deemed unsuitable to work with vulnerable adults. Checks of potential employees' personal identity and past employment experience were carried out, to enable gaps in their work history to be explored.

We found care staff completed regular safeguarding training to ensure they knew how to recognise and report issues of potential abuse. Policies and procedures were available to help guide staff on this aspect of their role, which we found were aligned with the local authority guidance on safeguarding adults. Care staff we spoke with demonstrated an appropriate understanding of the different forms of abuse and had confidence the registered manager would take action to follow up any safeguarding concerns if this was required. One member of care staff told us, "I have no concerns in this home and have confidence that [Name of registered manager] would sort things out." Care staff told us they were aware of their professional duties to report potential safeguarding concerns using the services whistleblowing policy. Referring to this policy one member of care staff told us, "I wouldn't think twice about using it if it was needed."

There was evidence a positive approach to the management of risks was adopted, whilst enabling people to be stay safe from potential harm in the service. We saw assessments about known risks to people were included in their personal care files, together with guidance for staff on the management of these. We found people's risk assessments were reviewed and evaluated on an on-going basis, to ensure accidents were minimised. Systems were in place to enable incidents and accidents to be monitored and analysed and action taken to prevent them reoccurring

We were told staffing levels were assessed according to people's individual dependencies but we found these were not regularly reviewed, to ensure sufficient numbers of staff were deployed to meet people's needs. A visiting relative said, "The staff are quite attentive, but there are times when there are not enough of them available." Commenting on this another relative told us, "The staff do care, but they don't always have time." We found there were two members of care staff who were supported by a senior team leader in the mornings, to support the 17 people who used the service. We saw this number was reduced in the afternoons when a member of care staff went home and their role was fulfilled by the registered manager.

The registered manager told us that following a recent review of the dependency levels of people who used the service, they had developed a plan to adjust staffing ratios to ensure there were sufficient staff available at busy times of the day. We were subsequently told this arrangement had been implemented.

There was evidence people received their medicines as and when they were prescribed. We found staff responsible for administering medicines to people had completed training on this element of their role. We observed staff talking patiently with people whilst carrying out a medication round and saw they provided people with explanations about what their medicines were for. We saw that medicines requiring secure storage were appropriately held, whilst those needing to be kept cool were stored in a fridge, for which temperatures were monitored daily. We found accurate records were maintained of the medicines that had been received, reconciled and administered to people, together with information about good practice in relation to their individual medical needs. We saw that regular audits were carried out of people's medicines to ensure potential errors were minimised and action taken to prevent them occurring again. We saw a capacity assessment and best interest decision process had been followed for a person concerning a medicine they received in a covert manner to ensure this was provided in the least restrictive way possible. However we noted this assessment had not been specifically updated to include another medicine that had been recently prescribed by their GP to be administered in a similar manner. The registered manager assured us they would take action to address this issue appropriately.

We saw evidence that checks and audits of the building and equipment were carried out to ensure issues that required attention were appropriately addressed. We found these audits had not always been effective, as we found a lock on a downstairs toilet that did not work. This meant people's dignity was potentially compromised. We also observed a programme of renovation and refurbishment was in place to upgrade the environment, but noted this had not always been completed in a timely manner. For example, whilst the dining room had recently been decorated, it had not yet been fitted with curtains, which made it appear somewhat bare. The audit had not picked this up. Records of tests on equipment and the environment were kept to ensure people's health, safety and welfare was upheld. Arrangements were in place to ensure items of equipment were serviced by external contractors and up to date certificates were available for utilities such as gas, water and electricity. A business continuity plan was in place for use in emergency situations, such as outbreaks of fire or infectious disease. Personal evacuation plans were available for people who used the service and we saw that fire training was provided to staff.

We found the building was clean and smelt fresh. The cleaner showed us a programme of regular checks they followed to minimise potential cross infection. The cleaner told us they were provided with appropriate supplies of personal protective equipment (PPE), such aprons and gloves. We observed a washing machine that was leaking in the laundry, which posed a potential contamination risk to people who used the service. The cleaner confirmed this issue had been reported a few days before, but that filters on it had to be frequently replaced, due to its age. We spoke to the registered manager about this and saw they took prompt action to ensure this matter was addressed. A requisition request was made for a replacement to be installed.

Good

Is the service effective?

Our findings

People who used the service told us they liked their meals and felt their quality of life was promoted improved. People told us the standard of the food served was good. Relatives said that overall staff were good at doing their jobs. One person told us, "A member of staff came in on their day off today to take me out on a visit and make sure I was OK." They went on to tell us, "I enjoy my meals here and always get a choice, but I don't have a big appetite." One relative told us, "The food is just first class. I came here for my Christmas dinner. The place got a five star rating from the local council just before Christmas."

People told us they felt the staff were well trained and helped them to access medical services when it was required. One relative said, "Medical professionals are involved if the staff have any concerns and we are contacted straight away." They went on to say, "The staff were concerned my [relative] was not drinking enough and now they record and write it down on a chart, so it can be checked."

A health professional who was visiting told us, "The staff are proactive in obtaining appropriate health care support and always refer to us when it's needed." Commenting about whether staff followed up any concerns they stated, "The staff listen and act on our recommendations and make sure the equipment is used in the correct manner."

At our last inspection we found a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people had not always consented and been fully consulted in decisions about how their care and support was carried out. After the last inspection the registered provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found the registered provider had taken appropriate action to meet the shortfalls identified above. We found assessments had been carried out to ensure that where people were unable to make informed decisions, best interests meetings were held. These involved people who used the service and those with an interest in their care and support.

People told us they were consulted about decisions regarding their care and treatment. We observed people appeared very comfortable with care staff that interacted with them in a positive way. We saw care staff obtained people's consent before carrying out interventions with them. This ensured people were in agreement with how their care was delivered.

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. 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. We found the registered manager understood their responsibilities in relation to DoLS and had made appropriate applications for authorisations to the local supervisory body. This ensured people were only deprived of their liberty in line with current legislation and that this was undertaken in the least restrictive way possible.

There was evidence training on the MCA had been provided to staff to ensure they were aware of their professional responsibilities to promote people's legal and human rights. Care staff were upholding people's best interests and involving those with an interest in their care and support where this was required. Care staff gave us examples where people had relatives who had legal authorisation to be involved in decisions about their care and welfare (Power of Attorney.) Care staff demonstrated an appropriate understanding of the MCA and the need to obtain people's consent about the care and treatment. One staff member told us, "I've done my training on the Mental Capacity Act and the Deprivation of Liberty Safeguards. It's a big topic to take on, but if I had any questions to ask I would always seek advice. It's people's lives and we need to always check things out."

We found a programme of induction training was available for newly recruited staff to ensure they were provided with the necessary skills and abilities to carry out their work. We were told this was based around the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) Additional training, considered mandatory by the registered provider had also been provided to enable care staff to maintain their skills. This included courses on basic life support, moving and handling, health and safety, infection control, nutrition, safeguarding people from harm and the specialist needs of people who used the service, such as dementia care. There was evidence the registered provider had not yet signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. The registered manager told us they would speak with the registered provider about this to ensure this was followed up.

Care staff demonstrated a commitment to both their work and the people who used the service. They told us their training helped them to carry out their roles and that the registered manager helped them develop their skills. Care staff told us the registered manager was approachable and listened to their concerns. They told us they received professional supervision to enable their performance to be monitored and ensure they were clear about was expected of them. The registered manager told us the programme of staff supervision and appraisals had not been implemented as regularly as they had hoped, but they told us about plans to develop this in the future.

People's personal care files contained a range of assessments and care plans based on their individual health and social care needs. There was evidence of on-going involvement from medical professionals, such as GPs and district nurses to ensure their health and wellbeing was promoted. We found evaluations of people's care and support were carried out and updated on a regular basis following changes in their health status. Visiting relatives confirmed staff communicated with them about changes in their relative's conditions, however one told us this aspect of the service could be improved.

There was evidence people were supported to maintain a balanced diet and assessments of their nutritional

needs were available in their personal care files. We saw evidence of regular monitoring of people's weight together with input from dieticians or community professionals, such as speech and language therapists where this was needed. We observed people were provided with a variety of nourishing home cooked meals from a rotating menu. However, we saw the choices for these were not on display. We heard staff asking people what they would like to eat in a friendly way; but we saw some people had difficulty in making their minds up about this. We spoke to the registered manager about use of pictorial menu's to help people identify and make active choices about what was on offer and were told these were normally available, but had been put away for the Christmas period. We saw the registered manager took action to address this issue.

We saw individual support was provided to people who needed assistance with eating their meals and drinks in a sensitive way. However, one person told us that whilst they liked their meal, they were somewhat put off because there was too much placed on the small plate on which it was served. We found the dining room had been recently decorated but was rather bare, because replacement curtains had not yet been put up which detracted from people's experience of eating their meals. The registered manager told us new curtains had been ordered and were awaiting approval before the maintenance staff could fit these.

We found consideration had been given to people living with dementia and memory impairments. Specialist signage was available throughout the building to help people orientate themselves around and help them to recognise their rooms. Tactile objects and sensory 'Twiddlemuffs' were available together with provision of reminiscence sessions to help people feel comforted and engaged.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them with kindness. A relative said they felt staff were dedicated, consistent and kind. One told us, "They keep people clean and look after my [relative] very well." Another relative commented, "On the whole staff are very kind and there's no ill treatment."

We found care staff demonstrated care and compassion and saw they engaged sensitively with people to ensure their personal dignity was maintained. We saw care staff spoke positively with people and bent or kneeled down to their eye level, to ensure they were understood. We observed care staff offered reassurance and encouragement to promote people's independence and saw that personal care was delivered in the privacy of people's rooms. A member of care staff told us, "I would like every day to have banter with them and make them smile. You feel for them, most of the time we are all they've got."

People told us their wishes were respected and were able to spend time in their own rooms when they required. People told us they were included in decisions and choices about their support to ensure their personal preferences were respected. We found people's bedrooms were personalised, with photos or items of furniture and equipment they had brought with them to help them feel at home.

Relatives told us they were welcomed to visit and take part in the life of the home. There was evidence the service had developed strong relationships with some people's relatives and supported them in the delivery of care to their family members. We observed a relative assisting their family member when eating their meal. They told us they visited on a very regular basis and went on to tell us, "I feel [Name] is well looked after. I like to help them to eat. We have developed a good relationship, me and staff. I like to think we get on well."

People and their relatives confirmed they were encouraged to provide feedback via the use of questionnaires to help the service to learn and develop. Some people told us they preferred to speak directly with staff or the registered manager when this was required.

We observed care staff maintained people's confidentiality. We found care staff did not discuss issues in public or disclose information to people who did not need to know. Information that needed to be communicated about people was passed on in private and details about them were securely maintained. We saw evidence the registered provider had registered with the Information Commissioner's Office and had a certificate relating to the confidentiality of data protection.

Information was available to help people know what to expect from the service. People's personal care records contained evidence of involvement with advocacy services when required, to ensure people had access to sources of independent advice and support.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they were confident any concerns would be addressed and overall were happy with the way that support was delivered. People confirmed they were consulted and included in decisions about their support to ensure it was personalised to meeting their individual needs.

When we last inspected the service we made a recommendation that the registered provider considered the development of appropriate activities for supporting people to live well with dementia. At this inspection we saw arrangements had been developed to ensure people who used the service were provided with opportunities to participate in a variety of social activities which were bought in by the registered provider, to enable their wellbeing to be promoted. We found that care staff had developed strong relationships with people and knew them well. People's personal care files contained evidence of their participation and involvement in decisions about their support, to ensure their wishes and feelings were upheld. We saw details about people's preferences and interests were included in their care files to help care staff deliver support in a way that was personalised to their needs. This helped people to have as much choice and control over their lives as was possible.

People and their relatives told us about regular visits from hairdressers, external entertainers and a recent day trip they had been on to the coast. We saw evidence of craft based activities carried out by care staff with people and that pet therapy visits took place. We were told that arrangements had been made for the provision of chair based activities to enable people to be provided with gentle stimulation. We found these arrangements had not taken place on the first day of our inspection as was planned because this had been cancelled by the organisers of the event. We overheard a person say they were bored, however the registered manager advised this was due to a behavioural trait and part of the person's underlying medical condition. A person we spoke with had initial difficulty in fully understanding us due a hearing impairment and their visitor had to switch on their hearing aid for them, as this had not been turned on by staff. This person and their visitor told us they sometimes felt more consideration was needed from care staff to ensure people's personal dignity was better promoted. The registered manager told us they reviewed the provision of activities for people and were planning to develop these further. They told us they believed this aspect of the service would be improved with the implementation of new staffing rota's they were intending to introduce. We recommend the registered provider considers best practice guidance on the promotion of respect, people's dignity and independence.

Assessments of people's needs had been carried out prior to their admission to Warley House to ensure the service was able to meet their needs. We saw people's personal files contained a range of information that was individual to their needs, together with guidance for staff on how to monitor their health and wellbeing. Assessments about known risks to people were included on issues such as falls, skin integrity and risk of infection. Supplementary records were available where required, for issues such as food and fluid input, weight monitoring, pressure area care and general observations. We saw evidence people's care files were regularly updated, together with input from a range of health professionals to ensure their involvement where people's needs changed.

People who used the service and their relatives told us staff listened to them and that overall they were happy with the service provided. We found a complaints policy and procedure was available to ensure people's concerns were followed up and addressed. There was evidence the manager took action to address people's complaints in an appropriate manner. They told us they welcomed feedback from people as an opportunity for learning and improving the service.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives told us the registered manager was approachable and involved them in decisions. A relative told us, "I think if there was something wrong they would put it right. They went on to say, "[Name of registered manager] is approachable and if there are any concerns, I know things will get done"

The registered manager had a variety of knowledge and experience in health and social care services. We found the registered manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. The registered manager told us they were due to enrol on a course in leadership and management and attended regular meetings with other managers employed by the registered provider. This helped to keep their skills up to date and enable them to be kept informed of good practice issues and new guidance and research. People who used the service, their relatives and staff told us the registered manager maintained an open door policy and listened to their views when they had any concerns. One person told us, "I had a meeting with the manager and staff and the situation was resolved. I get questionnaires to complete but prefer to speak to management, as I know they listen."

There was evidence of systems in place to enable the quality of the service to be monitored. These included regular visits from senior staff employed by the registered provider so that the provider was assured action was taken to follow things up when required. We found that reports were submitted to the registered provider regarding key performance indicators, such as incidents and accidents, staff training and complaints. This enabled patterns and trends to be highlighted and assured improvements were implemented when needed.

Whilst a range of audits on different aspects of the service were completed, we found these were not always carried out effectively and that further action was required to identify and address shortfalls that were noted. For example, the registered manager advised they assessed the dependency levels of people who used the service on a daily basis to ensure there was enough staff available to meet people's needs. The registered manager confirmed they had not used the staffing calculator tool for this for a while and we saw the last audit for this was dated May 12th 2016. Following the inspection the registered manager told us they had reviewed and implemented a change in the staffing ratio's to ensure there were sufficient staff available at busy times of the day.

We noted medication audits had failed to identify an assessment was required concerning a person's capacity to consent to receiving a new medicine in a covert manner. We found a best interest decision about this had not been requested by the service from the GP. We found shortfalls in environmental audits which had failed to highlight issues where people's dignity was not fully promoted. For example, we noted a missing lock on a toilet door and missing curtains in the dining room, which left people at risk of being exposed. Whilst we saw evidence care staff were committed to the service and performing their role, we noted occasions where they had overlooked people's individual needs.

Care staff told us the registered manager was supportive and encouraged them to develop their skills and question practice. One told us "[Name of registered manager] is fair and approachable. If I had a problem I could go to her and know she would do her best to put things right." Care staff told us they felt valued and respected and that regular meetings took place to ensure communication was open and constructive. Care staff told us they received feedback about their work in a helpful and constructive manner and that the registered manager listened to their ideas to help the service develop. Care staff told us they were encouraged to undertake nationally recognised external qualifications, to help them to develop their skills. We observed care staff worked well as a team and supported each other to meet people's needs. Care staff told us the registered manager had arranged for both day and night staff to participate in a Chinese meal as part of the Christmas celebrations, to enable the inclusiveness of the staff culture to be developed. We found the registered provider did not yet have a staff recognition award scheme in place but gave staff a turkey and bottle of wine each at Christmas.

We saw informal consultation with people who used the service and their relatives took place. There was evidence of use of surveys to help obtain people and relatives' views in order to help the service to learn and improve. However the registered manager told us meetings with people and their relatives did not regularly take place.