Dementia Care

Dementia Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 12 and 14 July 2017. Following the inspection visited we requested additional information from the provider, this inspection activity concluded on 12 October 2017. The provider was given 48 hours notice because the location provides small supported living services and we needed to be sure that someone would be in when we called. We last inspected the service in July 2015, when we rated the service as 'Good'.

At this inspection we found the service remained 'Good'.

Dementia Care provides a range of services for people living with dementia and other degenerative neurological disorders in the Newcastle area. These include domiciliary care services, a respite unit, and small independent supported living homes.

At the time of this inspection, three registered managers were in place. However shortly after the inspection visit the provider advised us that due to a restructure this was would to be reduced to one. 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.

The provider showed a strong commitment to sourcing in-depth, high quality, varied staff training to equip staff with the skills and understanding to meet the wide range of needs of people with dementia. Training was delivered using in-depth and innovative methods. Staff described facilitated workshops which incorporated reflection and consideration of real life practical examples. Staff were animated when describing a virtual dementia tour which let them experience how sensory disturbances might make people with dementia feel and respond to situations. Staff received good induction and on-going training in all relevant areas. Any training needed to meet the individual needs of people using the service was identified and carried out promptly.

Staff received a programme of planned, varied and competence based formal support. Staff spoke highly of the support by the Dementia Care management team. They told us they took pride in their work and felt valued and respected.

Mealtimes were an enjoyable social experience for people in the supported living and respite service. People were given choices; kitchens were integrated into dining spaces so food was prepared in front of people and therefore see and smell it whilst it was being cooked. People's nutritional needs were fully understood and met.

The environments were designed to be 'dementia friendly' and we could see further improvements were continuously being researched and introduced into the service. Within the respite service an innovative

interactive projector was used designed to stimulate movement and social engagement. Staff told us it was very popular.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Applications had been made for Deprivation of Liberty Safeguards (DoLS), where it was considered that people would be unable to keep themselves safe if they were to leave the service unaccompanied.

People using the service and their relatives said they felt safe and protected by staff. Staff had a good understanding of the safeguarding process. Risk assessments showed a positive response to risk taking where it enriched people's lives. People were supported to be independent and any risks were assessed with mitigating actions identified to ensure people's care was delivered as safely as possible. Medicines were well managed, with processes in place so people received their medicines as prescribed.

There were enough staff to operate the service safely and to meet people's needs. Staff recruitment systems remained thorough, and protected people from the risks of unsuitable workers being employed.

People told us they were very well cared for, and that staff were kind, patient and treated them with respect. They said their privacy and dignity were respected at all times, and they were consulted about their care and given the necessary information to make decisions. We observed staff members knew people well, and that people were relaxed in staff's company.

People and their families were fully involved in the assessment of their needs, and their wishes and preferences about their care were sought and recorded. Detailed, person-centred care plans were drawn up to meet those needs and preferences.

Dementia Care provided other services outside of the regulated activities, including employing a specialist dementia nurse and 'dementia guides' who could offer people and their families information on the services and support available from a multitude of organisations. Staff within the regulated activities could refer people to this service. Detailed information booklets were also available for people and relatives about how to live well with dementia.

Systems were in place for responding to complaints and other matters of concern. Complaints records were well maintained and showed the provider's policy had been followed. They used such feedback to improve the service.

The registered managers and management team continued to provide strong leadership to staff. Following our inspection visits a member of staff told us they felt the service had displayed poor financial management and raised concerns over a new proposed staff structure. The provider gave us details of the new structure and shared independent auditors reports, which provided assurances that the changes were well considered and that there was no evidence of poor financial management.

All staff we spoke with displayed a commitment to the Dementia Care mission statement which was to provide the best possible quality of life for people with dementia. The service was open and responsive to feedback and new ideas, and had robust systems in place for monitoring its progress in meeting its goals. The provider continued to enjoy excellent links with the local community, and since our last inspection had been involved in setting up a monthly dementia friendly cinema event at a local cinema. They had also been awarded an award providing a commitment to 'showing the highest level of care, compassion and courage in one of the most important, yet challenging industries'.

The provider had not sent us some notifications of safeguarding incidents which are a legal requirement of their registration. We discussed this with the registered manager who told us this was due to temporary change of the staff member responsible for submitting notifications. They advised us they would update their policy to ensure it was clearer that the Care Quality Commission needed to be promptly notified of all incidents of a safeguarding nature. We will follow this up outside of the inspection process.

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 remained good.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

The service exhibited a commitment to following best practice in dementia care.

The provider placed a strong emphasis on high quality training, and supporting staff to develop the skills and experience to meet and understand the needs of people living with dementia.

The environment was designed to enable people to be independent. Consideration to the needs of people with dementia was evident, and the provider could evidence continuous improvement and monitoring of best practice in this area.

Mealtimes were a social experience, with people able to see, smell and be part of the preparation process.

Dementia Care provided other services outside of the regulated activities which people who used the service benefited from. Including access to a specialist dementia care nurse.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Requires Improvement

The service not always well-led.

A number of notifiable events had not been notified to the Care Quality Commission.

The service was committed to delivering a culture of providing the best quality of life for people with dementia. During the inspection people, relatives, and staff provided us with examples of how this culture was achieved.

Staff told us they felt well supported. People and relatives told us they thought the quality of the service was very good.

A registered manager was in place. Feedback about the management team and the provider was very positive.

A range of tools were used to monitor, assess and improve the service provided.

Dementia Care

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 took place on 12 and 14 July 2017 and was announced. The provider was given 48 hours notice because the location provides small supported living services and we needed to be sure that someone would be in when we called. The inspection was carried out by one inspector.

Shortly after the inspection visits we were contacted by a staff member who raised some concerns about the service. The provider also advised us they were restructuring their management team. We therefore requested some further information to help us with our inspection. This was sent to us by the provider. We concluded these inspection activities on 12 October 2017.

Before the inspection we reviewed all of the information we held about the service including statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who used the service, four relatives, five care staff, and the registered manager. We also talked with the chief executive and an admiral nurse. We spent some time in the respite care area, visited one of the supported living services, and visited one person who was being supported in their own home. We looked at the care records of six people. We observed practice in communal areas. We also looked at records related to the management and operation of the service, including the personnel and training records for four staff members.

Good

Is the service safe?

Our findings

All of the people and relatives we spoke with, whether they received support from the respite, supported living, or care in the own homes, told us they felt safe and secure whilst receiving their care and support. One person said, "Oh yes, all of the staff are very kind. I'm safe when I'm staying here." A relative of a person using the respite service told us they had worried about leaving their relative before they had started using the service. They told us they imagined they would feel very 'guilty', but told us these fears had been relieved once their relative started using the service. They said, "When I'm not here (visiting their family member) then I can still relax. I've known the staff for a long time and I trust them." The most recent satisfaction survey, carried out by the provider in November 2016 found 99% of people using the service said they either 'strongly agreed' or 'agreed' they felt safe when receiving a service.

Staff we spoke with had a good understanding of the safeguarding process and the steps they should take if they had any concerns over people's safety or wellbeing. We saw the provider had been proactive in referring any incidents of a safeguarding nature promptly to the local authority. On review of the safeguarding records we found CQC had not been notified of some of these instances, however we found evidence of good communication between the provider and the safeguarding team. The registered manager explained the person in charge of making referrals to safeguarding had been unaware of the requirement to also notify CQC. During our inspection they updated their safeguarding policy so this information was included. Processes were in place to safeguard people from financial abuse. All money held on behalf of people in supported living houses was checked twice daily, and recorded.

The provider maintained the robust systems of risk management and health and safety which we found at our last inspection. Records and staff described a culture which promoted 'positive risk taking' where people were supported to take reasonable risks to enhance their independence and well-being. Records clearly identified what steps staff should take to minimise any risks to people's safety. Including a detailed business continuity plan in case of emergencies. Records showed, and conversations with staff confirmed, that health and safety was a driving factor within the service. A number of audits on equipment and premises were regularly carried out, and updates and refreshers were discussed with staff in meetings and in supervision sessions. Accidents and incidents continued to be analysed for trends, and reflected on by care and managerial staff to improve the service and further minimise risks.

There were enough staff to safely meet people's needs. We spent time in the respite service, which could accommodate a maximum of five people at a time, who were supported by two members of staff. We saw staff had lots of time to spend time with people. Staffing numbers for people in independent supported living houses were based on people's assessed needs as determined by the professionals who commissioned the service. The registered manager told us that people's safety and wellbeing was always the highest priority, and showed us examples of times when additional staff had worked in the supported living service, over the commissioned staffing levels to provide additional care and support when people were feeling unwell or approaching the end of their lives. Unexpected staff absence was covered by staff from the service. The provider told us, and people and relatives in receipt of the domiciliary care service confirmed, that there had never been an occasion where people had not received their planned visit from

the service. People told us the service was very reliable.

Recruitment records showed the provider continued to follow safe recruitment processes, including receiving satisfactory references and Disclosure and Barring service (DBS) checks prior to new staff beginning their employment. DBS checks record if prospective staff members have any police convictions or are barred from working with vulnerable people.

Medicines were well managed. One relative told us, "They are very well organised with the medicines. [My relative] has quite a lot, including creams to put on at this time, and various eye drops to put in throughout the day. It's quite complicated, but they get it done." Where people were prescribed medicines, records described clearly how they should be administered, including any important information about potential side effects. Staff had all undertaken training in safe handling of medicines and their competency was checked yearly through assessments and observation. Audits were carried out of medicines records to ensure staff were accurately recording what medicines had been administered. We saw medicines were stored securely when we visited both the supported living service the respite service.

Outstanding ☆

Is the service effective?

Our findings

The registered manager told us they were very proud of the skilled staff team who provided care to people. The provider had devised a bespoke and in depth training package for staff. All staff had received training in how to deliver safe, compassionate care. In addition to modules such as health and safety, moving and assisting and infection control, staff undertook training in person centred care, risk assessments, aging and principles of care and confidentiality. Staff told us the provider was receptive to their requests for training. One staff member said, "Only two weeks ago I said I'd like to do Stoma training (training on how to safely care for a person with a colostomy or other stoma), and already it's been arranged." Any training needed to meet the individual needs of people using the service was identified and carried out promptly. People and relatives told us staff had the skills required to meet their needs. One person told us, "The staff couldn't be better. Very efficient. They know what they are doing."

The provider had invested time and resources in providing staff with understanding and knowledge of dementia related illnesses. All staff undertook training in dementia care when they started their role. We saw approximately 80% of staff had also received an accredited dementia specialist qualification funded by the provider. This course was in association with Stirling University, who are leaders in research and best practice in dementia care. Whilst enrolled on the course staff undertook distance learning, and attended regular facilitated workshops where they participated in group discussions on various topics such as the principles of good dementia care and sharing practical examples of their experiences of delivering care. Staff told us this course had been hugely beneficial to their day to day roles. One staff member said, "I can't believe the training here. It never ends, but in a good way. They want more than okay. They want us to be able to provide excellent care. The Stiring (University Dementia Specialist) course was very, very good. It was totally different to other training. There was lots of reflective and discussion. It really makes you think, about getting it right for individuals. Different ways work for different people. We are always learning."
During our discussions with staff they were very knowledgeable about the needs of people with dementia. Relatives we spoke with confirmed this. One relative said, "They are fabulous. So competent and confident in what they are doing." Staff described the positive impact the training had including enabling staff to be better equipped to consider possible triggers if people were displaying anxiety or distress.
The registered manager told us they were always seeking new and innovative approaches to delivering best practice. One approach included a mobile virtual dementia tour to visit the service. Approximately one third of the staff team got to attend this training, and feedback had been so positive that the registered manager told us it would be returning so the remaining staff could experience it. The virtual dementia tour was experiential training which stimulated visual, auditory and touch disturbances which enabled staff to experience how it might feel to have dementia. Staff were very animated when they described how they felt to experience the training. Their comments included; "It was an eye opener. The longest 8 minutes of my life!"; "It was daunting. Some people just froze." and "It was brilliant. We didn't know what to expect, but you could really understand why people might react the way that they do." The provider had incorporated learning from the virtual dementia tour into the regular observations of staff practice. For example a prompt had been added regarding how staff members approached a person to make sure it was always from the front, as the dementia tour had highlighted that for some people it may cause distress to be approached from behind of the or side as they would be unaware of the staff member's presence.

The service continued to provide new employees with an induction including shadowing more experienced staff and competency assessments. Staff told us the management team within the service were supportive and that they had opportunities to discuss their performance and development. Appraisals, supervision sessions, observations and competency checks were well planned and organised. The varied support programme followed a planned cycle and held throughout the year, so that whilst staff met formally with their manager approximately every two months, the format of each meeting was tailored to meet different objectives including supervisions, observations and skills and knowledge checks.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found from observations, care records and discussions with staff, that people's rights to make their own decisions were respected. A number of people had been assessed as requiring staff support when they left the respite or supported living service, as they did not have the capacity to keep themselves safe if they were to leave unaccompanied. The relevant processes had been followed in these cases. Staff were clear that whilst people had been assessed as requiring support outside the home, they were still had capacity to make many of their own decisions about their care and treatment. The 'best interests' process had been followed for specific decisions where it had been determined people did not have capacity. Staff were clear on which people were able to leave the service independently and we saw there were no restrictions on these people's movements. Consent had been formally recorded throughout people's care records, and we saw during observations that staff checked with people before they carried out any care.

The service was constantly striving to provide best practice in the area of dementia care. Accommodation for people receiving respite was designed to be 'dementia friendly', through use of specialist signage and equipment and contrast colouring to enable people to orient themselves. The registered manager explained that they had kept in mind people's needs at all times when designing the accommodation, and pointed out to us how the set of drawers featured cut away sections which meant people could see their items without having to open them, which may reassure a person who was feeling anxious about where their possessions were. All of the lamps operated on a touch basis, so if people woke during the night the lamp would come on easily as they were looking for the switch. The registered manager told us that through their on-going research into best practice and following the virtual dementia tour they were working through further improvements to the environment.

We saw other examples of innovation in dementia care within the respite service. In the kitchen was an interactive projector, which projected various games onto the kitchen table. Designed to stimulate people with dementia to interact socially and move more. The games used colour and sound, and responded to hand and arm movements. We were shown the projector in action, and saw games such as popping bubble wrap and sweeping of leaves. Staff described how people enjoyed these games and interacted more whilst they were using them.

We observed breakfast in the respite service and saw mealtimes were an enjoyable social experience. Breakfasts and evening meals were prepared in the kitchen diner, where people could sit and chat with staff,

or help themselves to food whilst staff prepared hot options. This meant people could see and smell their food being made, which staff told us had a positive impact on the amount of food which people ate. This homely environment also enabled people to maintain their independence as people were able to assist staff with tidying up after meals and washing or drying plates. People could access the fridge or the fruit bowl whenever they wished. The service was evaluating the benefits of different coloured plates. Research had suggested that using blue or red plates determined by the person's condition increased their appetite. At the time of the inspection the service were trialling this and planned to write up case studies if it was effective. People's nutritional needs were assessed and records were well managed where people's food and fluid intake needed to be monitored. People living in supported living house were involved in menu planning and food preparation. One person in the supported living service told us, "There are some good cooks here."

Records from respite, supported living and care in people's homes showed staff had made referrals to GPs and district nurses where they had noted a change in the person's presentation. We saw staff communicated well with people's families where they had any concerns about people's wellbeing. In addition to the regulated activities, Dementia Care also provide other services such as a day service in Newcastle and in Hexham, and a dementia guide service which is managed by an admiral nurse. Admiral nurses are specialist dementia nurses who provide practical, clinical and emotional support to people living with dementia and their families. We spoke with the admiral nurse who had strong links with healthcare professionals in the local areas. Care staff within dementia care could directly refer people they thought would benefit from the admiral nurse service. We viewed records of one person who used the supported living service who had accessed the admiral nurse. The person had been displaying agitation and aggression. The admiral nurse had facilitated a session with staff who supported the person, where the person's life history, condition and the care they received were discussed, and a very detailed, pro-active person-centred care plan was put in place to support the person. The admiral nurse told us that in addition to this referral service, they were also on hand to share best practice, and offer advice and support to staff with any elements of supporting people living with dementia.

Good

Is the service caring?

Our findings

People receiving a service told us they felt very well cared for. During our conversations people were consistently positive about staff demeanour and attitude. One person said, "They are stars. Each and every one of them." Relatives told us staff were friendly and polite. One relative describing the respite service said, "They are so welcoming. When we first started using respite, I didn't feel good. I felt like I'd let [my relative] down. I'd always thought we'd just care for them at home, so it felt like I was failing to have to come here. But it has been a breath of fresh air. [My relative] is happy here. You can tell. They are relaxed and staff are so good with them. I feel like I can switch off, just for a few days and recharge my batteries. It has been the best thing coming here." A relative of a person receiving the care at home service said, "The staff who work for Dementia Care, all seem to have something about them. They are a specific genre, all friendly, seem to be really bothered about [my relative] and the family too. It feels genuine. It's hard to pinpoint but they all seem to have it."

During our observations in the respite and supported living services we noted that people seemed very relaxed and at ease with staff. One person said to a staff member, "Oh you are a darling" after they had assisted them with something. We saw staff and people shared light hearted jokes. Staff knew people and their histories well, and we saw they used this knowledge to engage people in conversation.

Care records promoted people's independence by setting out tasks people could carry out themselves, and how staff should facilitate this. One person in the supported living service told us, "I am mainly independent. I like to know someone is nearby in case I need them, but they (staff) let me get on with things myself." Plans of care reinforced to staff the need to protect people's dignity and privacy specifically when delivering personal care. People who received care in their own homes told us staff were very respectful of their homes. A relative said, "They ask if we want them to take their shoes off. They are very good."

The service had collated the high numbers of cards, letters and emails of thanks from people, relatives and health professionals. 57 Compliments had been recorded in in the 12 months prior to our inspection. Compliments included phrases such as; 'heartfelt gratitude'; 'Can't thank you enough for what you have done'; 'I'm so impressed with yourself and your staff.' The majority of the compliments praised staff on their approach to people they supported.

Staff we spoke with spoke about the service with pride. They told us about the ways in which they felt the service enriched the lives of the people they supported. One staff member said, "It's the friendliest place I've ever worked." They told us they worked for a very caring organisation. One staff member said, "Everything is so person centred. It's all designed around each person and what they want."

Relatives told us they continued to feel involved in people's care packages. Records included input from people who were receiving care and their relatives. People who used to service in their own homes were provided with a rota in advance which detailed which staff would be attending to their calls. Relatives we spoke with told us this was very helpful in knowing who to expect.

In addition to the regulated activities Dementia Care also provided a dementia guide service. This was in place for people living with dementia and their families to speak with a member of staff who were knowledgeable about the support and information available. The dementia guide met with the person and their family, often in the early stages of a dementia diagnosis, to help them to support them to access services and information. Whilst this service was outside of the regulated activity, because staff were aware of the benefits to people and their relatives, they were able to signpost people into the service. They also held a stock of information guides in the reception area, designed for people and relatives on various topics such as 'Living with Dementia' and 'Caring for someone with dementia' which people could take home to read.

The registered manager told us staff were conscious of ensuring each person who used the service was listened to and respected. Therefore staff had referred two people to an advocacy service when they had considered this service would be helpful. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Staff we spoke with had all received training in how to care for people with compassion at the end of their lives. Staff described good working relationships district and end of life nurses. They told us extra staffing was put in place in supported living services if a person was approaching the end of their life so they could have additional staff support without it impacting on the other people living in the supported living service. Staff told us they were given time off work to attend funerals of people who had used the service.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. We observed in the respite and supported living service that staff were very attentive to people and their wishes. Staff checked if people were okay, explained people's choices and anticipated if people needed support. For example one person in the respite service was about to leave to go to the daycentre centre. A staff member said, 'Wait a second there [name of person] we'll get your cardi to make sure you are warm enough." One relative described the service as a 'lifeline', they told us, "If it wasn't for Dementia Care we'd have to find a home for [my relative]. [Relative] is a proper homebird so would hate that, but we couldn't cope living as we are if it wasn't for Dementia Care."

Staff continued to identify and plan for people's specific needs using a range of assessments. Individual care plans were in place to support staff to maintain people's health, well-being and individuality. Care plans were detailed and specific and provided sufficient information to enable staff to provide consistent care. Regular review meetings were held with people using the service and their relatives to review the care provided and progress in meeting the agreed goals for the person.

People who were supported in their own homes were assigned a core staff team who would provide their care. Relatives we spoke with told us this meant their family member got to know staff. One relative said, "There are about four girls who do most of the visits for [my relative]. They all know what they are doing and how [my relative] likes things. Occasionally it'll be someone else if the usual ones are on holiday or something, but if that is the case we'll usually get a call from the office to let us know who is coming."

Relatives told us the service was flexible and worked with them where they could. A relative explained the care at home service would change the times of the visits if requested if the person needed to attend a hospital appointment. Another relative told us the respite service had arranged last minute care for their family member when they had needed it. The registered manager told us people continued to be able to access the various elements as they needed. For example, a person receiving the 'home support' service would be eligible to use the respite facility, if their needs required this.

People could choose to take part in a wide range of activities. People who used the respite service accessed the provider's day service, where we saw people enjoying ball games and reminiscing events. When we visited the independent supported living service we saw some people reading a newspaper or watching television. Activities records showed people often took part in crafts or quizzes, and attended a local tea dance weekly.

Complaints continued to be well recorded and the registered manager had followed the provider's complaints policy in response to formal written complaints and any concerns which had been raised verbally. Where necessary the registered manager had carried out investigations in response to complaints.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we identified a number of minor safeguarding incidents which should have been notified to the Care Quality Commission. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. These incidents had been notified to the local authority, and the registered manager explained that a specific staff member, responsible for safeguarding referrals for a period of time, had been unaware that this type of incident needed to be reported to the Commission. The commission considers the failure to notify of relevant events as significant and therefore the key question rating for 'Well Led' cannot be better than requires improvement. We will follow up on this matter outside of the inspection process.

Following discussion about notifications the registered manager immediately updated the safeguarding policy so it was clear that any safeguarding referrals also needed to be reported to the Commission.

Dementia Care is a registered charity. Shortly after our inspection visit, we were contacted by a member of staff who raised concerns with us about the charity's financial management and the planned restructure. They described 'significant losses in the financial reserves of the charity' and considered that this represented poor financial management. We viewed the last three annual reports, available on both the provider's and the Charity Commission's public websites, and put the concerns to the registered manager and chief executive of the charity. In response we were provided an independent audit report carried out by third party accountants in 2017, and details from the chief executive about the charity's financial standing. These records and responses provided assurances that effective management control and systems were in place in relation to financial management. We have not shared the concerns reported to us with the Charity Commission as they did not meet the criteria for referral.

At the time of our inspection there were three registered managers in place. Shortly after our inspection visit the provider informed us that due to restructuring within the service, this would reduce to one registered manager. The provider shared with us the new structure, assurances and rationale as to the how the service would maintain essential standards with a reduced management number.

People and relatives told us they thought the service was well managed. One relative described the service as 'organised', another said, "It runs like clockwork."

The service continued to be well-supported by a clear and effective management structure. Strategic oversight was provided by a board of trustees, comprised of a chairman and 11 trustees from the disciplines of the public sector, finance, housing, pharmaceuticals and marketing. Four committees (finance and audit; health and safety; housing and care quality) reported to the board of trustees.

The systems and processes in place for monitoring the quality of care were varied and well established. These continued to include: direct observation, night observations, medication observations, records of care workers medicine competencies, and schedules and records of staff supervisions and appraisals. There was clear evidence that research into best practice was used to improve upon these quality monitoring

processes. We saw as a result of the virtual dementia tour training that additional measures had been added to observations records to check staff had embedded what they had learnt into their everyday practice.

A survey was sent annually to people, relatives, and professionals. The survey was in depth, and covered the key questions which the Care Quality Commission inspect against, is the service; safe, effective, caring, responsive and well-led? The results of the survey from November 2016 were positive across all of the questions asked. People's views and comments were used to develop the service further, and questionnaire responses and identified areas for improvements were shared with people who used the service.

The service stated on its website, 'We believe that we offer the best possible quality of life for people with dementia.' In our conversations with people, relatives and staff we were provided with examples of how this mission statement was being achieved. Staff reiterated the feedback they had shared at the last inspection, that the organisation was supportive, caring and effective.

The service's values were continuously reinforced through communication. Regular newsletters were sent to people who used the service and their relatives, and to staff. These newsletters shared details of events, best practice, and celebrated achievements. In the satisfaction survey from November 2016, 90% of people and relatives said they found the newsletters beneficial.

The systems and processes which we identified at our last inspection were well maintained. These included risk management, health and safety, incident reporting, performance, business continuity and human resources. A range of key performance indicators were used to monitor areas such as safeguarding, reporting of serious incidents and accidents, and complaints.

Since the last inspection the service had built upon its excellent community links. The vibrant day centre and café attached to the office and respite accommodation meant the service was well known and used within the local community. A local school had recently raised funds for the service to access the virtual dementia tour training, and Dementia Care had worked closely with the Elders Council of Newcastle to contribute to the planning and considerations of a dementia friendly cinema event which was held monthly. People who used the supported living service had visited this cinema event, and feedback was very positive.

The provider had been awarded the Alzheimer's and Dementia care provider of the year for the North East of England in the 2017 Social Care Awards. The Social Care Awards state the awards were designed to give recognition for 'showing the highest level of care, compassion and courage in one of the most important, yet challenging industries'. We noted in addition to an employee recognition scheme, that all compliments which the provider had received had been shared with the staff involved.