Dairy Lane (St. Michael's) Limited

Dairy Lane Care Centre

Inspection report

Dairy Lane
Houghton Le Spring
Tyne And Wear
DH4 5EH

Tel: 01915843239

Date of inspection visit:
17 March 2016
23 March 2016

Date of publication:
04 May 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 17 March 2016 and was unannounced. A second day of inspection took place on 23 March 2016 and was announced.

We previously inspected the service on 27 April 2014 and found the service met the regulations we inspected against at that time.

Dairy Lane Care Centre provides residential care and support for up to 22 people, most of whom are living with dementia. At the time of our inspection there were 17 people using the service.

The home had a registered manager. 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.

Staff had a good understanding of safeguarding and were confident in their role of safeguarding people. Any safeguarding concerns were investigated with the outcomes fed back and practices changed if necessary in order to prevent reoccurrences.

Records were kept for all accidents and incidents including details of investigations, outcomes and action taken.

People had risk assessments in place and associated care plans were clearly linked and updated in line with risk assessment reviews.

Medicines were managed effectively with safe storage and appropriate administration. All records were complete and up to date with regular medicine audits being carried out.

The home had an emergency kit bag which contained records such as personal emergency evacuation plans (PEEPs), latest medicine administration records (MAR) and the service's business continuity plan. It also included emergency equipment such as a light, a first aid kit and space blankets.

Staff were recruited in a safe and consistent manner with all necessary checks carried out. Staffing requirements were assessed in line with peoples' needs. From staffing rotas we saw staffing levels were consistent and staffing cover was provided by staff within the home, without needing to use agency staff.

Staff had up to date training and competency assessments were carried out in relation to specific areas, including the management of medicines. Regular observations were carried out as part of supervisions.

Staff told us they felt supported in their roles and they received regular supervisions, as well as annual

appraisals. Records we viewed reflected this.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Best interest assessments were evident within care files and DoLS authorisations were in place where appropriate.

We observed during mealtimes that people enjoyed their meals, some independently and others with support from staff. There were choices available for people and support was provided by staff with patience and at an appropriate pace to each individual.

Care plans were personalised, detailed and contained people's personal preferences, likes and dislikes. Care plans were up to date and reflective of each person's individual needs.

There was a wide range of activities available both within the home and in the community for people to become involved in and enjoy. The home had an activity co-ordinator who worked with people and family members to design activities programmes tailored to people using the service both as a group and individually.

The home décor was dementia friendly as communal toilet doors had a border painted red and light switches were green. Brightly coloured place mats were used in the dining room as well as bright red and yellow cups.

A range of regular audits were carried out that related to the service the home provided, as well as the premises and environment.

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.

Staff we spoke with were confident in their role of safeguarding people.

Medicines were managed safely.

Risks assessments were completed when required and linked effectively with people's care plans.

The staffing levels were consistent and the service had a robust recruitment procedure which meant people were recruited with the right skills and experience.

Is the service effective?

Good

The service was effective.

Staff had regular training, supervision and competency checks to ensure they had the skills and knowledge to care for people.

The Mental Capacity Act (2005) was followed appropriately and Deprivation of Liberty Safeguards (DoLS) were authorised.

People's specific dietary requirements and nutritional needs were met. People had access to healthcare professionals as they needed them.

Is the service caring?

Good

The service was caring

People and their relatives told us the care they received was good and they had no concerns.

Staff encouraged people's independence. They responded quickly if someone asked for support or if they noticed someone was in need of care and support.

Information was available should people require advocacy support.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed, up to date and reflected the individual needs of each person.

A wide range of activities were on offer for people both within the home and in the community. Activities were tailored to peoples' individual needs and preferences.

People, relatives and staff told us they would feel comfortable raising any concerns. The registered manager had a clear procedure in place for dealing with any complaints.

Is the service well-led?

Good

The service was well led.

Staff told us they felt that the registered manager was supportive, approachable and operated an open door policy.

The registered manager and management team completed regular audits on the service the home provided and ensured wherever possible they learnt from any accidents or incidents.

The registered manager and the deputy manager had a visible presence in and around the home ensuring good quality and personalised care was delivered to everyone.

Dairy Lane Care Centre

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 comprehensive inspection took place on 17 March 2016 and was unannounced. A second day of inspection took place on 23 March 2016 and was announced.

The inspection team consisted of an adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. The provider also completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We used a number of different methods to help us understand the experiences of people who lived at Dairy Lane Care Centre. As part of the inspection we conducted a Short Observation 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.

During the inspection we spoke with four people, two relatives and two visiting health care professionals. We also spoke with six members of staff, including the registered manager, a deputy manager, a senior care worker, one care worker, an activity co-ordinator and the cook. We looked at four people's care records and 17 people's medicine records. We reviewed seven staff files, including records of the recruitment process. We reviewed supervision and training records as well as records relating to the management of the service. We also completed observations around the service.

Good

Is the service safe?

Our findings

People told us they felt the service was safe. One person said, "Staff look after us very well, they're really nice. It's a very, very comfortable home." Relatives we spoke with confirmed their family members were safe. One relative said, "My [family member] is safe and looked after." A health professional told us, "I deal with relatives and they always say they're happy and feel their family member is safe".

Medicines were administered safely and stored appropriately. All medicine administration records (MARs) were completed fully with all reasons for non-administration recorded. Unused medicines were returned to the pharmacy in a timely manner. Staff competencies were regularly assessed by the registered manager or deputy manager to ensure those administering medicines were skilled to do so safely. Regular medicines audits were carried out by the registered manager to identify any medicines errors.

Staff demonstrated a good understanding of safeguarding. Staff were able to name and describe different types of abuse and gave examples of signs people may show if they were being subjected to abuse, such as becoming withdrawn and being quiet when they are usually outgoing. Staff explained the reporting process for safeguarding concerns. One staff member said, "I would report any concerns straight to the manager."

There was a safeguarding file available that included details of safeguarding concerns, alerts and the subsequent action taken. Safeguarding records reflected those notified to the Care Quality Commission (CQC). Records showed safeguarding concerns were investigated and outcomes communicated to the person involved, if appropriate, and all other relevant parties.

The registered provider had a whistle blowing policy in place which was displayed on noticeboards around the home. Staff told us they were aware of the policy and knew how to use it. The registered manager actively encouraged staff to use the whistle blowing policy and ensured staff were aware of and understood it.

Accidents and incidents were recorded in a log. Appropriate records were kept which included details of events that had happened, people involved and subsequent action taken.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. For example, where someone had been assessed as being at risk of a fall, referral to the falls team had been made and the service had arranged for appropriate equipment to be put in place. Equipment included a sensor mat and a wheelchair.

The provider also had generic risk assessments complete for the premises and environment which included slips, trips and falls, moving and handling, fire, heating and equipment. We saw each generic risk assessment was stored centrally and reviewed on a regular basis to ensure it was up to date and relevant.

The home was clean, homely and well maintained with appropriate test certificates for fixed electrics,

portable appliances testing (PAT), gas and fire alarms. All checks were complete and up to date.

Personal emergency evacuation plans (PEEPs) were in place for every person who used the service. These included details about support each person required, how many staff were needed and any equipment to be used. We saw plans were updated in line with the changing needs of people. For example, one person had suffered a broken leg so their plan was revised to include support required by two members and a stand aid was to be used when supporting the person to evacuate the home.

The registered manager had an emergency kit bag in the office which was designed to be able to grab in an emergency. The bag contained a copy of PEEPs for everyone who used the service, the service's business continuity plan, a light, a first aid kit, a copy of latest MAR charts and space blankets to keep people warm if they needed to evacuate the building in cold weather or at night. This meant the home was equipped and prepared to deal with an emergency evacuation while minimising risks to people.

The registered provider's recruitment process was followed so staff were recruited with the right skills and experience. All necessary checks were carried out for each new member of staff including reference checks and disclosure and barring service checks (DBS) prior to someone being appointed. DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

The provider had systems in place to regularly monitor staffing levels and the impact on people using the service. The registered manager completed an analysis of staffing needs routinely on a monthly basis, as well as when new people arrived at the service or to reflect the changing needs of people already using the service. The registered manager explained staffing levels were linked to people's needs around personal care, eating and drinking, mental wellbeing and behaviours.

People, relatives and staff we spoke with told us there were enough staff to meet people's needs. One relative said, "I come different times of the day and I've never seen anyone in a state. I've never seen anyone waiting or getting distressed." A health professional told us, "I visit two to three times a week. There's always someone around to speak to."

We reviewed staffing rotas for a four week period and found staffing levels to be consistent and in line with the assessed level of need. The registered manager told us staffing cover was provided by staff within the home and the deputy manager as and when needed.

During our inspection we did not observe any occasions where people were left unassisted for a long period of time, or had to wait for support. We noted call bells were answered in a timely manner throughout the day and people were regular checked by staff to ensure they had support if required.

Good

Is the service effective?

Our findings

People told us they felt supported and cared for by staff who were skilled and experienced to do so. One person said, "Every morning you get up and they knock on your door and ask if you're ready. They take your clothes and wash them beautifully. They look after you and they really give you time and patience." A health professional told us, "It's a very tactile home with touch. Everyone knows where they are supposed to be, at what time." Another health professional said, "I think they are very quick with assessments like falls and falls referrals. Staff are very professional and information is always to hand. I can go to someone's file and their weights are all done, their height is there and their daily records are detailed."

Staff had up to date training including safeguarding adults, first aid, moving and handling, safe handling of medicines and fire safety. Additional awareness training was available to staff members that reflected people's specific needs such as dementia, swallowing difficulties (dysphagia) and stroke. Staff we spoke with felt they received enough training to support them to carry out their roles. One staff member said they received "More than enough training."

Staff told us they received regular supervision and annual appraisals. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. Staff said they felt supported to carry out their roles and found supervisions useful. One member of staff said, "We get supervisions and observations as well. You can get things of your chest and [registered manager] informs us of new training and plans with the home." During supervisions managers discussed with staff their role, care plans, people, current and future training, any issues they may have and recent best practice reports. Records confirmed regular supervisions and annual appraisals had taken place for all staff. Supervisions also covered specific topics such as safeguarding, infection control and pressure care. Observations were carried out as part of some supervisions to check people's knowledge and competency in various areas and to identify any further training needs.

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

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

The registered manager explained how best interest decisions were made and demonstrated knowledge of MCA and DoLS. People's care records contained best interest decisions which corresponded to the information contained in the DoLS authorisations. Detailed care plans were created to ensure the least

restrictive options were considered for people.

For those who required a DoLS authorisation there was a clear audit trail showing when DoLS applications had been submitted to the local authority, and in the most, when outcomes had been received and authorisations for those granted. There were four instances where the registered manager had been given verbal authorisation but was awaiting written authorisation from the local authority. We noted regular correspondence with the local authority to establish the whereabouts of paper authorisations and records of their visits to people to carry out the assessments. Expiry dates were recorded to trigger a reminder for the registered manager to make a new application. We saw DoLS applications, authorisations and notifications to the Care Quality Commission were stored appropriately.

Staff understood the principles of MCA assessments and when they may be completed. Staff also had an understanding of DoLS including what they were, when they were used and understood that a number of people living at Dairy Lane Care Centre had a DoLS in place.

People told us they enjoyed the food in the home and there was always enough to eat. One person we spoke with said the food was "always hot when you want it. They (staff) always take things straight away (if you don't want it) and give you fresh food that you like."

One relative told us the food was "homemade on site." They told us, "They have a cook here; it's good, wholesome food. [Family member] thrives on the food. They'll make something different if [family member] didn't want what was on offer."

During meal times we observed the tables were set nicely with place mats, napkins, cutlery, condiments and cups. The dining rooms were decorated in a homely dementia friendly way with brightly coloured placemats and cups. Weekly menus where displayed on the wall as well as pictures and a clock. Meals served were well presented and looked appetising.

We observed a meal time experience in the dining room. The atmosphere was relaxed and people were served their food in a polite, respectful manner. We saw staff encouraged people to eat independently where possible. People who required support to eat their meals were patiently supported at a pace comfortable to each individual. Staff also prompted others where needed which seemed to be effective. People were observed finishing their meals or stating they felt full when they chose to not accept any more food. People had a choice of two meals every mealtime but the service also operated a 'resident's choice day' where one person in the service would choose one breakfast, lunch and dinner. An alternative would then be chosen by staff, based on people's needs, likes and preferences. This meant people were involved in planning weekly menus but others were also given alternatives if they didn't like what was on offer.

The cook told us people were asked what meals they would like for lunch and dinner on a morning. They were given two options for each meal time. The cook told us they made alternative dishes for people who didn't want either of the two options available. We saw details in the kitchen of people's dietary requirements and what measures the home went to, to support people's dietary requirements. For example, one person required a gluten free diet and their food was stored in a separate fridge and prepared using separate utensils and equipment.

During the inspection we saw a refreshments trolley being taken around the home in between meals. The registered manager told us staff offered people hot and cold drinks as well as biscuits, cakes, scones, sandwiches and fruit. A relative we spoke with told us, "Not two hours will go by and there's cups of tea and cakes. [Family member] enjoys their food." This meant there was always a variety of food and drinks

available for people throughout the day.

We saw people had access to a wide range of health professionals including a district nurses, doctors, speech and language therapists, dietician, psychologists and chiropodists. Records of any professional visits to the home or appointments were kept, as well as contact notes of discussions staff had with health professionals or treatments people had received.

Good

Is the service caring?

Our findings

People and family members gave us positive feedback about the care provided at the service. One person said, "It's absolutely lovely it really is. Anyone who has company (visiting the home) they are welcome and get a cuppa and a sandwich, it's very homely, it's smashing." One relative said about their family member, "[Family member's] physical care is exemplary; I've never had any problems. When [family member's] in a mild mannered good mood it shows they're happy. They (staff) create a lovely atmosphere. They give [family member] a big hug and they respond."

One visiting health professional we spoke with told us, "(Staff) are patient with people. I don't think anything is a problem for them. I can't think of anything to change (to improve the service)."

The atmosphere within Dairy Lane Care Centre was warm and welcoming. During our inspection we spoke to visiting health professionals. One health professional, when speaking about staff said, "They are open and honest and they treat people with respect and dignity which is key."

During our inspection we observed staff supporting people with daily tasks, such as eating, drinking and doing activities. We also observed people receiving physical support when moving around the home with and without equipment. People were supported to make individual choices and decisions where possible. For example, one person did not like the meal they had chosen so staff gave some alternative options and the person chose one of them to have instead. While giving the person alternative options, the staff member demonstrated their knowledge of the person's individual likes and preferences referring to one option as the person's "favourite".

Throughout the inspection we observed staff treated people with dignity and respect. Staff spoke to people in a respectful and polite manner, and referred to them by their preferred name. Staff were observed knocking on people's doors and waiting for a response before entering. Staff explained support they were offering to people and gained permission before providing it. For example, supporting a person to transfer from an armchair to a wheelchair and supporting them to the toilet.

A visiting professional said, "I spend time with patients and they seem happy with staff and have a good rapport. Sometimes I come in and a care worker will be sat giving someone a manicure." Another visiting professional told us, "The staff value everybody and see everybody as individuals. It's one of the better homes I visit. It's got a family feel to it; I came here yesterday and they were making Easter bonnets."

Staff supported people gently and patiently, providing prompts and encouragement when required and at a pace comfortable to each individual. We observed staff sitting and chatting with people as well as doing activities with them. The interaction observed between staff and people was positive, warm, friendly and familiar. There were lots of smiles in the activity room, dining room and lounges with people interacting with each other as well as with staff.

Staff spoke about people with genuine affection. They knew what individual people liked to do and had

interests in and could explain people's daily routines.

At the time of the inspection no one required the support of an advocate. The registered manager informed us that if anyone did require the use of an advocate they would arrange this for them. Information regarding 'Your Voice' advocacy services was available in the main entrance hall.

During the inspection we found communal areas to be clean, tidy and decorated nicely. There were pictures of historic events such as war time photographs and local landmarks, ornaments, clocks and flowers giving the building a more homely feel.

There was an enclosed, communal decked area with a summer house to the side of the home and a patio courtyard area. The registered manager told us when the weather is warmer they have garden parties and put up a marquee. One relative said, "I love the garden in the milder weather."

Good

Is the service responsive?

Our findings

The service was responsive to people's needs, wishes and preferences. One relative we spoke to said, "They asked us [family member's] likes and dislikes and life history." Another relative said, "They know what [family] is like and what they need. They know people very, very well.

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, skin integrity, continence and mobility. Care plans were personalised and included peoples' choices, preferences, likes and dislikes. Care plans contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual. For example, one person's care plan for personal care guided staff to encourage the person to choose their own clothes but to assist them with dressing, especially with buttons and zips.

Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each individual person. Relatives told us they were involved in reviewing care plans of family members. One relative said, "When they update the care plans, I'll see the manager. They work with families."

During our inspection the registered manager met with Sunderland Clinical Commissioning Group (CCG) to discuss a new initiative the home were going to pilot. The initiative was a new hi-tech digital technology system called the National Early Warning Score (NEWS). The system was a digital tablet used to track people's weight, blood pressure, oxygen levels, respiratory rate and temperature. This was so services could obtain a base line of information relating to people's health conditions and allow them to monitor those using the digital system. Should anyone show signs of deterioration or feeling unwell, these could be quickly picked up and the information could be electronically escalated to health care professionals. At the time of the inspection the pilot had not started, therefore we could not report on the effectivity of this.

The registered manager had made specific adaptations within the home to improve the quality of life for people living with dementia. For example, red or yellow cups and brightly coloured placemats were used at meal times. Coloured borders were painted around certain things in the home to give clear direction to people living with dementia. These included red borders for toilet doors and green borders for light switches. A visiting professional said, "[Registered manager] is very patient orientated. They're also very person centred as are the staff. [Registered manager] sought professional advice about dementia friendly décor and followed that advice."

The home had an area called 'memory lane' which contained objects, ornaments and pictures to help prompt people's memories. For example there was a working gramophone. 'Memory lane' looked out onto an external enclosed patio area and there were seats for people to sit and relax as well as a bus stop post for decorative purposes.

People told us they enjoyed activities in the home and there were always things to do. One person told us, "We play balloon tennis in the lounge." Another person said, "[Activity co-ordinator] is excellent." One

relative we spoke with told us, "There's loads of different types of stimulation. They'll (staff) encourage people to do things but sometimes [family member] point blank refuses and stays in their room." They also told us the home had a "rock and roll day and the dining room was like an American diner." Another relative said, "There are lots of activities going on. They do themes throughout the year like Halloween and Easter."

The home had an activity co-ordinator who worked with people to design an activity programme people would benefit from and enjoy. The activity co-ordinator also arranged a number of fund raising events such as raffles and fetes to raise money for activities within the home and external events. The activity co-ordinator told us, "I'm a people person, I just enjoy making people happy. I love being involved and making them smile and their families." The activity co-ordinator told us when they have themed activities they put decorations up which people have made which "makes activities meaningful." They also do news reviews everyday with people whereby they go through the latest news.

There were a wide variety of activities that had taken place in the home which included singers, baking, planting, church services, Easter bonnet making, card games and dominos. This meant there were things for everyone to do in line with their own interests and preferences. They were also enabled to do more specific individual activities with appropriate risk assessments in place.

The service had a complaints procedure that detailed each stage of a complaint and how it would be managed. Copies of the complaints procedure where on display around the home for people and their relatives to see. People and relatives told us they knew how to make a complaint if they were unhappy with something in the service and they felt comfortable raising issues with the registered manager or deputy manager.

One relative we spoke with said, "I've never had any problems and my [family member] has never complained." Another relative told us, "I don't have any reason to raise a concern but I know how I could, if I wanted to. They'll (staff) come back to me on small things that I've raised even when I've forgotten about it."

The registered manager kept a log of all complaints received and detailed investigations that had been carried out. The service had not received any complaints in the last 12 months.

Dairy Lane Care Centre regularly received thank you cards from people's relatives, complimenting the service their family members received whilst living at the home. The registered manager stored these in a file in the office for staff to view. The home also used social media to post pictures and posts of the service. The page had received reviews from relatives, complimenting the service and stating how happy their family members were.

The home didn't hold regular meetings with people or their relatives. The registered manager told us they had tried these but they were not well attended. People and their relatives were asked if they would like regular meetings to be arranged of if they preferred the less formal arrangements of one to one chats to continue. From completed questionnaires we saw that most people preferred one to one chats and felt it worked best for them. This meant people and their relatives were involved in the future planning of the service.

Good

Is the service well-led?

Our findings

Staff told us they felt the service was well-led. They told us they felt comfortable going to the registered manager with an issues or concerns. One member of staff said, "I would feel comfortable raising any issues with the manager. She's approachable, supportive and very fair." Another staff member said "I love it (working in the home) or I wouldn't have been here so long."

We received similar feedback from people, relatives and visiting professionals we spoke with. One person we spoke with said, "There's nothing I can say they do bad. [Registered manager] is a nice girl. She comes running round if someone is upset or someone wants to know something." One relative told us, "The manager is very nice and approachable. They keep you well informed and keep you in the loop (in relation to their family member). I would recommend it to people for their parents."

The home had an established registered manager who had been in post since 10 February 2014. During our inspection we noted that some statutory notifications had not been submitted. We discussed this with the registered manager who explained it had been an oversight. Statutory notifications had been received in relation to other areas both before and after these instances. The registered manager acted immediately and submitted the notifications to the Commission. We are dealing with this outside of the inspection.

Staff told us the registered manager operated an open door policy in the home which staff said made them feel supported. One staff member said, "We can go in (the office) when we need to, to have a chat. [Registered manager] has always supported me; they've always been there for me." During our inspection we saw staff enter the office to speak with the registered manager and deputy manager with queries and also to obtain files appropriate to care provision.

Throughout the inspection visits there was a management presence in the home with the registered manager or the deputy manager readily available for staff, people who use the service, relatives and visiting professionals to speak to. During out of hours, the registered manager told us staff had access to contact details for them and the deputy manager to be used should staff need to speak to management or have any issues or problems.

The registered manager and deputy manager completed a number of audits in the home which varied in frequency. Audits included fire safety checks and medicine audits. Other audits regularly carried out related to areas such as infection control, the dining experience care plans and staff files. These were effective in identifying issues and required improvements.

The registered manager sent quality surveys out people and their relatives on annual basis regarding the home and the service people received. They were last sent out in January 2016 and the home received 14 responses. The registered manager completed an analysis of the responses received to ensure that any areas identified as requiring improvement were actioned appropriately. All responses received were positive about the home and service and there was therefore no action required to improve the service. The registered manager collated the information received and use the findings to inform the service plan for

2016/17. The survey's covered areas such as food, activities, people to have a key for their rooms and whether people and relatives would like resident and relative meetings to be set up or if they would prefer to continue with the arrangements in place of conversations on a one to one basis. The surveys had additional space to allow people and relatives to include comments. We read one comment that stated, 'I like the atmosphere in the home and the friendliness of the staff and the way the home is run in a truly professional manner. Everybody is looked after and the residents have plenty of activities and games to keep themselves happy and contented.'

During our inspection an email was received by the service from a relative of a person who had lived there before recently passing away. The relative praised the service and staff and stated 'The girls were so compassionate and also supported the family in such a caring way.'

The registered manager told us they don't hold regular staff meetings as they see and talk to staff every day and are able to give updates and share any new information with staff. The registered manager said, "I'm always around the home to chat to staff if they need me." One staff member we spoke with told us, "Being a small home we're always talking to each other and supporting each other." Another staff member staff told us, "You don't have to wait for your supervision and you don't have to have staff meetings, [registered manager] has an open door."

The service had a system in place for the daily handover of information. Detailed written handovers were completed twice per day to correspond with the end of each day and night shift. Handovers included information relating to each person's day, their progress, hygiene record, health care visits and appointments. Handovers were signed by every staff member who received the handover.

The registered manager regularly attended a dementia forum which gave them the opportunity to discuss different initiatives available to improve people's lives who live with dementia. The registered manager told us the forum included members such GP surgery specialists, police, and charities such as Age UK and the Alzheimer's society.

We asked staff what they thought the service did particularly well and if they thought any improvements could be made. All the answers were positive. One staff member told us they though two areas where the service does particularly well was in relation to, "the bond we have with the residents and families and the care (they provide)." Staff told us they couldn't think of anything to be improved with the service.