

## Housing & Care 21

# Housing & Care 21 - Dovecote Meadow

### Inspection report

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### 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 last inspection of this service was carried out in July 2015. At that time the provider was failing to meet the legal requirement about medicines management and personalised care based on individual need. We found that staff training and appraisals were not up to date. The provider sent us an action plan showing how they intended to address these matters. During this inspection we found the provider had made improvements in all these areas which are recorded throughout the report.

This inspection was carried out on 3 and 8 November 2016 and was announced. We gave the registered provider 24 hours' notice as it was an extra care service and we wanted to make sure the people would be in. We contacted people who received a service and their relatives on 16 and 18 November 2016 to gather their views.

Dovecote Meadow is registered to provide personal care to people living in their own apartments at an extra care housing complex. There are 175 apartments within the scheme and at the time of the inspection there were 86 people in receipt of a care service.

The service 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.

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

Staffing requirements were assessed in line with people's support needs. From staffing rotas we found staffing levels were consistent and staffing cover was provided by existing staff. Staff were recruited in a safe and consistent manner with all necessary checks carried out.

Staff had up to date training and competency assessments were carried out in relation to specific areas, including the management of medicines. Regular direct observations of staff practices were also carried out as part of the supervision process. Staff received annual appraisals.

Medicines were managed effectively with people receiving their medicines appropriately. All records were complete and up to date with regular medicine audits being carried out.

People were supported to access services from a range of health care professionals when required. These

included GPs, specialist nurses, district nurses, occupational therapists and opticians.

People were supported to meet their nutritional needs, including where people had special dietary needs and specific support such as Percutaneous Endoscopic Gastrostomy (PEG) feeds. PEG is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin.

People's care plans were detailed, personalised, and reflected their current needs. Staff used them as a guide to deliver support to people in line with their choices and personal preferences.

People told us they knew how to raise concerns and would feel comfortable in doing so. They confirmed they had no complaints about the care they received and they were happy with everything.

Staff told us they felt supported in their roles by the registered manager. They told us the registered manager operated an open door policy and was approachable. Staff also told us they received reassurance, help and advice from the registered manager, care team leader and senior care staff when needed.

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.

People's risks were assessed, managed and reviewed.

People and relatives told us the service made them feel safe and secure.

Staff were confident and knowledgeable in their roles to safeguard people from harm.

There were enough staff to meet people's needs and they were recruited in a safe way with all necessary checks completed.

### Is the service effective?

Good ●

The service was effective.

Staff had up to date training, received regular supervisions and annual appraisals.

People and relatives told us they felt staff were skilled, trained and competent to support their needs.

People were supported with their nutritional needs where necessary.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were happy with the service and found the staff to be caring and friendly.

People were supported to be as independent as possible. They told us staff treat them with dignity and respect.

People had access to advocacy services.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised to their individual needs and preferences. Plans contained adequate detail and were reviewed regularly.

People and their relatives knew how to make complaints about the service if they were unhappy. Complaints were recorded, investigated and appropriately actioned.

The service held monthly meetings with people and their relatives to discuss the quality and ongoing running of the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

People, relatives and staff spoke highly of the service, registered manager and higher management. They felt the service was well led.

Regular audits were carried out to monitor the quality of service.

The scheme had regular staff meetings to discuss the service and drive improvement of the quality of provision.

The service received a number of compliments from people, relatives and health and social care professionals.

# Housing & Care 21 - Dovecote Meadow

## **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 was carried out on 3 and 8 November 2016 and was announced. We gave the registered provider 24 hours' notice as it was an extra care service and we wanted to make sure the people would be in. We contacted people who received a service and their relatives on 16 and 18 November 2016 to gather their views.

Before the inspection we asked the provider to complete a 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. This was completed and returned within the required deadline.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. 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 spoke with three people who used the service and four relatives. We also spoke with the registered manager, the deputy manager, three care team leaders, one senior care worker and two care workers. We looked at the care records for four people who used the service, medicines records for six people and recruitment records for three staff. We also looked at records about the management of the service, including training records and quality audits.

# Is the service safe?

## Our findings

At the last inspection in July 2015 we found people's medicines were not always being managed in a safe way. This was due to the number of medicine errors that had occurred. We found some people's medicine administration records (MARs) were not clearly recorded. This meant we could not ensure that people had received all the medicines. The registered provider's medicines management policy stated, 'The registered manager must review each medication error or incident to identify the cause of the error and any training or competency issues, and that remedial action must be documented and effectiveness reviewed'. During the last inspection we did not see any evidence of this for any medicine error.

The above matters were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made. We looked at the MARs for people receiving support from the service. The MARs had been completed and signed by appropriately trained staff when medicines had been offered and administered. All MARs we viewed were set out clearly to demonstrate what medicines people were to receive and when. All errors identified were documented including reasons errors had occurred and subsequent action taken. For example, staff to complete refresher medicine administration training and their competencies to be checked by senior management prior to being able to administer medicines to people.

At the last inspection we found that people did not have individual risk assessments in place. Records viewed showed generic risk assessments only and a recent audit by the registered provider had also identified these concerns and stated more detailed assessments were required.

During this inspection we found improvements had been made. People had individual risk assessments in place for areas such as medicines and moving and handling. They were stored within people's care files and were regularly reviewed by care team leaders or senior care workers. They contained information specific to people's individual needs and had clear links to associated care plans.

People and their relatives told us they felt safe with the service they received at Dovecote Meadow. One person said, "Oh yes, definitely safe. This place is a safety net. If (people) take bad they just need to press their buzzer and staff will respond and visit them in their apartments." Another person told us, "Yes you are safe, with getting into the bath and things (with staff support)." A third person commented, "It gives you a lot of security knowing they (staff) are there when you need them. If they don't see me they always ring or send someone up to check I'm okay." A relative we spoke with said, "I can pop out to the shops on a morning for my paper confident that staff are around if [family member] requires support"

Staff told us and records confirmed that they had received up to date safeguarding training. Staff felt confident in their ability to safeguard people and were able to explain the reporting process. One member of staff said, "We would report (any concerns) to the senior or manager." They were able to describe potential signs to look for such as bruising and changes in people's usual behaviour. Staff had access to a range of

policies and procedures, including safeguarding and whistleblowing policies.

The registered manager kept a safeguarding file which contained referrals the service had made to local authorities in a timely manner. Electronic records of safeguarding concerns were also maintained which and showed that all concerns were investigated and appropriate action was taken to minimise the risk of a reoccurrence. For example, staff discussions, changes in support and increased care packages for people. The registered manager used the electronic system 'WILMA' to raise safeguarding referrals and monitor them for any trends. At the time of the inspection there were no trends identified.

People and relatives told us there were enough staff to meet people's needs. One person said, "Oh yes there's enough. One time I was going away at eight in the morning and they came in at seven to bathe me." Another person told us staff were mostly on time with their calls. They said, "It doesn't happen very often when they are a little late. They've got enough staff." A relative commented, "I think there's enough staff, definitely." Another relative told us, "I press the buzzer (when family member needs support outside of scheduled calls) and they come up. The longest we've waited is five minutes."

The care team leaders used an electronic system to calculate staffing requirements. The 'floor plan' system contained a list of people who receive care and support, the times support was to be provided and the type of support required. For example, personal care, support with meals, medicine administration or companionship. We viewed staff rotas and found staffing levels were consistent.

We looked at the recruitment records of recently appointed members of staff. We found that recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people.

Fire evacuation procedures were on display in communal areas. Each person had a personal emergency evacuation plan (PEEP) in place. PEEPs included information about each person's abilities and support needs. The service operated a 'Stay Put' policy where people were advised to stay in their apartments until they are advised otherwise and supported by staff to safely evacuate their apartments and the main building. There was also a risk assessment in place for each person. This meant staff had guidance about how to support people during an evacuation.



# Is the service effective?

## Our findings

At the last inspection in July 2015 we found some staff had not received up to date training in safeguarding and moving and handling. There was also no evidence that staff received annual appraisals. The registered manager had confirmed these would be completed once a new IT system was in place.

During this inspection we found improvements had been made. We looked at training records which showed that all staff had up to date training in all areas the registered provider deemed necessary to support the people using the service such as safeguarding, moving and handling and medicines management. The registered manager told us and records confirmed that all mandatory training was up to date for staff. Care team leaders had completed 'train the trainer' courses to enable them to deliver training in-house to staff. One care team leader told us, "I've done some group work sessions with staff for moving and handling, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff told us they received regular training. One staff member said, "Yes we get enough training. I've just re-done my first aid and I'm studying for an NVQ (national vocational qualification) level 2 in care." Another staff member told us, I find in this job you never stop learning. We've just done the reporting and documentation training."

We viewed an electronic appraisal matrix as well as individual records for staff which showed most had received annual appraisals. Reasons why the remaining staff had not received an appraisal or their appraisal was overdue included long term sickness, maternity leave and new staff who had not yet worked at the service for a year.

People and relatives told us they felt staff were skilled and appropriately trained. One person we spoke with said, "They're great, they're smashing. I trust them." Another person told us, "I get my bath on a morning. They do my back and give it a good rub. When I get out they dry me properly." One relative told us they felt staff were well trained and skilled in their roles. They gave an example of when staff supported their family member to transfer from their bed or chair, to their wheelchair. They told us, "They have the right equipment and know what they're doing." Another relative we spoke with said, "I couldn't fault the care [family member] gets off the staff because I think it's fabulous."

Staff we spoke with told us they felt supported by senior staff. One member of staff said, "The support from [registered manager] and the managers is excellent for me. As well as you giving 100 percent care to the people, you get it back as well. It makes me love my job even more." Another staff member told us, "They are all spot on with support. Anything you need and want they'll support you. I've always been given challenges. I've been able to work over all three phases (areas in the service) and got to know people and their needs." They went on to tell us they felt this gave them more experience and learning opportunities due to the varying needs of the people they supported.

Staff continued to receive regular supervisions. We viewed supervision records which showed discussions covered a range of areas such as safeguarding, medicines, new policies and FRED (an electronic system staff

could log into to book and request training). Agreed actions were recorded and were followed up in the next supervision sessions. One staff member told us, "I find mine very useful because I've had a lot of changes in the year." Another staff member said, "Knowing you're doing your best and you get the appreciation that's rewarding enough."

As part of the supervision process direct observations were carried out by care team leaders to assess individual staff member's performance around their interaction with people while providing support. The registered manager and care team leaders explained the observations were more in-depth and focussed on how staff engaged with people, how they demonstrated knowledge of people's needs and quality of the care they provided.

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. We checked whether the service was working within the principles of the MCA. The registered manager informed us that, at the time of the inspection, every person who received care had capacity to make decisions. Staff understood the principles of MCA and gave examples and requesting consent and supporting people to make decisions. One staff member said, "We have got quite a few people with early onset dementia. We encourage them to make decisions." They gave an example of their approach when supporting people to make choices around their meals.

People were supported to meet their nutritional needs where required. One person said, "If you're running short on food they'll run out and get you something like bread or a fish lot (fish and chips)." During the inspection we observed staff supporting people in the on-site restaurant. One member of staff was sat with someone whilst they were eating their lunch. We also observed another care worker supporting a person to make a decision what to have for their lunch by reading the menu. Staff supported people to prepare meals as and when required, in line with individual care plans.

People had access to external health professionals and were supported by staff to make appointments as and when required. Records confirmed people had regular input into their care from a range of health professionals including GPs, district nurses, occupational therapists and falls team.

# Is the service caring?

## Our findings

People we spoke with told us they were happy with the care and support they received at the service. One person said, "I'll be honest, I really didn't want to come here at first. But the care team has made the difference and I wouldn't want to leave. They go that extra mile. They're brilliant." Another person told us, "Our staff in here now are spot on. They are really good." A third person commented, "They (staff) are friendly and helpful."

Relatives also spoke highly of the service their family members received. One relative we spoke with said, "They (staff) are very concerned and very well meaning. It's very nice. It's just what we wanted." Another relative told us, "The girls are friendly and nice." A third relative commented, "I'm very happy, I'm sure [family member] is as well. I think they're very good with [family member]. She appreciates them too. She always seems happy when they come in."

People were supported to be as independent as possible. One person said, "What I like about them is they're not condescending. Like when I have a shower, they ask me what I want them to do. They don't assume I can't do anything myself." Another person told us they received support from staff to get dressed on a morning but sometimes they managed to do this themselves. They said, "They still come in and make me a hot drink if I've got my clothes on myself."

Staff supported people to meet their individual preferences. One person said, "They come on a morning for half an hour to help get me washed. They will put nail varnish on for me (if I want it)." Another person told us, "I get a shower or a bath as I want them."

Staff supported people to help them maintain their emotional wellbeing. One person we spoke with told us, "I also get companionship once a week. They take me out if I want. They're good, they chat with me. They're very friendly." We viewed records and found that some people received companionship support from staff as part of their care packages. This included whatever the person wanted to do. For example, have a cup of tea and a chat or go out into the community.

People told us staff treated them with respect and maintained their dignity while supporting them with personal care. One person told us, "If anybody knocks (when they're being supported to have a bath in the communal bathroom) they'll give me a big towel to cover up with." During the inspection we observed staff speaking to people in a friendly, familiar manner with affection and compassion. We observed one staff member supporting a person to mobilise in their wheelchair in a communal area. The staff member was chatting with the person and the interaction was positive, the person was smiling and chatting."

Care team leaders and senior care staff completed daily wellbeing checks for every person living in Dovecote Meadow, unless the person did not wish to receive one. Senior staff recorded on a daily log sheet if they had seen or spoke to a person. They also recorded if people were unavailable for reasons such as they were away on holiday or out for day. If staff hadn't seen or spoken to people they contacted them using the internal intercom system or visited their apartment to carry out a welfare check. One person told us, they

had slept longer than usual one time, explaining they were usually an early riser. They said, "They came in and woke me up which is the beauty of this place. They'll check on you (to make sure you're all right)." They went on to say, "During the day if I'm not well they'll pop in and see if I'm okay. They'll run that extra mile for you."

Staff members had access to information in people's care records about their preferences, including their likes and dislikes. Copies of people's care records were stored securely in locked cabinets which were located in offices that were either occupied or locked.

People told us they were confident staff maintained the confidentiality of their information and other's circumstances. One person said, "They must be trained not to tell you things about other people because I've asked them about other people here (For example, when someone went to hospital) but they wouldn't tell me. The person went on to say that staff explained the information was confidential and they couldn't discuss other people's circumstances with them." We discussed confidentiality with staff and they were able to explain how they ensured they maintained this.

At the time of the inspection no one required the support of an advocate. The registered manager told us if people needed an advocate they would support them to access an appropriate service. They informed us they would contact the local authority to arrange access to one. There was information on advocacy type services and groups available to provide to people should their needs change.

## Is the service responsive?

### Our findings

At the last inspection in July 2015 we found the quality of people's care plans inconsistent with some not fully reflecting people's individual needs such as dementia or physical disabilities. Some care plans also lacked information around specific strategies to support people with their individual needs.

The above matters were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made. The care team leaders explained how they had reviewed care files to see if they reflected people's individual needs. They also checked to see if care plans contained sufficient detail to guide staff to appropriately meet people's care needs. One care team leader told us care plans had been updated where required to ensure they were detailed. Another care team leader told us they had reviewed the quality and layout of pen portraits in people's care files and were in the process of implementing a more detailed template to prompt staff to include more detailed information and to include a photograph of each individual.

Care plans contained adequate detail and included people's choices and preferences. For example, one person's personal care plan stated, 'I prefer to have a shower twice a week. I like to use a sponge and shower gel to be washed with and a face cloth to wash my face. Offer me a choice of shower gels.' Other preferences viewed in care plans included, 'I like to wear a t-shirt and pair of shorts and my slippers. I do not wear trousers or socks,' and 'at breakfast time I would like to be offered a choice from what I have available. I like porridge, Weetabix and cereals, toast and crumpets. For my drinks I would like to have a cup of coffee with milk and one sugar. I also like to have a glass of juice left for me to drink later.'

Care records we viewed were personalised and reflective of people's individual needs. They also included daily routines for people which detailed how staff were to support people from the point of entering a person's apartment. Care plans we looked at had been reviewed on a regular basis and updated when required, in line with people's changing needs.

The service was responsive to people's needs, wishes and preferences. One person we spoke with said, "On the whole my carers are all good. All of them if you ask them they would do anything for you." Another person said, "They have a really good care team now. One carer is really helpful and was really good with my eye drops." A third person told us, "The care I get is really important to us both." A relative told us, "I'm really over the moon with [the service my family member receives]. Having so much help about has reduced my stress."

People told us and records confirmed they were involved in planning and reviewing their care and support. One person said, "I had a review about staff a few weeks ago and I told them I was happy and had no complaints. Our needs are being met. I take a lot of medication but they support me with my warfarin."

The registered provider had a complaints procedure in place which was displayed in communal areas.

People and their relatives told us they felt confident to raise any concerns if they had any issues with the service. One person said, "I haven't needed to complain about anything. I'd definitely go into the office if I had a reason." Another person told us, "We have no complaints. If I needed to raise concerns I would." A relative we spoke with said, "No, no complaints. I've made some small comments a couple of times but not complaints." They went on to tell us they would feel "confident raising any concerns" if needed. Another relative told us, "No I've got no complaints at all. I think they are great. I have no qualms but I'd feel confident raising any issues if I had them."

The registered manager maintained a record of all complaints received about the service. A log of all complaints and subsequent action taken were recorded on an electronic system. We noted the service had received five complaints in the last 12 months. Issues included a staff member's attitude towards people in a communal area, the procedure taken following a hospital discharge and housing issues. Records showed the registered manager or deputy manager had investigated the complaints, recorded all actions taken and had fed back to complainants. Actions included staff disciplinary, altering equipment operation with occupational therapy liaison and issues raised for discussion in monthly meetings with people and their relatives.

Monthly meetings took place between people and the registered manager. From the meeting minutes we viewed, we noted discussions included core support, access to the building and activities. People and their relatives were aware of the meetings. One person told us, "I know I can join in with things going on downstairs but I'm quite shy. My [relative] has been to the (residents) meetings."

## Is the service well-led?

### Our findings

At the last inspection in July 2015 we found that there had been a high number of medicine errors identified and issues within the service which potentially placed people at risk due to unsafe medicine management. Actions had been taken on each individual basis but there had been no evidence of overall investigations into the errors. There was also no evidence of lessons learned or exploration of potential strategies to reduce the risk of errors reoccurring.

The assessment and management of other risks were found to be too generic. In some cases, risk assessments were incomplete and therefore ineffective in actively assessing and managing potential risks to people.

During this inspection we found that improvements had been made. All staff responsible for the administration of medicines had received up to date training in the management of medicines. We looked at medicine records for six people and found two occurrences of medicines errors. The errors had been identified during weekly audits and had been investigated. Management recorded their findings and what action had been taken. Actions included discussions with the staff in question about the procedure for checking with senior staff or health professionals if in doubt whether to administer medicines. Other actions included staff disciplinary, refresher training in medicines management, subsequent competency assessments being carried out and providing new copies of the medicines management policy to staff.

People and relatives told us they felt the service was well-led. One person we spoke with said, "This is my second year here and it's running a lot better." Another person told us, "[The service] has made a big difference to me and my husband." A relative we spoke with told us, "It's one of the best of this type of service." They went on to tell us they had looked at other similar services prior to choosing Dovecote Meadow to provide support to their [family member].

The service had a registered manager. They had been pro-active in meeting their responsibilities in relation to submitting relevant notifications to the Care Quality Commission. People and their relatives told us the registered manager was approachable and managed the service well. One person said, "Yes she is approachable. If you've got a problem she'll sort it out there and then or she'll get back to you. She's very helpful." They went on to say, "I always have a bit of fun with them (registered manager and deputy manager). They are both very approachable. They're fine." Another person gave similar feedback about the registered manager. They also told us, "[Deputy Manager] and [administrator] are really good too. Anything we want, they help." A relative told us, "They (registered manager and management team) are very good and very approachable."

The registered manager and care team leaders operated an open door policy to encourage an open and transparent environment for staff to be able to approach them with any concerns or issues they may have. Staff told us they felt supported in their roles and were confident in approaching management to speak about elements of the service as well as personal issues. One staff member said, "Both (registered manager and deputy manager) have been approachable. I've never had any issues." When we asked another member

of staff if the registered manager they felt the registered manager was approachable they said, "yes definitely." They went on to tell us their care team leader was supportive and approachable also. They told us they could go to their care team leader with any queries and if they didn't have an immediate answer, they would always find out and come back to them.

Throughout the inspection visits there was a management presence in the service with the registered manager and deputy manager readily available for staff, people who received support, relatives and other professionals to speak to. There were also care team leaders and senior care workers on duty for care staff to seek immediate support and guidance from.

The service regularly sought views from people and their relatives in relation to the quality of the service. Surveys were sent out each month to a percentage of people receiving services and those returned were analysed by the registered manager to identify any areas of development. Questions covered areas such as staff punctuality and attitude, activities, management and premises. Feedback received about staff and the service was positive.

A care team leader told us the service held regular meetings with staff where they discussed various topics such as training, ID Photos, entering people's apartments, activities, laundry and uniforms. Staff meetings took place on weekly basis and were attended by all staff.

The registered provider had systems in place to check on the quality of the care people received. Checks carried out included medication audits, care plans and risk assessment reviews and fire safety checks. Specific spot checks were carried out on staff and included general appearance of the care worker, whether they wore their identity badges and if they followed infection control protocol. Other areas included documentation, medicines prompted or administered and whether staff promoted people's independence while providing support. From the spot checks we viewed, there were no actions required. The registered manager assured us that any actions identified would be discussed and followed up with the member of staff.

The service had received a number of compliments and thank you cards from people who received support and relatives. One thank you card stated, 'To all the wonderful carers who looked after [family member], thank you. Too often we underestimate the power of touch, a smile, a kind word, a listening ear, an honest compliment or the smallest caring act, but you all gave these things to us both and for that I will be forever grateful.' Another card received from a relative stated, 'A great big thank you to everyone at Dovecote Meadow who showed care, support, kindness and friendship to [family member]. He appreciated everything you did for him as his family did to.'

A letter received from a relative stated, 'I just wanted to say thank you to the team of girls who cared for my [family member] on Wednesday when she became unwell. They worked very hard to get [family member] to drink fluids when she was becoming dehydrated and appeared to be genuinely concerned for her wellbeing. They spoke gently and kindly to her and were so obviously doing more than "their job". Although my [family member] is now very frail your care team treat her with respect and dignity. They also offer support and advice to my [family member's partner] and my family feel reassured that although we can't be with our [family members] all of the time, your staff keep a caring eye on them both and let us know if they have concerns.'