

Nathu Limited

Nene Lodge Retirement Home

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Nene Lodge Retirement Home is registered to provide accommodation and support for up to 52 older people. There were 36 people living in the home on the first day of our inspection.

The registered provider also provides day care in the same building as the care home. This type of service is not regulated by the Care Quality Commission (CQC).

People's experience of using this service:

People were at the heart of the service and everyone with we spoke with told us of the exceptionally kind and compassionate care they received at Nene Lodge. One person said, "It feels like home. I am very happy here."

Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support. Staff worked in a non-discriminatory way and promoted people's dignity, privacy and independence.

The provider involved people and their relatives in planning and reviewing their care and deployed sufficient staffing resources to meet people's individual needs and preferences. People were provided with food and drink of their choice which met their nutritional requirements.

Staff worked together in a mutually supportive way and communicated effectively with a range of other organisations. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

Staff worked collaboratively with local health and social care services to ensure people had access to any support they required. Systems were in place to control and prevent infection. People's medicines were managed safely in line with their individual needs and preferences.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment practice was safe.

The registered manager provided strong, supportive leadership and was respected and admired by staff. A range of audits was in place to monitor the quality and safety of service provision. There was organisational

learning from significant incidents and any concerns were well-managed. Formal complaints were very rare. The provider was committed to the continuous improvement of the service in the future.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 26 April 2017). At this inspection we found some improvements in the quality of the service. The overall rating remains Good but with a rating of Outstanding in Caring.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nene Lodge Retirement Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

Our inspection was conducted by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Nene Lodge Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about) and information shared with us by the local authority. We used all of this information to plan our inspection.

During our inspection we spoke with four people to ask about their experience of the care provided. We also spoke with two family members, one of the cooks, three care staff, the registered manager, one of the owners and three visiting healthcare professionals.

We reviewed a range of written records including two people's care plan, two staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC. One relative told us, "[Name] is in safe hands here."

Staffing and recruitment

- People told us that the provider employed sufficient staff to meet their needs. For example, one person said, "Staff are always around if I need something."
- Reflecting this feedback, throughout our inspection we saw that staff had time to meet people's care and support needs without rushing. The registered manager kept staffing levels under regular review and adjusted them in response to changes in people's needs.
- The provider took care to ensure new staff had the right skills and personal qualities to support people safely in a person-centred way. We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. For example, one person had been assessed as being at risk of falling and a range of preventative measures had been put in place. Reflecting feedback from our inspector, the registered manager took action to formally document risks relating to room sharing and the use of stairs.
- Senior staff reviewed and updated people's risk assessments regularly.

Using medicines safely

- We reviewed the arrangements for the storage, administration and disposal of people's medicines and found these were managed safely in line with good practice and national guidance.
- Staff maintained an accurate record of the medicines they administered. People who had been prescribed medicines on an 'as required' basis could exercise their right to decline them. Detailed protocols were in place to guide staff in their use of these occasional use medicines.

Preventing and controlling infection

- The provider maintained a systematic approach in managing the prevention and control of infection. For example, audits of staff handwashing practice were undertaken and protective aprons and gloves were stored in various locations around the home, to make it easy for staff to access them as required. In

response to feedback from our inspector, the registered manager took immediate action to improve the separation of laundry.

Learning lessons when things go wrong

- The provider was committed to the continuous improvement of the service and reviewed significant issues and events to identify any organisational learning. For instance, in response to a recent incident, changes had been made to the provider's assessment and admission procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed monthly by senior staff.
- The provider used a variety of online and other information sources to ensure staff were aware of any changes to good practice guidance and legislation. This included information from the National Institute for Health and Care Excellence (NICE). To help maintain her own knowledge base, the registered manager told us she met regularly with the manager of a nearby care home to "bat ideas" about together.

Staff support: induction, training, skills and experience

- The provider maintained a comprehensive training programme to ensure staff had the right knowledge and skills to meet people's needs effectively. Commenting positively on the training provision, one staff member told us, "We have regular training. I learn something new every time. Things keep changing."
- New recruits participated in a structured induction programme which included a period of shadowing experienced colleagues before they started working on their own. New staff also undertook the national Care Certificate which sets out common induction standards for social care staff.
- Staff told us that they felt well supported in their work. Talking of the registered manager, one staff member said, "[Name] is very good. She has given me a lot of support recently." Staff also received an annual appraisal from the owner and observed supervision of their hands-on practice from the care team leader.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- As part of our inspection we checked whether the service was working within the principles of the MCA. Although there were no DoLS in place at the time of our inspection, the provider was familiar with the process for obtaining appropriate legal authority in situations where it was necessary to deprive people of their liberty.

- Senior staff made use of best interests decision-making processes to support people who had lost capacity to make significant decisions. Reflecting feedback from our inspector, the registered manager said she would start documenting these decisions more clearly in people's care records.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had forged effective working relationships with a variety of external organisations, to assist in the provision of effective care to the people who lived in the home. Commenting on their experience of working with the staff team, a local healthcare professional told us, "This is one of the homes I'd recommend. I have a good rapport [with the staff] and I have any concerns, they will act upon it. I like this home."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and drink provided in the home. For example, one person told us, "It's excellent food. It approaches home cooking for taste and looks. I always look forward to it." Another person said, "We're a bit spoiled. I get breakfast in bed every morning. We never go hungry."
- Staff were aware of people's particular nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, some people had their food pureed to reduce the risk of choking. People were weighed monthly and staff took action to address any weight loss identified.

Supporting people to live healthier lives, access healthcare services and support

- From talking to people and looking at their care records, we saw that staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local health and social care services whenever this was necessary. One person told us, "I had an eye test recently and I need new lenses, so that will mean a trip to the opticians. Otherwise, they get a doctor if I need it."
- Commenting positively, a local healthcare professional told us, "The staff are very proactive about [flagging up any issues]. They [provide] excellent care."
- Each person had an oral care risk assessment in their care file which senior staff reviewed and updated every month. People were also encouraged to maintain regular contact with their dentist. For example, one person told us, "I go to the dentist every six months. The hygienist and dentist alternately."

Adapting service, design, decoration to meet people's needs

- The provider was committed to the ongoing maintenance and improvement of the physical environment and equipment in the home. For instance, at the time of our inspection, work was in hand to complete the installation of automatic door closures throughout the home, as an additional fire safety measure.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- Without exception, people told us that staff were warm-hearted, caring and kind. One person said, "The staff are brilliant. They treat ... us with the greatest respect. It's a real home from home." Another person told us, "It feels like home ... like a big family."
- A quotation which the owner had placed in the main entrance read, 'You are defined by your kindness. So be kind.' This principled commitment to supporting people with compassion was clearly understood by staff and reflected in their practice. For example, one staff member told us, "I think [we all] go above and beyond ... [to] do that little extra or stay that little bit longer. [Sometimes] I go out and get ... biscuits or sweets ... from the shop [for someone living in the home]."
- Talking of other members of staff, the registered manager said, "[Name] came [in] on Monday and took two ladies to The Anchor for lunch, in her own time. And on Friday [name] came on duty with two bunches of flowers. To give to one of our residents who was feeling ... down and to a lady ... whose husband is ... ill. Another staff member will regularly take home items of clothing that need repairing or shortening."
- Describing the caring, thoughtful approach of the staff, one person commented, "They are lovely people and will go out of the way to help if they possibly can." Another person told us, "The staff are fantastic and really seem to understand what I like and need. I'm very happy here." A relative said, "The staff are really good. Especially in reassuring my mum when she gets upset."
- During our inspection we identified other examples of the provider's exceptionally caring approach. For example, the registered manager told us that staff escorted people to hospital appointments, if family members were unavailable. The provider made no additional charge for this service.
- At Christmas people received a gift from the provider. Describing the care with which each gift was chosen, the registered manager told us, "One lady loves John Wayne, so this year we bought her a scarf with John Wayne on it. [Name] loves tractors so we got an old picture of a tractor printed on a cushion cover as his Christmas present."
- Families were encouraged to join their relative for Christmas lunch, which was provided free of charge. Similarly, if family members wanted to join their relative for a birthday celebration, a buffet was provided free of charge.
- Writing to the registered manager following the recent death of their loved one, a relative had stated, 'You all became, not just his carers, but his friends. You treated him with respect, dignity and love at the end of his life and he held a special place in his heart for all of you. His eyes brightened when you brought him his ... night-time hot chocolate. You kept the twinkle in his eye [and] listened to his stories. Nene has a wonderful caring ethos and that is down to every one of you. From the [care staff], maintenance, cleaners and not forgetting the chefs.'

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with told us that staff encouraged them to express their views and make their own decisions about every aspect of their life. For example, one person said, "I have my porridge in the morning. Breakfast is always leisurely. [At] my own pace." Another person told us, "I wake up between 7am and 7.30am and they bring me a cup of tea and a biscuit. I have a snooze and get up at about 8.30am. They've never [rushed] me out of bed or anything like that. They know my routine."
- Describing their commitment to respecting people's individual wishes and preferences, one of the cooks said, "We have people change their mind [about what they want to eat]. It's not a problem. One lady went through three choices the other day, before [deciding on] soup!" Similarly, a member of the care team told us, "They all have their different ways. Some like to brush their own hair, rather than you do it. Some [like to participate in communal activities] and some prefer to stay in their room. You can do whatever you like." Reflecting this comment, one person said, "I am pretty self-sufficient and they don't try to take over my life."
- The provider was familiar with local lay advocacy services and the registered manager told us she would help people obtain this type of support if it was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- People told us that staff were committed to supporting them to retain their independence for as long as possible. For example, one person said, "I go for a little walk almost every day. Down to the shop, or just down the street and back. Staff know where I am and let me do what I can for myself."
- Commenting on the importance of supporting people to remain mobile for as long as possible, a staff member told us, "They are encouraged to retain their mobility and keep active. When you are not mobile, you [start to] lose your independence." Talking of another person who lived in the home, one person said, "[Name] could hardly do anything for herself when she arrived. Now she's eating like everyone else and joining in."
- In a recent initiative to further promote people's independence, the provider had established a mobile 'tuck shop' enabling people to buy their own confectionary, toiletries and other personal items, rather than having to rely on relatives or staff. Commenting positively on this innovation, one person said, "It's very popular!"
- Staff also understood the importance of supporting people in ways which helped maintain their privacy and dignity. For example, one person told us, "Once a week I get help to have a bath. They wash my back and hard to reach bits then leave me for 10 minutes to relax. They are very good."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected.
- Staff had access to equality and diversity policy guidance and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural or spiritual preferences. The registered manager told us, "We are up for whatever comes our way."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- If someone was thinking of moving into the home, the registered manager assessed the person's care requirements to determine if the provider could meet their needs. If it was agreed that the person would be moving in, the registered manager told us she encouraged family members to personalise the person's room in advance, to make it feel more like home. People were also encouraged to maintain the local services they used prior to moving in. For example, the registered manager told us five different hairdressers and five different chiropodists visited the home.
- At the time of admission, the registered manager prepared an outline care plan setting out key information about the person's individual needs and preferences. Over the next few weeks, senior staff worked with the person and their relatives to create a full individual care plan.
- Care plans were well-organised and provided staff with detailed information on people's wishes and requirements in areas including personal care, mobility and diet. For example, one person's personal care plan stated, 'I dislike marmalade and I prefer white bread. I would like a glass of sherry with my Sunday lunch.'
- The care team leader reviewed and updated each care plan on a monthly basis, in discussion with the person and their family if they wished. One relative told us, "My wife and I are always made to feel involved." In response to feedback from our inspector, the registered manager said she would take action to ensure any changes to people's care plans were more clearly documented as part of the monthly review process.
- People told us staff had a good understanding of their individual preferences and provided them with responsive, personalised support. For example, talking about mealtimes, one person told us, "The staff know our likes and dislikes. If [we] don't like what's on offer, they will always find an alternative. The glass of wine with our Sunday lunch is a nice touch." Describing their approach in this area, one member of staff said, "When you are working closely with someone you get to know that person. Their needs and how they like things. We make sure [things] are done the way [they] want."

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had embraced the AIS and ensured staff responded to people's individual communication needs and preferences. For example, the room of a person with a visual impairment had been adapted to enable them to move around as independently as possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed an activities coordinator who worked three afternoons each week. The activities coordinator organised a programme of activities and events to provide people with physical and mental stimulation and opportunities for social interaction. Since our last inspection, the provider had expanded the activities programme and regular events now included music to movement, interactive quizzes such as Play Your Cards Right, visits from professional entertainers and outings to a local 'dementia friendly' cinema and other attractions.
- On the first day of our inspection, the activities coordinator led an exercise class for around 15 people which was clearly enjoyed and valued by the participants. Commenting positively on the activities programme, one person told us, "There's always something to do. We've got a giant snakes and ladders game, I-Spy and quoits." Following an outing to a local garden centre, another person had written to the registered manager to say, 'Thank you for a lovely trip today. I really enjoyed it. There were so many lovely things to buy.'
- People also received support and encouragement to maintain personal interests and hobbies, inside and outside the home. For example, a member of staff organised regular art and knitting groups. One person remained an active member of the local British Legion book club and others were members of a lunch club hosted at a nearby pub. Some people were supported to maintain their interest in gardening whilst others took pleasure in helping staff with tasks of daily living including laying tables and folding laundry. Commenting on the therapeutic benefits of this approach, one member of staff told us, "They used to do it at home. It gives them a purpose."

End of life care and support

- The provider's responsive, person-centred approach was also reflected in the way staff provided end of life support to people and their families. People were encouraged to complete an 'advance care plan' setting out their individual wishes, should end of life care ever be required. For example, one person had stated, 'Please put the TV on in the evenings. I love [name of favourite TV programme]. If it's possible, [I would also like] my [name of favourite snack] every day.'
- Following the death of their loved one, a family member had written to the registered manager to say, 'Our loss is tempered by the knowledge that ... the care of your staff was delivered with professionalism, compassion and, above all, friendship which [name] very much appreciated.'

Improving care quality in response to complaints or concerns

- People told us they would contact the owner or the registered manager if they had any queries or concerns. One person told us, "I've [made] occasional suggestions about things. Both [the owner and the registered manager] always listen to me. I've never had the reaction, 'We know best'." Similarly, a relative said, "The owner and the manager have a real open door policy and will ... always find time to talk to me."
- Reflecting this commitment to addressing issues in an open, responsive way, the provider had received no formal complaints since our last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Everyone we spoke with told us how highly they thought of the home. One person said, "I like it here. They look after me very nicely." Another person commented, "They do an ace job here." In an online review of the home, a relative had written, 'We can't thank or praise Nene Lodge enough for the quality of care they gave my Mother. We would highly recommend Nene to anyone looking for a care home for their loved ones'.
- The owner and the registered manager both maintained a very visible, hands-on presence within the home. Describing the support she received from the owner, the registered manager told us, "I couldn't have wished for a better boss." Reflecting his faith and confidence in the registered manager, the owner had recently nominated her in the residential care leadership category of the annual award scheme organised by the local care providers' association. The registered manager had been short-listed and was waiting to hear if she had won.
- Throughout our inspection, both the owner and registered manager displayed an admirably candid and responsive approach. For example, in the prompt action taken to improve laundry arrangements, individual risk assessments and the care plan review process. Describing her management style, the registered manager told us, "I'd like to think I practice what I preach [and] lead by example. I am honest and open and consider myself to be very fair. But I will stand my ground if I have to."
- The registered manager's strong, supportive leadership was respected and appreciated by her team. For example, one member of staff told us, "[The registered manager] is always on top of things. If I have had a problem, it's always been sorted out." Another staff member said, "I have never had a manager like her. In a wonderful way!"
- The provider was committed to the welfare and happiness of the staff team and promoted this in a variety of ways. For example, staff received a bonus at Christmas and significant birthdays, births and retirements were all celebrated. Reflecting this caring approach and the positive organisational culture it had created, staff told us they were pleased to work for the provider and enjoyed coming to work. One staff member said, "It's a nice place to work. I'd recommend it." Another member of staff told us, "It's a lot better than the last place [I worked in]. It's like a little family. Everybody is happy. I wouldn't change anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As described elsewhere in this report, the provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources to meet their individual needs and preferences.
- To further promote people's engagement with the service, the provider issued questionnaires to people and their relatives, local health and social care professionals and other visitors to the home. We looked at the most recently completed questionnaires and saw that feedback was extremely positive. For example, one person had written, 'It's like your own home.' Another person had commented, 'I have nothing to complain about. [The registered manager] is very good. I like all the activities and entertainment.'
- The registered manager reviewed completed questionnaires on a regular basis and took action to follow up any concerns or suggestions. For instance, some people had queried why fish and chips was always served on a Friday and this had been changed.
- The provider also organised a 'residents' meeting' ever six months. The registered manager told this was a valuable forum for people share their views. For example, in response to feedback at one meeting, periodic 'takeaway nights' were now organised.
- The provider used a range of other approaches to monitor and improve the quality of the service. These included care plan reviews and a range of monthly audits. Reflecting feedback from our inspector, the registered manager said she would take action to ensure a more systematic approach towards auditing the condition and safety of the premises.
- The provider was committed to the ongoing improvement of the service in the future. For example, plans were in place to refurbish the laundry and to purchase an online games platform to provide an additional activity for people to enjoy.
- The provider was aware of the need to notify CQC and other agencies of untoward incidents or events within the home. However, during our inspection we found that a serious injury sustained by a person living in the home, had not been notified to us. When we raised this with the registered manager, she took personal responsibility for the oversight and took immediate action to submit the required notification retrospectively and to amend administrative systems to avoid this happening again. As required by the law, the rating from our last inspection of the service was on display in the home.
- The provider had created positive links with the local community. For example, a local vicar hosted regular services in the home and the knitting club produced items which were sent to a local premature baby unit and a veterinary practice. People were also supported to take part in local fundraising initiatives, including Macmillan coffee mornings.