Morven Healthcare Limited

Morven House

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

About the service
Morven House is a residential care home providing personal care for up to 40 older people who are living with dementia. Some people use the service for respite care breaks. Accommodation is arranged over three floors and there is passenger lift access. There were 28 people using the service at the time of our inspection.

People's experience of using this service and what we found
People told us they felt safe and happy. There were positive and caring relationships between staff and people, and this extended to relatives and other visitors.

People needs were fully assessed before moving to the home so the provider knew whether they could meet the person's needs. Care plans were individual and representative of people's needs, preferences, values and beliefs. Risks to people's health and wellbeing were assessed and reviewed when needed.

Staff knew how to recognise and report any concerns they had about people's welfare and how to protect them from abuse. The registered manager responded appropriately to any allegations of abuse and worked in partnership with the local authority and other agencies to keep people safe.

There were enough staff, day and night, to support people's needs. The provider recruited staff safely to ensure they were suitable for their role. Staff continued to receive ongoing training and support to keep their knowledge, skills and practice up to date.

Morven House was clean, tidy and staff carried out health and safety checks to make sure people lived in a safe environment. People had the equipment they needed to meet their assessed needs.

People were supported to maintain good health and to eat and drink well. Staff involved other professionals when people became unwell or required additional services. People received their medicines when they should. The provider followed safe practice for the management of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's diversity was respected and embraced. Staff were respectful and open to all cultures, faiths and beliefs and people's individuality. People's end of life preferences and wishes had been considered and these were supported.

People enjoyed a wide variety of group and one to one activity that also considered the needs of people living with dementia. Staff took time to find out about people's individual hobbies and interests and

arranged meaningful activities. Staff understood the importance of social interaction and ensured they offered people support and companionship when needed.

People knew how to raise a concern or make a complaint and felt confident this would be dealt with appropriately. People and their families were regularly asked for their feedback and this was used to determine what the home was doing well and what could be improved.

There was an open and inclusive atmosphere in the service and the registered manager showed effective leadership. Established quality assurance systems and processes enabled the registered manager to quickly identify any areas for further improvement.

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 (11 April 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good

The service was 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.

Morven House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector and an Expert by Experience on the first day. 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
Morven House 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 the Care Quality Commission. 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 carried out over two days and the first day was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with six people who used the service and eight visiting relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior support worker, care workers and the chef. We reviewed a range of records. This included six people's care records and those related to the management of medicines. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including health and safety records, audits and incidents/accidents. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at records related to quality assurance audits, staff training and improvement plans.

Good

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

- People were safe and protected from the risk of harm and abuse. Relatives had confidence their family members were safe with one saying this gave them "peace of mind."
- Staff understood their responsibilities around safeguarding adults and completed regular training to keep their practice up to date with national guidance.
- The registered manager worked with other agencies to keep people safe and took appropriate action when concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were fully assessed and kept under review. Where new risks were identified, staff took appropriate action. Relatives shared examples where people had experienced falls and immediate steps were taken to improve people's safety. This included lowering the bed and using door sensors or floor mats to alert staff when a person needed assistance to walk.
- People had individual assessments which informed staff how to minimise risks and keep people safe. For example, risks associated with poor nutrition, fragile skin and behaviour that could present challenges to the person or others. Staff were aware of these risks and the type of support people required.
- People lived in a safe environment. The registered manager and staff carried out checks to make sure the premises was free of hazards and equipment was safe for people to use. Maintenance and servicing of fire equipment, utilities and water hygiene took place regularly.
- Staff were trained in fire safety and emergency first aid. People had personal evacuation plans which explained the level of support they needed in the event of a fire or other emergency.

Staffing and recruitment

- People were supported by sufficient staff and we observed people received their care when they needed it. Staff told us they had time to spend with people and undertake their duties.
- The registered manager reviewed the support people needed every week. Staffing levels were increased as necessary, for example, a second senior staff member was allocated when people had an increased level of need.
- The recruitment process was thorough, and the right checks were undertaken to ensure staff were suitable to support people.

Using medicines safely

- People's medicines were managed safely and regularly reviewed to ensure they were still required and effective. People told us they received their medicines at times they needed them. If people wanted to administer their own medicines, they were supported to do so and staff assessed any risks with them.

● Care plans contained information about people's medicines, what they were for and the prescribed times. This included medicines prescribed for occasional use such as pain relief.
● Staff were trained to administer medicines and their competency checked to ensure their understanding of procedures and that practice was safe. Other checks were carried out to make sure medicines were given to the person at the right time and in the right way. Records were available to support this and confirmed people received their medicines as prescribed.
● Medicines were stored appropriately and in line with current legislation and national guidance. This included those requiring additional security or temperature conditions. The registered manager had recently introduced new ways to manage medicines and put systems in place as recommended by the pharmacist.

Preventing and controlling infection
● People lived in a clean environment and were protected from the spread of infection. One person told us, "They keep the place clean and tidy." Relatives shared similar views.
● Staff received infection control training to keep up to date with current practice. We observed staff followed effective hygiene practice when supporting people with their personal care needs. They wore protective clothing such as gloves and aprons when necessary.
● Hand washing guidance and facilities were available, and we saw domestic staff working throughout the home. Cleaning schedules guided staff on the required duties and tasks to maintain good hygiene. Standards of cleanliness were checked regularly to ensure the service remained clean and hygienic.
● Food hygiene practice was safe and staff understood their responsibilities in this area.

Learning lessons when things go wrong
● The registered manager reviewed accidents and incidents every month to look at what happened and why, identify trends and determine next steps to reduce the risk of similar events happening again. We saw that the numbers of falls people experienced had reduced in the last year. Staff had told us they had improved understanding on their prevention.
● From a recent analysis, the registered manager had identified people were possibly being discharged from hospital before they were medically fit. To monitor this, staff assessed people on their return and completed a diary to see if there were any themes.
● Learning was shared with staff and discussed at handovers, supervision and team meetings.

Good

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we made a recommendation about improving the environment to provide more engagement and stimulation for people. This recommendation had been met.

- Morven House was designed and equipped to help meet people's needs and promote their independence. The layout and décor had improved and considered the needs of people living with dementia. Signage helped people understand what each room was for, bedroom doors had pictures that represented the person and what was meaningful to them.
- People had taken part in choosing themes and helped create art work for the different floors. For example, one floor had a four seasons theme and another Noah's ark. Areas were furnished with textured things for people to touch and hold and remember past times. The ground floor known as 'memory walk' was furnished with memorabilia and posters from a bygone age. In the entrance hall, there was an old-style post-box and a 'tea room' area where people could sit together for a chat.
- People benefited from having a selection of communal areas and private space to be with their families and friends. This allowed people to spend time in quieter or busier areas dependent on their wishes.
- Areas of the premises were due for redecoration. The registered manager shared a plan with us which outlined the scheduled improvements. They included refurbishments to create an additional bedroom, more rooms for staff facilities, redecoration and converting shower rooms into wet rooms.

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

- Before people moved in, the registered manager completed a detailed needs assessment to ensure the service was able to meet the person's needs. Families told us they were involved from the start and given information about the home.
- People's protected characteristics and diversity were accounted for and acted upon. Staff considered characteristics such as disability, age, race and religion when planning care.
- Best practice guidance and information was available to staff. This included support with medicines, moving and repositioning, nutritional needs and oral health care. Staff told us this helped them support people in the most effective ways and keep up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who knew them well and understood their needs. A relative told us, "The staff are efficient and friendly. They listen if there is any problem."

● Staff received relevant, ongoing training for their roles and the registered manager monitored this to ensure they kept their knowledge and skills up to date. New staff completed a structured induction alongside more experienced staff and practical competency checks in line with the Care Certificate. This is a national induction for people working in health and social care who have not already had relevant training.
● Staff were provided with specific training to enable them to support people's individual needs. This included learning about pressure ulcer prevention, moving and repositioning and managing infections. They had also completed courses run by a local hospice, such as recognising pain for people living with dementia, pain control and expectations in end of life care.
● Staff told us the training was good and they had ongoing support from the registered manager. This included one to one supervision meetings and team meetings for staff.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food, were given choice and staff knew their preferences. Comments included, "The meals are on time. The food is first class" and "The food is always lovely. A lovely cup of tea in the morning, one at 11, one in the afternoon."
● During lunch, people were offered and shown a choice of meals, drinks and desserts. People were given alternative meals where requested and food was prepared appropriately where people required a specific diet.
● Information about any risks associated with eating and drinking were clearly recorded. Where there were changes in people's weight, appetite or intake, staff involved the GP and other professionals such as the dietician or speech and language therapist (SALT).
● Staff monitored and checked that people were eating and drinking enough and maintained accurate records of this.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain good health and told us they saw healthcare professionals as needed. One person said, "They look after us well. If we need the GP, they call the GP." Relatives told us staff acted quickly if a person became unwell or their health needs changed.
● The registered manager made referrals to the falls team, dietician and other health care professionals when required. People's care plans reflected the advice and guidance provided. Plans included details about people's medical conditions and how staff should support their specific needs.
● The registered manager recognised and promoted the importance of supporting people's oral health. The home used an evidence-based assessment tool to determine people's needs in this area and staff had completed relevant training. One staff member told us this had helped them understand different approaches to use when supporting a person to clean their teeth.
● People received effective and coordinated care when they were referred to or moved between services. Staff ensured that information about people's current care and support needs was shared appropriately with relevant professionals, for example, when people needed to go to hospital.

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). 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 had the appropriate legal authority and were being met.

- People were supported to make everyday choices and decisions as far as possible. Our observations and review of records showed staff spent time with people, involving them in discussions about their care and support.
- Systems were in place to support people in the least restrictive way and ensure their rights were protected. Staff had received training about MCA and understood their responsibilities.
- Where people had assigned representatives or family members involved in making decisions about their care, the registered manager had confirmed they were lawfully authorised to do so.
- The registered manager had applied to the local authority for people who required DoLS and kept a record of when these were due to expire.

Good

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive and caring relationships with them. People and their relatives told us staff treated them well and knew what was important to them. One relative said, "I trust the staff. If I have a problem they are always ready to help."
- We observed staff were caring, they spoke with people showing kindness and compassion. One member of staff spent time discussing the lunch menu with a person as they didn't know what was available. After explaining the menu, the staff member went on to play game of chess with the person at their request.
- People were provided with emotional support when they felt anxious or needed reassurance. One person was worried as they couldn't find their 'pram', the registered manager held the person's hand and accompanied them to look for it. On another occasion, a person became concerned they had lost their wallet. Staff comforted the person, encouraged them to check their pocket where they found the wallet. The staff member then offered a cup of coffee and sat with the person as they became tearful about misplacing it.
- Staff respected and protected people's rights. They understood the importance of supporting people's different and diverse needs. Any needs in relation to people's disability, sexuality, spirituality or culture were identified during the initial needs assessment. Care plans included people's preferences and information about their backgrounds.
- The home had been involved with a research project on supporting people's needs from ethnic minority groups. The researcher had visited to meet people and discuss their life history and interests. Staff told us this gave them a better understanding of people's background, culture and heritage. The registered manager shared an example where one person loved cricket and as they were approaching their last days, staff obtained a wicket pad and laid it on the person's lap to which they smiled.

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

- People were involved in everyday decisions about their care and support. We observed staff consistently offer people choices and ask people whether they needed help with anything.
- Care records reflected people's choices, for example, their preferred times to get up/go to bed, times of meals, gender of staff to support them and whether they like a bath or shower. Plans included background information about people's early life, education, career and important occasions. Staff said this helped them get to know a person and engage in meaningful discussion.
- People and relatives told us they were encouraged to be involved in sharing feedback to develop the service. Regular meetings were held and relatives said they were invited to care reviews and always kept up to date about matters affecting their loved ones.

Respecting and promoting people's privacy, dignity and independence

● People were supported to maintain their appearance as they wished, for example, by wearing clothes and jewellery of their choice, having their hair styled or applying make-up. Relatives told us their family members were always well dressed and staff were attentive to peoples' personal care needs.

● Staff respected people's wish to remain as independent as possible. They encouraged people to do as much for themselves to help people maintain their daily living skills and self-esteem. One relative told us their family member was starting to manage their own personal care again.

● People could live their day to day lives as they chose. Some people preferred to be more private and this was respected. One person told us, "They[staff] are very kind and caring. They never disturb you in the room. If I have any problem they always help."

● People and relatives told us staff respected people's privacy and provided dignified care. We saw doors closed when people were supported with their personal care and staff always knocked on bedroom doors before entering. People's private and personal information was stored securely and staff spoke in confidence about people's care needs.

Good

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

- People's care plans were based upon detailed assessments. They described the person's background history, needs and abilities, associated risks and support needed by staff and other agencies. One-page summaries provided information about what was most important to and for the person.
- People's care and support needs were regularly reviewed, with support from their relatives if they experienced difficulties communicating what was important to them.
- People's current and emerging care needs were discussed in daily handovers to ensure staff were aware of any changes concerning people's care and support. Staff completed daily records which reflected how people had spent their day, what they had enjoyed doing and any changes in their health and wellbeing.
- Care plans were developed or updated when a person's needs changed, for example, after a return from hospital, a deterioration in their health or short-term illness.

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.

- People's communication needs were assessed and clearly recorded. Staff shared examples of supporting people with poor eyesight or hearing difficulties. We observed staff speaking clearly and at eye level with people.
- People were provided with large print documents and pictures and photographs of meals and activities. There were pictures and signs to help people find their way around the home and identify what the room was used for.
- Care plans highlighted where people had a disability or sensory loss, so staff knew they would require assistance.

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

- People and relatives were complimentary of the varied activities provided and the support people received. One person told us, "I like to look at the wildlife, playing cards, dog patting, gardening. They [staff] take us out." A relative commented, "[Name of activities coordinator] arranges all the activities. She works hard. They all like her. They made some mittens with sensory things in them."
- The activities coordinator was on holiday at the time of our inspection. We saw photos of a variety of activities people had been engaged in. These included quizzes, board games, movie night, gardening,

baking, exercise sessions, music and arts and craft. There were regular visits from musicians, local school choirs, volunteers with animals and faith services to support people's spiritual needs.

● Activities were meaningful to people and considered their individual needs and interests. For people living with dementia, discussions about past times and historical events were held. People had chosen picture postcards of places they had been or were significant to them and these were displayed in the main lounge. There were also knit and natter and hand massage sessions for people.

● In the absence of the activity's coordinator, staff were responsible for organising activities and we observed times where staff were busy attending to people's personal care needs and providing individual support for some people. This meant people were not as engaged or stimulated as much as they could be. The registered manager was aware of this and advertising for a second staff member to support activities to ensure something was available for people each day.

● People maintained and developed relationships with those close to them. Relatives told us they were able to visit anytime and always made to feel welcome. People and relatives spoke positively about the parties and events held to celebrate birthdays and special occasions.

Improving care quality in response to complaints or concerns

● People and relatives told us that if they needed to complain, they would speak to the manager or care staff. They were very confident if they ever had any concerns these would be dealt with quickly and professionally.

● Information was available for people and relatives on how to raise a complaint and what steps to take if they were unhappy with the service.

● Records showed how the service had responded to any complaints along with a full report of the outcome and any action taken in response. This included an apology if people had experienced care below expected standards. The provider monitored complaint information to see whether improvements could be made to their services.

End of life care and support

● People were asked about their wishes and preferences for end of life care.

● Staff had undertaken training which gave them the skills and knowledge to provide compassionate care for people nearing the end of their lives. The provider arranged this through the local hospice who supported staff to develop care plans with people.

● People were supported to remain at the service, in familiar surroundings, supported by their family and staff who knew them well. We saw many compliment cards from relatives for the care and emotional support staff provided when people had passed away.

● The home had been involved in an end of life best practice scheme and had retained their award from the hospice in recognition of the quality of their end of life care.

Good

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

● The registered manager promoted an open and honest service and led by example. People, relatives and staff members were positive about the service and the registered manager's leadership. A relative said, "They keep me informed on everything. It's good in all areas." People, relatives and staff said they would recommend the service to others.

● Staff understood the values and vision for the home which formed part of their initial interview and induction training. The registered manager then monitored that staff followed these values when providing care and support to people.

● We observed the staff team were caring and dedicated to meeting the needs of the people using the service. Staff told us they enjoyed their jobs, understood their roles and what the registered manager expected of them.

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

● Records showed when things went wrong the service had followed the 'duty of candour' to learn from mistakes and make improvements. People and relatives told us, the management team were open and honest in all communications with them.

● The registered manager understood their responsibilities, for example, when an incident had occurred we saw letters to people and family advising them of the incident, the investigation and the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● People benefitted from a service that was well-organised and there was a clear staffing structure. Staff told us they felt supported and had confidence in the registered manager.

● The registered manager and staff completed regular checks and audits which helped ensure that people were safe, and the service met their needs. Records confirmed these were comprehensive and frequently undertaken. They included checks on people's care records, risk assessments, medicines and health and safety practice such as fire safety, food storage and infection control.

● From these checks, action plans were developed and used to drive improvement within the service. For example, parts of the premises needed repair and redecoration and the registered manager agreed a plan with the provider to complete this.

● The registered manager had ensured all required notifications had been sent to external agencies such as

the local authority safeguarding team and the CQC. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

● People, their relatives and staff were encouraged to comment on their experiences and share their views through surveys and meetings. Results of findings based on feedback were shared as, 'You said, we did.' Action had been taken in response to the few comments raised. This included making improvements to the menus and providing more fresh fruit and fresh vegetables.

● The staff organised social events for people and families to get together. Photos displayed around the home showed how people had celebrated birthdays and other events with their relatives.

● Other information of interest was displayed and available to people, their families, visitors and staff. This included a poster on the do's and don'ts of dignity in care, meeting minutes, survey results and procedures about how to complain and report safeguarding concerns.

● Staff told us there was effective communication with important information shared in both staff and daily handover meetings. Meetings were also used to share learning and best practice. Staff took on the role of champions for areas of care such as end of life care, dignity and dementia. These staff took on the responsibility of overseeing and enhancing these areas of practice.

● Staff told us they felt valued and recognised for their contribution to the quality of care people received. We saw staff were nominated for 'employee of the month' awards.

●The registered manager attended forums run by the local authority. This enabled her to network with other managers and keep up to date with best practice. The registered manager also referred to latest research and guidelines to ensure people were being supported in the best possible ways.

Working in partnership with others

● The service engaged with other agencies and professionals to support care provision and meet people's needs. This included local authorities, GPs, community nursing teams and other health professionals such as speech and language therapy, physiotherapy and the dietician.

● When we inspected, the registered manager was working alongside the clinical commissioning group on improving falls prevention. Ideas included marking people's walking aids to identify if the person was at high risk, and to also help people recognise them.

● The registered manager told us how staff had extended their knowledge and skills through training events run by the local authority. This included learning about the prevention of pressure ulcers, urinary tract and chest infections. Staff told us this had a positive impact for people with a reduction in hospital admissions.

● The local authority had invited the registered manager to carry out a presentation to other home managers about the improvement journey of Morven House. Following this, an activities forum was set up for other homes to share best practice, new ideas and latest research around activities.