Guild Care

Haviland 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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

Haviland House is a purpose-built nursing home registered to provide accommodation and nursing care for up to 63 people with a range of care and nursing needs This includes people living with dementia. At the time of our inspection, 59 people were accommodated at the home. Haviland House is divided into five suites (known as 'households'): Angmering, Bramber, Clapham, Durrington and Elmer. Angmering, Bramber and Durrington households cater for up to 13 people and Clapham and Elmer for up to 12 people. Each household caters for a different stage of the dementia journey. Each suite has a separate sitting room, dining area/room and kitchenette. There is a variety of communal areas within the home for people to access, including gardens. All bedrooms have en-suite facilities.

Staff have different roles such as 'house leaders' who are in charge of the shift, management of care plans and risk assessment reviews. Staff who are 'home makers' ensure that people's care and support needs are met in a personalised way, together with other care staff. People are known as 'family members'.

At our last inspection we rated the service as 'Good' overall. We made a Recommendation in relation to staff supervisions and appraisals. We rated the key question of 'Effective' as 'Requires Improvement'. At this inspection, we found that improvements had been made and this key question has improved to 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

People received an exceptional standard and quality of care that was personalised to meet their individual needs. The ethos of the home was one that put people at the heart of the service. The provider had sought advice from a number of professionals and organisations who were expert in the field of dementia. They had looked at the advice and applied it to all areas of the home, thus improving the lives of people living with dementia. People's care was based on what was proved to be best practice in the field by these professionals and organisations resulting in an outstanding level of care. Great care and time had been taken with activities that were organised specifically around people's interests, rather than being structured. Staff knew people extremely well and went out of their way to ensure that people led meaningful lives. End of life care supported people's individual needs and preferences in a person-centred way.

People said they felt safe living at the home and relatives commented on the safe environment. Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns. There were sufficient numbers of staff on duty to meet people's needs. New staff were recruited safely. Medicines were managed appropriately and in line with good practice. The home was clean and odour-free. Lessons were learned by staff and improvements made when things went wrong.

Staff had completed essential training and received regular supervisions to enable them to provide care and support to people effectively. People were offered a choice of food at mealtimes and specialist diets were catered for. People had access to a range of healthcare professionals and services. An environment had been created that people living with dementia could understand and access easily. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by kind and friendly staff who were empathic to their needs. People were encouraged to be involved in all aspects of their care and were treated with dignity and respect.

The home was well led and staff felt supported by the management team. People and their relatives were asked for their feedback about the service and any improvements identified were acted upon. A system of audits had been implemented which was robust and drove continual improvement.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service has improved to Good.

Staff received regular supervision meetings and annual appraisals. They completed a range of training considered to be mandatory to carrying out their job role.

People were provided with a choice of food at mealtimes; specialist diets were catered for. People had access to a range of healthcare professionals and services.

An environment had been created that catered for people living with dementia.

Consent to care and treatment was gained lawfully.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Outstanding

The service has improved to Outstanding.

Advice had been sought from professionals and organisations who specialised in dementia care. This has been used to ensure the service was extremely responsive to people's needs.

Care was personalised to an exceptionally high standard, so that people's preferences took priority.

Activities were not structured, but people's individual needs and choices were identified, so that activities provided were meaningful and individual to them.

Staff went out of their way to provide a homely environment and knew people extremely well.

Complaints were managed to prevent reoccurrence.

People's wishes at the end of their lives were documented and palliative care was provided in a person-centred way.

Is the service well-led?

Good

The service remains Good.

Haviland House

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 prompted in part by information shared with us from the local authority relating to safeguarding issues. While we did not look at the detail of the safeguarding concerns, we did look at the safety of people living at the home and have reported on this.

This inspection took place on 13 and 16 November 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. The provider was not required to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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. During the inspection we spoke with eight people who lived at the home and six relatives. We observed people interacting with staff throughout the inspection. We spoke with the registered manager, the deputy manager, clinical lead, two registered nurses, the chef and six care staff.

We looked at care plans and associated records for three people. We reviewed other records including the provider's internal checks and audits, staff rotas, files, recruitment and supervision records, the training plan, accidents and incidents, records of medicines administered to people and complaints.

Good

Is the service safe?

Our findings

Systems, process and practices were effective in safeguarding people from the risk of abuse. We discussed the safeguarding issues we had been made aware of with the registered manager. The way people were moved, with the aid of equipment and support of care staff, had been a cause of concern. The registered manager told us that all staff who were involved in caring for people had completed moving and handling training. As a result of specific issues raised, the moving and handling training had been adjusted so that people's individual needs were met. For example, we were told about one person who chose to spend time lying on the floor and how staff would move them from the floor to a wheelchair.

Lessons were learned and improvements made when things went wrong. Staff had been updated on the recent safeguarding concerns and this information was shared at relatives' meeting too. The registered manager explained the importance of Duty of Candour and the need for clear, transparent communication, including actions that had been taken.

People said they felt safe living at the home. One person told us, "You know, I don't really ever think about that. I just get on with things. I suppose it's because there's always someone around". Another person said, "The staff are all lovely and I would trust them with anything". A relative told us, "My dad was constantly at risk because he has dementia and isn't all that steady on his feet. We spoke about it and they've put measures in place, like a sensor mat, which really has improved things". Staff had completed safeguarding training and provided us with examples of the types of abuse they might encounter, such as psychological, physical and verbal.

Risks to people were assessed and their safety monitored. Systems for evacuating people in the event of an emergency were robust. Audits were completed in relation to fire safety and staff had been trained appropriately. Audits in relation to the safe upkeep of the premises had been completed and maintenance staff had oversight of the day-to-day running of the home. People's risks were identified, assessed and monitored and records confirmed this. Accidents and incidents were documented and actions taken as needed, for example, updating people's care plans to prevent reoccurrence. Risks in relation to skin integrity, mobility and falls were documented as needed, with appropriate guidance for staff.

Staffing levels were sufficient to meet people's needs safely and staffing rotas confirmed this. When asked about the numbers of staff on duty, one person said, "The staff are always around, they are busy, but you can get help". Our observations showed that people did not have to wait long to have their call bells answered. The provider's call bell register recorded how long staff took to assist people and there were no issues.

The registered manager told us there were registered nurse vacancies currently and they were actively recruiting to the roles. Where needed, regular agency staff were used to fill any gaps. New staff were recruited safely. Appropriate checks were undertaken including with the Disclosure and Barring Service (DBS). References were obtained and there were no gaps in the employment histories we looked at.

People received their medicines safely. Medicines were ordered, stored, administered and disposed of safely. Audits confirmed that people received their medicines as prescribed and in line with good practice. Registered nurses administered medicines and some senior staff had also been trained in the administration of medicines. Where medicines were given to people covertly, that is without their knowledge, best interest decisions had been taken and were recorded.

People were protected by the prevention and control of infection. We observed barrier nursing was used for one person and that staff wore protective personal equipment such as aprons and gloves before supporting the person. The home was clean and smelled fresh. Hand hygiene stations, with alcohol handwash, were situated around the home. Bathrooms and toilets were clean and free of litter or debris. Staff had a good understanding of infection prevention and control issues and received regular training and updates in this area.

Good

Is the service effective?

Our findings

At the inspection in September 2017, we made a Recommendation in relation to staffing supervision and appraisals. Not all staff had received regular supervisions with their line managers in 2017. This did not impact on the care that people received from staff. The registered manager had made improvements to meet this Recommendation and staff now received supervisions and annual appraisals according to the provider's policy.

Staff had the skills, knowledge and experience to deliver effective care and support to people. New staff completed a comprehensive induction programme, including training considered to be mandatory by the provider. One staff member said, "When you start, you do all your training before you start work. I shadowed staff for about a week. You get a 'buddy' too who you can go to if you have a problem". Opportunities were available for staff to continue their training and for professional development. The training plan showed that staff had completed the training they needed. This included specific training on dementia and the many different types of dementia that people lived with. For example, one person was admitted with frontal temporal lobe dementia and a clinical psychologist came in to explain this condition to care staff. Registered nurses attended training in relation to clinical areas such as the use of defibrillators, end of life symptom management and the use of syringe drivers. Staff had regular supervision meetings and found these useful. Supervision records showed the process was staff focused and detailed. Staff said they could raise any issues in a confidential setting.

People's needs and choices were assessed so their care, treatment and support was delivered in line with current legislation and good practice. Staff worked with an organisation that provided advice, specialist guidance and support in relation to people living with dementia. This enabled people to receive person-centred care, designed to achieve the most effective outcomes. Every aspect of the home centred on people, what they needed and wanted in order to achieve the best quality of life they could, whilst recognising their dementia and health needs. The registered manager said, "If you can deliver person-centred care, you can provide holistic care".

People had sufficient amounts to eat and drink and were encouraged in a healthy diet. We observed lunchtime on three occasions during our inspection. People were happy with what was on offer. One person said, "The food is great and there's a lot of it". Catering at the home was supplied by an external contractor. The chef was knowledgeable about people's specific dietary needs, preferences and choices. Staff were observed giving people a choice of what they wanted to eat at lunchtime. They encouraged people to eat and provided assistance when needed.

The service worked with other agencies and organisations, for example, with the local authority dementia crisis team and living well with dementia team. This meant that people received a good standard of care, support and treatment. People were supported to live healthier lives and had access to a range of healthcare professionals and services. Where advice and guidance was provided to staff by healthcare professionals, these were followed and documented in people's care plans.

The environment in the home had been adapted to meet people's needs. Advice had been sought from a range of professionals in relation to decoration of the home and with items to engage people, such as photos for reminiscence and memory boxes . Memory boxes contain items of importance and are used to help people living with dementia to recall events and people from the past. A range of bright colours in hallways were used to aid people in their orientation and navigation around the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where it was believed people did not have capacity to consent to any aspect of their care and treatment, a mental capacity assessment had been completed; these were decision specific. Where authorisations were required, these had been gained lawfully. Staff had a good understanding of the MCA and best interests decisions. One staff member said, "People can still make decisions for themselves, even if they do have dementia".

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. They were given the emotional support they needed from staff. We observed care and support given to people throughout our inspection. Interactions were good and staff consistently engaged with people to ask their permission before intervening or assisting them. Staff were responsive to people's needs, were courteous and addressed them according to people's preferences. For example, staff used people's first name or a nickname that they liked. Staff knew people well, including how to manage people's risks in a discreet way, such as assisting people at lunchtime where it was assessed they had a choking risk. Staff understood how to support people living with dementia and showed an empathic, sensitive approach. We observed one staff member talking with a person who was anxious. They said, "Shall we sit together and have a little chat? How does that sound?" The staff member's approach reassured the person and they were happy to engage in looking at photos with the member of staff. This distracted them from their feelings of anxiety.

Staff were attentive to people's needs and noticed when people were unhappy or worried. One person was asked if they would like a blanket to cover their legs and if they would like to have a nap before lunch. We observed people were happy and smiling with staff. A relative told us how impressed they were with the quality of the care provided at the home and how staff understood their family member's needs completely. They added that the home their family member had previously lived in had not been able to cope, but that Haviland House provided exactly the right kind of care and support. They told us that, as a result, their family member was happier and calmer than they had previously been.

People were supported to express their views and to be actively involved in making decisions about their care and support. We observed numerous occasions when people were asked what they would like or what they would like to do. We saw that people were asked if they would like the curtains drawn in the dining area of one household as the sun was bright that day. A member of care staff explained to us the importance of giving people choices and building relationships with people and their relatives. Staff did not wear uniforms or badges and this lack of formality encouraged a homely atmosphere. We were told that staff would regularly bring in their pet dogs and cats for people to meet and this was popular. A staff member said, "Staff are really beginning to treat Haviland House as if it's a second home for themselves and that's what we want".

People were treated with dignity and respect. Staff were respectful and kind to people living at the home. We observed many instances of warmth between staff and people. We saw staff knocked on people's bedroom doors and asked for their permission before entering. People and their relatives felt the home was a caring place. One relative told us they were, "very impressed" with the care provided to their family member and talked positively about the friendliness and patience of staff.

Outstanding ☆

Is the service responsive?

Our findings

People received an exceptionally high standard of care and support that was completely personalised to meet their individual needs. Relatives were very complimentary in their comments about the home. At least two relatives told us that their family members had not been happy in other care homes, but had settled in well and were happy to live at Haviland House. Staff understood how difficult it could be for a person living with dementia to leave their home, from familiar surroundings, to a new and strange environment. They went out of their way to ensure people were not unduly anxious or worried and spent time sitting with people making them feel relaxed and calm. Staff demonstrated great empathy with people they supported, understanding what it might feel like to live with dementia and provided bespoke, personalised care. One relative said, "My mum came to live here recently; she lived in her own home before then. Because of her dementia and how it affected her, she was hard to deal with and her behaviour could be difficult. Now all that has disappeared and she's back to the person I knew. I can't praise the staff enough for that".

Innovative ways were used to provide person-centred care which had a direct and positive impact on people's mental health and wellbeing. The emphasis was on people's 'wellness' rather than on their 'illness'. For example, one person who would become extremely anxious when being encouraged to have a shower or bath. The bathroom environment had been changed and electric candles, soft music and lighting had been introduced. The person now found having a bath to be a very relaxing experience. Another person was prescribed anti-depressant and anti-psychotic medicines for their mental health needs. After coming to live at the home, staff had worked hard to get to know the person and the importance of making each day 'right'. For example, music the person enjoyed was played each morning before any personal care was provided. This enabled the person to relax and feel positive about the day ahead. As a result, we were told this person no longer needed to be prescribed some medicines as their mental health and wellbeing had improved so greatly. After the inspection, the registered manager told us that the use of prescribed anti-psychotic medicines had reduced for people living in Bramber and Clapham from 52 per cent to 18 per cent.

The service was tailored to meet people's individual needs and delivered in a way to ensure flexibility, choice and continuity of care. The provider had sought advice from many professionals, such as dementia care specialists, and organisations in order to deliver the highest quality of care and support to people . The home had just been awarded the highest award possible from a dementia care organisation that had completed a recent audit of the service. The audit commented on the creation of a sensory lounge in the home for people in the later stages of dementia. The audit stated, 'This is one of the best later stage lounges we have ever seen'. The managers and staff had worked hard to achieve the award and had changed the way they worked and the environment of the home. This completely embraced the needs of people living with dementia and positively supported their emotional wellbeing.

The ethos of the home put people at the heart of the service and our conversations with the registered manager corroborated this, in addition to our observations. All aspects of the care provided was based on advice and good practice evidenced by leaders and professionals in the field of dementia. For example, a leading expert identified that the model of person-centred care was a unique way of providing care to people living with dementia, that went beyond their diagnosis and concentrated on what they could do,

rather than what they could not. For example, the provision of a stimulating environment had resulted in one person mobilising independently after spending 18 months relying on a wheelchair. Staff had demonstrated time and patience when providing support and had enabled this to happen.

The registered manager or staff had developed a way of supporting people living with dementia that had been proved to work and which contributed to them leading meaningful lives. The registered manager shared examples of what they considered to be 'outstanding' practice with residential care homes in the locality and at Worthing's Dementia Action Alliance. Following this, a care home had made significant changes to their model of caring for people living with dementia. This came about directly because the registered manager had shared good practice and the impact this had on people's lives. Haviland House provided an environment that was homely, hallways were furnished with tables and comfy chairs providing spaces for people to relax. There were boxes containing items that might be of interest to people and which they could see, feel and touch. These boxes included belongings that were of particular significance to people, such as photos of loved ones which prompted happy memories. Staff supported people to engage with various objects and 'knick-knacks' available around the home. There were 'themed' boxes which contained interesting items, such as a beach theme, which contained buckets, spades, photos of the seaside and even an inflatable dolphin. One person talked animatedly with us about a dolphin which they could see on the table and said, "Do you realise, it isn't a real dolphin you know". They then went on to tell us about the seaside and their memories . The positive, engaging atmosphere at the home was almost tangible and from our observations it was clear that people were inspired, invigorated and completely 'at-one' with their surroundings.

The provider had identified the importance of providing a stimulating environment for people which was focused and personalised to their individual needs. We observed people happily walking in the hallways, picking up objects or looking at pictures on the walls. Pictures had not been chosen randomly, but related to people's past lives, interests and hobbies. This meant that people could look at photos which meant something to them and which they might have had on display in their own home. For example, we saw a copy of a rowing certificate that one person had received from their university. This was significant for the person it related to and encouraged them to think about their earlier life. From our conversations with people, it was clear that providing these objects of reference prompted interest, engagement and orientation. We overhead staff chatting with one person about their university life, their academic achievements and their career which was prompted by objects of reference. Conversations similar to these might be repeated several times a day. From the conversation we heard, staff were engaged and interested in the topic, making it sound fresh, new and interesting.

Staff went out of their way to support people in line with their wishes and to provide a high quality of care. Care plans documented people's support needs and preferences in detail and staff knew people extremely well. Staff went the extra mile to enhance people's lives. For example, one staff member had bought things for one person to make their bedroom homelier and some CD recordings of their favourite singer which the person enjoyed listening to. The registered manager explained, "Our purpose is not just about delivering person-centred care, but to practice being a person-centred service which values its staff by listening, empowering and involving everyone in decision making. The culture is one of positive risk taking and being solution focused".

Activities were based on people's interests and lives and provided individualised, meaningful occupation. All staff were responsible for providing spontaneous activities according to what people wanted to do. Where people chose to stay in their rooms, they were visited by staff and encouraged to engage in conversation or an activity of their choice. The outcome of any activities was documented so that staff could see what people enjoyed doing. This could vary considerably from one day to the next for people living with

dementia and was catered for accordingly. There were two 'animatronic' cats. We saw one person loved having 'Marmaduke' on their knee and enjoyed talking to it and stroking its fur. The cat purred in response. The person was totally engaged with the cat and appeared relaxed and happy. Staff told us the person loved cats and that their pet cats had been a major part of their lives before coming to live at Haviland House. The animatronic cat had proved to be a good substitute and of great comfort for the person. People could participate in community outings, but the registered manager explained group activities did not always work particularly well for people living with dementia. Instead, community life came into the home and visitors from the local area were encouraged. For example, children from a local nursery visited regularly and had proved to be a popular event with people. A sensory room was available for people to use and pets regularly visited the home. Volunteers, provided additional support for people, such as helping in the garden or with activities.

The provider had made links outside of the UK with leaders in the field of dementia care. They shared areas of good practice and how the new way of working had a significant and extremely positive impact on people's lives and wellbeing. A representative from a dementia organisation operating in Australia had visited the home as part of their research fellowship. This person reflected on their stay and had written a 'thank-you' note to the registered manager. This stated, 'Visiting Haviland House was inspirational, validating and positive. It felt like home because it was familiar and relaxed and the people were friendly and welcoming. The [named a particular approach for dementia care] resonated strongly and the evidence of its philosophy was clear in the way that people were interacting, having fun, relaxing and connecting '.

Thought had been given to people who had protected characteristics and to ensure they were not discriminated against. People were supported to follow their chosen lifestyle and were supported by staff to do so. Staff members were treated equally and account taken of their preferences, such as in relation to religion, culture or sexual preferences. In addition to people's needs regarding their dementia, provision was made for any sensory needs. For example, one person was registered blind so their care plan documented that they required an environment free of clutter and for information to be presented in large print. The registered manager told us that account was taken of the Accessible Information Standard introduced nationally to enable people to understand information in a way that suited them. Staff used iPads and tablets to engage with people according to their communication needs and preferences. As much as they were able, people were involved in reviewing their care plans. Relatives played an active role in this process too. Keyworkers were appointed and were pivotal in ensuring people's needs and preferences were met appropriately, liaising with professionals, home staff and relatives .

Complaints were documented in detail, with clear actions identified and taken as needed. Actions were taken to prevent reoccurrence and we saw that progress was logged against each action and which staff member was responsible for any changes needed.

People were supported to live out their lives at Haviland House and to have a comfortable, dignified and pain-free death. Staff had been trained in end of life care and on particular health conditions that might affect people. End of life care was centred on the person and their relatives' needs and wishes. Care plans documented what people would like and how they would like their death to be managed. For example, one person's care plan stated that they were not religious but that they believed their spirit would leave their body. At the point of death, therefore, staff would be required to leave a window open so that the person's spirit could be set free.

Good

Is the service well-led?

Our findings

The service was well led and a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider's Statement of Purpose provided a clear vision and information about how people's needs would be met and the provision of person-centred care. From what we found at inspection, it is our view that the objectives referred to in the Statement of Purpose have been met. We asked the registered manager about their understanding of Duty of Candour. They said, "We have a good understanding of being honest, open and transparent. We are, by our very nature, a high risk service and I'm always very open with relatives about any safeguarding issues or complaints that have come in. Staff are very good at bringing matters to our attention. The culture here has really opened up over the last year or so".

People and their relatives thought the home was well led. One person said, "Yes, I have no complaints at all. The manager is always around. I see him every day". A relative told us, "I think it is from what I can tell. The home is clean and well run to me. I know that my dad is really happy here and I suppose that's all that matters". People and their relatives were involved in developing the service provided. The provider had recently conducted a survey to obtain feedback from relatives about the home. The results had not been fully analysed, but the overall feedback was positive. The registered manager told us that an action plan would be drawn-up to deal with any areas emerging as in need of improvement. Residents and relatives' meetings took place and were well attended. People and their relatives were able to air their views and issues were discussed that were of relevance to them. Actions were taken where needed.

The provider had a good understanding of their responsibilities and of the regulatory requirements under which they operated. They had submitted statutory notifications to CQC as needed. The rating awarded at the last inspection was on display in the reception area. A robust system of audits had been implemented in relation to areas such as health and safety, fire safety, medicines and safeguarding. Areas that were identified for improvement were acted upon in a timely and satisfactory manner. For example, the fire safety audit had noted that only seven fire drills had been carried out in 2017. There was a recommendation that these should, in future, be undertaken monthly; fire drills had occurred monthly in 2018 to date.

Staff felt involved in the development of the service and staff meetings documented matters that had been discussed. We asked staff if they thought the home was well led. One staff member said, "I've not been here that long, but it's certainly a lot better run than the last home I worked in. The manager and deputy are always around and they're really approachable. Another staff member told us, "There is a lot of support and the team dynamics are good. My line manager is very good and there is an 'open door' policy. I am valued enough that if I had an issue, it would be sorted, especially with regard to people who live here. Would I put my mum here? Absolutely, yes".

Information sharing and assessments completed worked to the benefit of people living at the home. The

service worked in partnership with a number of agencies such as local authorities and organisations that provided specialist advice and guidance on supporting people living with dementia.