

Care UK Community Partnerships Ltd

Kenilworth Grange Care Home

Inspection report

4 Spring Lane
Kenilworth
Warwickshire
CV8 2HB

Website: www.kenilworthgrangekenilworth.co.uk

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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

Kenilworth Grange Care Home is a nursing home which provides personal and nursing care to younger and older people over three separate floors. Some of these people have a physical disability, mental health condition or are living with dementia.

Kenilworth Grange is registered to provide care for 60 people, of which a number of beds are part of the 'Discharge to assess' (D2A) scheme (funded by Clinical Commissioning Groups and South Warwickshire Foundation Trust). The D2A scheme aims to ensure people are moved out of hospital (when medically stable) to receive a period of rehabilitation/re-ablement in a community setting prior to assessment of their long-term care needs. Some people on D2A may have complex health care needs and may not be able to return to their own home. At the time of our inspection visit there were 59 people living at the home, 16 of whom were on the D2A scheme.

People's experience of using this service and what we found

There were enough staff with the appropriate skills, knowledge and experience to provide people with safe, effective care. Risk management plans gave staff a clear understanding of the risks people had, how to minimise them, and the equipment required to reduce risks. Staff knew how to recognise abuse and protect people from avoidable harm, neglect and discrimination. There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged.

People's care needs, risks and preferences were assessed before they moved into the home to ensure staff could meet those needs. Staff were trained and supported to undertake their work effectively. Staff worked in partnership with a multi-disciplinary team to enable people to live healthier lives or to manage long term medical conditions. Medicines were managed in accordance with good practice and people received their medicines as prescribed. People's nutritional and hydration needs were met.

Staff communicated with people in a warm and friendly manner. Staff understood the importance of recognising people had past lived experiences, histories and lifestyles and used this information to form relationships with them. 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 received individualised care and support. Staff were able to respond to people's changing needs because information was shared effectively within the home. People were offered opportunities to engage in activities of interest to them and were supported to maintain relationships with important people in their lives.

There was a clearly defined management structure within the home and staff felt supported by the management team. There was a robust approach to quality assurance and learning from adverse incidents

to drive improvement. The service worked in partnership with health and social care professionals to ensure people received the care they needed and to improve their outcomes.

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

Rating at last inspection

The rating at the last inspection for this service was good (published 3 June 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.

Kenilworth Grange Care Home

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

The inspection team consisted of two inspectors and a specialist nurse advisor.

Service and service type

Kenilworth Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The first day of our inspection was unannounced. The second day was announced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information we require providers to send us to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who works with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and seven relatives about their experience of the care provided. We spoke with the registered manager, the deputy manager, three nurses, two unit managers, four care assistants, two lifestyle co-ordinators, one housekeeper, the chef and the provider's health and safety lead. 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.

We reviewed a range of records. This included four people's care records and four medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with three healthcare professionals who regularly visited the service.

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 and relatives were confident they were safe in the home and with staff. One relative had written to the registered manager and commented, "I have never left after my visits with any fears or any doubts as to [name's] welfare."
- Staff knew how to recognise abuse and protect people from avoidable harm, neglect and discrimination. They were confident to report any concerns people were at risk of abuse or poor practice.
- There were processes in place for investigating any safeguarding concerns and these had been reported appropriately to the Care Quality Commission and the local authority safeguarding team.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of the people living at the home.
- Staff told us there were enough staff on duty with the appropriate skills and knowledge to safely deliver the care people needed.
- During our inspection a person asked us to activate a call bell on their behalf. A staff member responded promptly. Another person had a fall in their bedroom. The staff team acted quickly to support the person and ensure their safety.
- People and relatives told us staffing levels were good and they generally did not have to wait long if they requested assistance. A relative told us, "I think it is very well staffed."
- Staff told us they were recruited safely because the registered manager checked they were of good character before they started working at the home.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified. Risk management plans were up to date and gave staff a clear understanding of the risks people had, how to minimise them, and the equipment required to reduce risks.
- Some people had been admitted to the home with pressure ulcers or skin damage. Wound management plans were clear as to how these should be treated to reduce risk and promote healing. One visiting healthcare professional commented, "If people come in with bed sores, the staff here will usually manage to get that healed without any trouble at all." This was supported by another healthcare professional who told us, "They are fantastic here getting people's pressure sores sorted."
- One person was at high risk of falls and their risk management plan said they should have an alarm on their seat to warn staff if they tried to mobilise without support. During our visit we saw the alarm was not in place when the person was sitting in the lounge. However, the risk was mitigated because there was a staff member in the lounge at all times. This was supported by a visiting relative who told us, "There is a

gentleman who is very unsteady and always likes to stand up. They are very attentive and there is always somebody on this unit." The registered manager took immediate action to put an alarm mat in place and assured us they would review the risk management plan with staff.

- The premises and equipment were safe for people to use. The provider's health and safety lead completed one of their regular inspections of the service at the time of our inspection visit. Any actions identified were immediately addressed.

Using medicines safely

- Medicines were stored, recorded and administered safely. People received their medicines as prescribed and electronic medicine administration records (MAR) had been completed correctly.
- Protocols for administering 'as required' or 'covert' (hidden) medicines were in place so staff knew when and how to administer these. Medicines given through a transdermal patch applied directly to the skin were well-managed and documented.
- One relative told us staff were responsive if their family member was in pain and explained, "If [name] indicates to me he is aching a bit and I mention it to somebody, they are up within minutes to give him something."

Preventing and controlling infection

- There were effective measures in place to ensure that risk of infection was prevented and minimised. Staff wore personal protective equipment (PPE) such as gloves and aprons when providing personal care. PPE was readily available to encourage staff to follow good infection control and hygiene practice.
- The home was clean, tidy and odour free. People and relatives were happy with the levels of cleanliness in the home.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence. For example, changes had been made to the format of the handover between shifts, because the registered manager had identified the number of falls increased during that period.
- There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. Information on outcomes from investigations was shared with staff through meetings and reflective practice.

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

- People's care needs, risks and preferences were assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and effectively. A visiting healthcare professional told us, "The manager will not take people if they don't feel it is safe to do so or it is the right decision."
- Assessments and care plans were completed in line with current guidance, good practice and legislation. Nationally recognised risk assessment tools were used and up to date.

Staff support: induction, training, skills and experience

- Staff were trained and supported to undertake their work effectively. Staff had a good understanding of people's needs and knew how to support them well. For example, staff followed good manual handling practice and used the designated equipment when supporting a person to reposition in their chair.
- Staff had received dementia care training which conveyed the experience of daily life for people living with dementia. They explained how this helped them understand people's experiences and improved their practice. One staff member told us, "We did a practical of feeding each other a yogurt. It gave me an understanding of invading someone's private space and it made me think more about my approach."
- Some people were discharged from hospital with specialised equipment or required specialised clinical interventions. The registered manager ensured staff had received the required training from the hospital nurses before the person was admitted to the home.
- Visiting healthcare professionals were confident staff had the appropriate skills and experience. One commented, "People have a good standard of care."
- All new staff received a range of training and a period of observing and working alongside more experienced staff to help ensure they had the necessary knowledge and skills. Staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- Staff received on-going assistance from their seniors and managers. Staff had one to one supervision meetings, appraisals and attended staff meetings to support them in their role.

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's care records included an assessment of their capacity to make decisions. Where people were assessed as lacking capacity, information had been sought from those closest to them about their wishes, habits, interests and routines. Staff used this information to ensure they acted in people's best interests when making decisions on their behalf.
- The registered manager demonstrated a good understanding of the need to constantly review restrictions on people's care to ensure they always acted in the least restrictive way possible. For example, people on anti-psychotic medicines had their prescriptions regularly reviewed to ensure they were still necessary to support people's mental health.
- Staff worked within the principles of the MCA. They offered people choice and sought their consent before providing personal care and assistance. One relative told us, "Staff do ask and give choices for things like drinks. They will wait for him to respond which can take a while."
- DoLS referrals had been raised with the local authority to ensure any restrictions on people's liberty were lawful. The registered manager ensured any conditions on DoLS authorisations had been met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with a multi-disciplinary team to enable people to live healthier lives or to manage long term medical conditions. A visiting healthcare professional told us, "We have the MDT on a Thursday and that is a good opportunity to discuss each person and make plans for the future."
- Staff monitored people's health, so they could act promptly to ensure other healthcare professionals were involved when a need was identified. A healthcare professional told us, "I think staff are good at recognising people who are deteriorating and unwell." They told us staff followed their advice to ensure people received the care they needed.
- The provider followed a 'red bag policy'. This meant in the event a person had to be admitted to hospital, documents which informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing were sent with them.
- The registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Each person had an oral health care plan and the registered manager had bought toothbrushes and specialist toothpastes to meet people's individual needs.

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

- There was a set menu with two meals people could choose from. However, if people did not like the choice of meal, other food was prepared for them. Overall, people spoke positively about the choice and standard of food. Comments included: "The food is superb, and the cooking is just wonderful" and, "The menu is different every day."
- Staff knew people's nutritional needs and who required a specialised diet. They monitored people's weight and made sure people at risk had additional calories by fortifying foods and offering high calorie snacks and drinks.
- Where a need was identified, staff sought the advice of specialist professionals such as the speech and language therapy (SALT) team and dieticians. A visiting healthcare professional told us, "People's weight is

quite often an issue and they will come out of hospital on a nutritional supplement. They get so well fed here, they often don't need any of those supplements."

- Lunchtime was a social experience for people, tables were laid with tablecloths, cutlery and flowers. Music was playing in the background. Those that required it were given assistance by staff to eat and staff encouraged those people who had a small appetite.

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

- The premises and environment met the needs of people who used the service. People had space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished to.
- People had access to gardens and seating areas where they could enjoy the benefits of being outside.

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

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

- Everyone we spoke with told us Kenilworth Grange staff and managers were very caring. One person told us, "The staff look after us well and are very nice to us. They are lovely, they really are, and very friendly." Another person who experienced a lot of pain told us staff were caring because they were very gentle when providing personal care. A relative described staff as, "Compassionate."
- Staff communicated with people in a warm and friendly manner. Staff considered people's feelings, and regularly checked if people were comfortable. A staff member explained, "We try to make a difference in their life and we try to make them happy and feel like they are in their own home. We make sure they don't feel lonely or neglected."
- There was information available to staff about people's background and history, so staff could get to know people.
- Staff understood the importance of recognising people had past lived experiences, histories and lifestyles and used this information to form relationships with them. A staff member explained, "We have residents life story books with pictures. I sit with people and go through their life stories. I enjoy that."
- The registered manager complied with the Equality Act 2010 and ensured people were not treated unfairly due to any characteristics that were protected under the legislation. Information about supporting diversity and celebrating individuality was displayed within the entrance to the home.
- People were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home. One relative explained, "I think they have been very understanding of me and I have felt very cared for."

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

- People were involved in day to day decisions about their care; and those who had capacity, or their relatives, had been involved in discussing their initial care plans.
- Staff liaised with relatives and spoke with people when issues arose to find out what people or their relatives views were, or to update them on any changes. One relative said, "They will ring up and if I haven't responded, they will see me when I come in."
- Staff knew what support people needed to make their own decisions. For example, at mealtimes they knew which people could choose their meals off the written menu, and which people needed to be shown the food options to help them make their choice.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke to people in a polite and respectful manner and listened to what people had to say.

- People's right to privacy was respected. Staff put a sign on people's bedroom doors when assisting them with personal care and knocked on doors before entering. One person told us, "Every time they are giving me a strip wash they close the curtains."
- The registered manager recognised some people needed private time because they wanted to have a full relationship with their partner. Staff had been provided with training, so they had more confidence when supporting the intimacy and relationship needs of older people or those living with dementia. The registered manager explained, "We cannot forget people's intimate needs despite their age."
- Staff promoted people's dignity by taking time to help them dress in a manner that reflected their personal choices and individuality. People cared for in bed looked clean and comfortable.

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 received individualised care and support from staff who understood their needs, preferences and interests.
- Care and support plans contained detailed information about how people wanted to live their lives, what they liked and did not like doing, and how they wished and needed to be supported. Care plans were regularly reviewed and updated when people's needs and abilities changed.
- Staff were able to respond to people's changing needs because information was shared during a handover between shifts. A visiting healthcare professional told us, "If I ever go into assess a client in their room, I can guarantee every time a member of staff will come in, which to me shows an awareness of what is going on."

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 were offered a range of activities to engage in. These included activities that encouraged physical movement and social engagement.
- Activities were inclusive. For example, during an exercise session a staff member sat by a person and used hand over hand support to help the person squeeze a ball. This helped to improve the person's hand strength and included them in the activity. A relative particularly commented on, "The inclusion of the much less able."
- The registered manager and staff encouraged people to create individual 'wish lists'. Where possible staff enabled people to fulfil their wishes and achieve personal ambitions that were important to them. Wishes included a trip to the botanical gardens in Birmingham, a visit to a cottage where a person had lived when they were younger and the purchase of a new red top. Photographs showed staff helping people to achieve their wishes.
- A new scheme has been introduced which assessed people's level of engagement with activities and communication. The tool identified those people who were able to actively engage in planning their activities through to those people who benefited more from individual activities that focussed on their senses. The lifestyle co-ordinator explained how the scheme would help staff identify activities designed to stimulate people with different levels of understanding or cognition.
- People were encouraged to remain a part of the community with visits to the local town centre and outings to coffee mornings at a local church. Kenilworth Grange had taken part in the Big Draw Festival which celebrates art therapy for all ages through drawing and painting together. Children from a local school had visited the home where they painted with people and enjoyed being together.

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.

- Care plans detailed information on people's communication needs. This included what equipment they needed to enhance their ability to communicate and how staff should support people to understand information. One person's care plan informed staff to "Face [name] directly, try to be on the same level as him and in good light whenever possible." Staff followed the guidance when speaking with the person.
- Staff used touch and gently rubbed people's hands to get their attention and gave people time to respond.

End of life care and support

- The service provided support to people at the end of their life.
- When people had made decisions about their end of life care, this was documented in their care plan.
- Managers and clinical staff had completed palliative care training.
- People at the end of their lives received positive pain management to keep them comfortable and pain free. A visiting healthcare professional confirmed, "I think the end of life care is really good. It is definitely as good as we see from any of the care homes we visit. They are very good at managing the anticipatory drugs and the syringe drivers."

Improving care quality in response to complaints or concerns

- There was a complaints procedure which advised people and visitors how they could make a complaint and how this would be managed. Each person had a copy of the complaints procedure in their bedroom.
- Records showed people's complaints and concerns were investigated in line with the complaints procedure and people were told how they could escalate their concerns if they were unhappy with the response.

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

- People and relatives were positive about the standards of care provided at Kenilworth Grange. Comments included: "They are very helpful I have absolutely no complaints" and, "The care is really good, they are very quick to respond."
- Staff demonstrated a commitment to the home and providing a good service to the people who lived there. One staff member told us they enjoyed their role and explained, "Since I have been here I have seen a lot of changes and we have improved ourselves. I see staff passionate about their job. They like to be involved in people's lives and I feel like it is a second home." Another told us, "If you go on the floor staff know the residents and what they like. Making the residents feel comfortable and spending time with them is part of the caring."
- Healthcare professionals told us the service was effective because of good communication within the home. One healthcare professional told us, "It is very good. Everyone is on the ball and everybody knows what is going on all the time." Another commented, "The staff and management are very willing to share information, they keep me updated and are always helpful."

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

- The registered manager understood their role and knew their responsibilities regarding regulatory requirements. They demonstrated a detailed understanding of the risks people and the service faced and had taken action to improve outcomes for people.
- Staff told us the management of the service provided clear leadership. They understood what was expected of them, so they could effectively meet people's needs and respond quickly to any changes in those needs. One staff member told us, "It is very well organised, and the manager is very approachable, it is the best home I have worked in."
- There was a robust approach to quality assurance. Regular audits were completed by the registered manager to ensure good practice was maintained in areas such as infection control, medicines management and care planning.
- The provider completed regular quality assurance audits of the home and identified areas where improvements were required. Any areas for improvement were included within the service improvement plan. Actions within the plan had been implemented to ensure a better service for people.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The registered manager completed a daily 'walk around' of the service so they could engage with people on an informal basis and observe staff practice.
- People and their relatives were encouraged to fill in regular surveys. Overall, the results of the last surveys were positive, as well as highlighting some areas for improvement. The results of the surveys were displayed within the home, so people could see the areas the registered manager was working to improve.
- Relatives were kept informed of what was going on in the home through relatives' meetings, care reviews and a regular newsletter.
- Staff attended individual and team meetings to share information. Good practice was shared in the monthly 'GEM' awards where staff who had gone 'above and beyond their line of duty' were recognised.

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

- The provider and registered manager understood their responsibilities in relation to duty of candour, to be open and honest and accept responsibility when things went wrong. The registered manager explained, "If something has happened like an accident or incident, we acknowledge our shortcomings and hold up our hands and we offer an apology and learn from it."

Continuous learning and improving care

- Systems were in place to learn from incidents where mistakes were made. An open culture of learning meant staff were confident to admit mistakes without feeling discriminated against. One staff member told us, "I would go and say this is what I have done, I am sorry, what can we do to fix the problem. It is not like if you have done something wrong everybody looks at you differently, you do get support."
- Nurses and senior staff attended a weekly clinical meeting where they reflected on what had happened in the previous week and where improvements could be made.
- The registered manager kept up to date with the latest good practice guidelines, attended local provider forums and attended meetings with other managers within the provider group to share learning and areas of good practice.
- The registered manager was supporting a post graduate student from a local university who was doing a research project to better understand the main reason for hospital admissions from care homes.

Working in partnership with others

- The service worked in partnership with health and social care professionals to meet people's specific needs. Healthcare professionals recognised the value of the service provided at Kenilworth Grange. One healthcare professional told us, "All these people who are here from the D2A would otherwise be sitting in an acute unit bed."
- The registered manager reached out to the community to create links for people to widen their opportunities and to also support people in the community. For example, they offered easy access bathing facilities for people cared for in their own homes who, because of their frailty, were unable to access their own bath or shower.
- The provider had produced a range of booklets to support relatives, friends and visitors to the home to better understand people's needs, particularly those living with dementia. For example, a guide to communicating with people living with dementia.