

# Mark Jonathan Gilbert and Luke William Gilbert

## Dean Wood Manor

### Inspection report

Spring Road  
Orrell  
Wigan  
Lancashire  
WN5 0JH

Tel: 01942223982

Date of inspection visit:  
11 September 2019  
12 September 2019

Date of publication:  
13 January 2020

### 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

Dean Wood Manor is a nursing home that is registered for younger and older adults and people living with dementia, or a physical disability. The home is a grade two listed building that has been extensively refurbished to meet the needs of the people living at the home. Dean Wood Manor can accommodate up to 50 people. At the time of the inspection 44 people living at the home.

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

People and their relatives spoke positively about the care provided at Dean Wood Manor. Staff were described as kind and respectful, ensuring people received support in line with their needs and wishes. 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 told us they felt safe living at the home. Staff, people and the relative we spoke with, felt enough staff were deployed to safely meet people's needs. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been referred to the local authority as per guidance.

Accidents, incidents and falls had been documented and reviewed to look for trends and help prevent a reoccurrence. We found the home to be clean, odour free with effective cleaning and infection control processes in place.

Medicines were being managed safely. People received their medicines as prescribed by staff who have been trained and assessed as competent to do so.

A strong focus had been placed on ensuring staff were up to date with any required training. Staff spoke positively about the training and support provided, including the completion of supervision and appraisals.

People and their relatives were complimentary about the food and drink available, telling us enough was provided and they were offered choice. People requiring a modified diet received these in line with guidance.

People's healthcare needs were being met. Referrals had been made timely to professionals when any issues had been noted or concerns raised. Equipment was in place to support people to stay well, such as pressure relieving mattresses and cushions, for people at risk of skin breakdown.

Care files contained personalised information about the people who lived at the home and how they wished to be supported and cared for. Observations demonstrated staff knew people well and provided care and support in line with people's wishes.

Peoples' social and recreational needs were met through an activities programme, facilitated by activity co-ordinator and staff members. A mix of activities were organised throughout the week which catered for all interests and abilities.

The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions plans had been generated and completed timely to address any issues identified through the auditing process.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (report published March 2019).

#### 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.

# Dean Wood Manor

## 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 an inspector, an assistant inspector, a pharmacist inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Dean Wood Manor 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 unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who lived at the home and six relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, area manager, nursing staff, senior carers and carers.

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 six people's care records, four staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information supplied relating to activities and staff rotas.

# 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 inadequate. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Medicines were being managed safely by staff who had received medicines training and had their competency assessed.
- Following the previous inspection, the home had acted upon the areas of concern identified. We found ongoing auditing had been completed to identify and address any issues moving forwards. Where issues had been noted, these had been addressed timely.
- Medicines administration records (MAR) had been completed accurately and consistently. Each person had a cover sheet alongside their MAR which contained their name, photograph, allergies and special instructions, such as how they liked to take their medicines.
- We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and what signs to look for that would indicate the medicine may be required, in case the person couldn't tell them.
- Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.
- Where it was deemed appropriate to administer a medicine to a person covertly, which means without their knowledge, this had been done within a best interest framework and had included input from a pharmacist. We did suggest the home reviewed how they recorded when a medicine was given in a covert manner and when it was given with the consent of the person, to ensure this was clear on the MAR.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider was not mitigating risks associated with people identified as having an unsafe swallow or at risk of skin breakdown. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Where people were at risk of skin breakdown, skin integrity plans were in place and used effectively.

Pressure relieving equipment was in place, including air flow mattresses, which we found to be at the correct settings for people's weight.

- People assessed as requiring a modified diet, received these in line with guidance. Care files clearly explained people's dietary needs and we observed people being given the correct consistency of food during meal times.
- Care files contained detailed risk assessments which explained each risk, rated the level of severity or likelihood and how the risk would be minimised or managed.
- The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this.
- Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.
- Accidents and incidents had been documented consistently. Each one had been inputted onto an electronic monitoring system along with any actions taken. Monthly analysis had been completed, which reviewed the type, location and nature of any accident or incident, in order to look for patterns or trends and prevent a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Dean Wood Manor. Relatives also had no concerns about the safety of their loved ones, telling us they were "well looked after".
- Staff had all received training in safeguarding, which was regularly refreshed. Each staff member we spoke with, knew how to identify and report any safeguarding issues or concerns and said they would feel comfortable doing so.
- Safeguarding's had been reported in line with local authority guidance. Reporting guidance was available and a log kept which detailed what had occurred along with any action taken by the home.

Staffing and recruitment

- Enough staff had been deployed to meet people's needs. Feedback from people, relatives and the majority of staff we spoke with confirmed this, as did our observations over both days of inspection. Comments included, "The staff are always around" and "Were a very busy home, always got something to do but have enough staff."
- The home used a system to determine staffing levels, which was based on the number of care hours people required and the amount of staff needed to meet these. This system showed current staffing levels exceeded people's dependency levels.
- Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Preventing and controlling infection

- The home was clean and free from odours with appropriate infection control and cleaning processes in place. Bathrooms and toilets contained liquid soap and paper towels, although not all contained hand wash guidance. This was discussed with the registered manager and addressed during the inspection. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.



# 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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received sufficient training, learning and development. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 18.

- Staff spoke positively about the training, telling us regular training was now being provided and their attendance was monitored to ensure completion. Comments included, "I like the training, its good. They are on top of staff now to ensure training is done" and "We do lots of training, it's not bad."
- Training was monitored via a matrix both internally and at provider level. At the time of inspection, the home had a compliance rate of 90%, which meant the majority of staff were up to date. We saw plans had been made to support the remaining staff to complete required sessions.
- Staff training included a detailed induction programme. The registered manager told us, "We do a three-day induction process, which we tend to do on-site. New staff usually shadow for two weeks. We ensure key session such as manual handling are done straight away, the rest is completed within first couple of months. Where necessary staff also complete the care certificate."

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

- Pre-admission assessments had been completed prior to people moving into the home. These ensured people's needs could be met, their risks managed, and the environment was suitable for them.
- The home had captured people's likes, dislikes and preferences, which were used in the completion of their care files and ensured care provided met their needs and wishes.
- Each person we spoke with, told us they were happy with the care received and were supported to make choices. One stated, "I have no worries about living here. I'm treated well."

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

- People and relatives, we spoke with told us the food was good and they received enough to eat and drink. Comments included, "The food is good. You can choose. If I don't like any of it, I can have something else" and "I always get enough to eat and drink." During meal time observations we overheard people stating, "That was very tasty."
- People could decide where they wished to eat, with staff supporting their decision. Staff were attentive to

people's needs and encouraged them to maintain their independence and eat as much as they could manage.

- We observed one person was not eating their lunch. Staff supported this person appropriately, providing feedback and encouragement quietly and professionally. Eventually, with patience and support, the person enjoyed some of their lunch.

#### 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.

- DoLS applications had been submitted where required, with a log used to monitor applications and ensure reapplication had been submitted in line with guidance.
- Assessments of people's capacity to make a variety of decisions were located in care files. Each decision had been considered individually, in line with the MCA code of practice. Where people lacked capacity, meetings had taken place to make decisions in their best interest. However, whilst documentation included who had been involved in the decision-making process, signatures had not always been captured to confirm their participation. This had already been identified by the home and formed part of the home's action plan.
- Care files also contained consent forms, signed by the person or their legal representative, such as Power of Attorney (POA). Where people lacked capacity and had no POA in place, the best interest process had been used to determine consent.

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

- People had access to a range of medical and healthcare services, such as GP's, Speech and Language Therapists (SaLT) and dieticians. Guidance from professionals was recorded in people's care files, with any required changes to care plans made timely.
- Where concerns had been identified, such as issues with skin integrity, swallowing or unplanned weight loss, referrals had been made timely to the necessary professionals. This ensured people received the correct care and support and risks to their wellbeing minimised.
- The home used recognised monitoring tools, to assess people's risk of malnutrition, obesity and the development of pressure sores. These had been completed consistently with actions taken where necessary, such as the provision of equipment.

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

- The environment was suitable for the people who lived there. People continued to have access to the sensory garden, as well as freedom of movement within the home.
- Corridors contained plain flooring and walls with contrasting handrails, to make them easier to identify. Themed areas had been maintained, such as a reading area, where people could sit, read or just observe the goings on in the home.

- Pictorial signage was present within communal areas, bathrooms and toilets throughout the home, to help people locate and identify these.

# 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 requires improvement. At this inspection this key question has improved to good. 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 and relatives spoke positively about the standard of care provided. Staff were described as friendly, kind and caring. Comments included, "I am treated very well, it's very good here" and "They are all really nice girls, I am well looked after."
- Observations made during the inspection supported the feedback received. We saw lots of positive interactions between staff and people, including the appropriate use of humour, physical contact to provide reassurance and care being given in a private and dignified manner.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met. People who wished to continue to celebrate their faith, were supported to do so.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. Relatives we spoke with supported this view. Staff ensured people were clean and appropriately dressed throughout the day. One relative told us, "[Relative] is always clean and well-dressed when we visit."
- Staff were clear about the importance of maintaining people's dignity and privacy and how this could be achieved. One staff member stated, "We close doors, cover people when providing personal care and check they are okay with what we are doing."
- Staff also confirmed they encouraged and supported people to maintain their independence, no matter how much or little people could do for themselves. Through support and encouragement one person had begun to walk independently again, after being non-mobile upon admission.

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

- People received care in line with their wishes from staff who knew people well and what they wanted. We observed staff taking time to chat with people, check they were okay or if they needed anything.
- The home and registered manager had an open-door policy and encouraged people and relatives to approach them whenever to discuss any issues or concerns. This was confirmed during our conversations with people and their relatives.
- Feedback was also sought through annual questionnaires, which had last been circulated in June 2019. These asked for people and relatives views on all aspects of the care and support provided, as well as requesting ideas on how to improve the service. Feedback received was all positive.

# 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 requires improvement. At this inspection this key question has improved to good. 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; End of life care and support

At our last inspection, we found care and support was not always responsive to or met people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 9.

- People received care which was personalised and met their needs and wishes. Staff were knowledgeable about people's needs and how they wished to be cared for. For example, one person found large groups of people distressing, so they were encouraged to eat in the lounge where it was quieter, with a staff member providing company and support.
- Care files contained personal care booklets, which detailed people's background, life history, likes and dislikes, along with the support they wanted in key areas. They also covered what a typical day looked like for the person, such as when they liked to get up and how they liked to spend their day. This ensured care provided was person centred.
- Care plans were individualised to meet each person's requirements and covered any identified needs, what outcomes the person wanted and how staff would achieve these. It was evident people, and/or their relatives had been involved in the care planning process.
- We received positive feedback from the Hospice in Your Care Home (HiYCH) team, who support the home with the provision of end of life (EoL) care. We were told there had been significant improvement and a renewed emphasis towards EoL. High numbers of enthusiastic staff had attended training and knowledge gained was being put into practice.
- The home had created a specific area of the home where people could be supported at this time of their life. A family room had also been created, where relatives could stay, so they could spend as much time as possible with their loved ones.
- The HiYCH representative told us, "The downstairs unit is fabulous, embraces everything we have discussed. One of the last people we were involved with, their family used the room downstairs, which was wonderful."

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.

- Each person had a communication care plan, which clearly explained any difficulties people may have and how best to communicate with them. These included details of any aids or equipment they needed to assist with communication, including glasses and hearing aids and whether they chose to wear these consistently.
- Staff were mindful of people's communication needs and we observed guidelines being followed during the inspection, such as approaching people from a specific side, speaking slowly and clearly and ensuring they positioned themselves at people's height, so their face and lips could be easily seen.
- For people for whom English was not their first language, the home had formed links with translation services, who could provide support should people begin to revert back to their native tongue, which can happen with people living with dementia.

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

- The home had an activities coordinator who worked 24 hours per week. Recruitment for a second coordinator was underway, to enable activities to be provided seven days a week by designated activities staff. Currently care staff supported the activity programme, in the absence of the coordinator.
- A weekly activities programme was provided which included art and crafts, fortnightly pet therapy, table top games, cards, musical memory box and movies in the cinema room. We saw intergenerational sessions with a local primary school were also due to start in the next few weeks.
- Regular outings had been completed to local places of interest, such as garden centres, safari parks and a local community club, where people could socialise with the wider community.
- The home also arranged themed events, such as summer fayre's and barbecues as well as celebrating notable annual events such as Halloween and Christmas, with people being supported to carve pumpkins and make decorations.

Improving care quality in response to complaints or concerns

- The complaints procedure was clearly displayed within the home, to ensure people knew the steps to take, should they wish to raise any concerns.
- People and their relatives told us they knew how to complain and would feel comfortable doing so. Comments included, "If it's not right I will say something. I know how to complain."
- We found complaints had been handled as per policy and procedures. Two complaints had been received since the last inspection, with both being responded to promptly, with feedback provided about any actions taken to address people's concerns.

# 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 requires improvement. At this inspection this key question has improved to good. This meant leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, the provider had failed to ensure effective systems were in place to monitor and mitigate risks to people and maintain an accurate and complete record in respect to each person living at the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People, relatives and staff told us the home was well led with both management and nursing staff being approachable. One person said, "If anything is wrong you can tell [registered manager], they are really nice." Whilst a staff member stated, "The management are supportive, both the home manager and area manager. I could talk to them about anything, they make you feel very comfortable."
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- A range of audits and monitoring systems had been used to assess the quality and performance of the home and care provided. An audit planner was used, which detailed what audits were scheduled and when.
- Areas covered included, care plans, nutrition, the dining experience, medicines, health and safety and infection control. The home also completed bi-annual audits aligned with CQC's key lines of enquiry (KLOE's), which assessed if the home was providing safe, effective, responsive care, staff were caring, and the home was well-led.
- Action plans had been generated following each audit, with target dates for completion set and a colour coded system used to detail progress. We noted issues identified during the auditing process had been addressed timely, often prior to the planned target date.
- To help promote learning and continuous improvement, any incidents had been reviewed during staff meetings, to discuss what had occurred and how this could have been done or handled better. This process was also carried out during handovers and daily staff 'huddle' meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- We found the home to be an inclusive environment. Both people and staff's views and opinions were sought and acted upon and they were also involved in making decisions about how the home was run.
- Staff told us they enjoyed working at the home, felt supported in their roles and considered the home to be a friendly and positive environment. Comments included, "The home is a positive place to work, I am happy and have no issues or concerns" and "This is a nice place to work, even though the job can be stressful at times. There is good staff morale overall."
- Quarterly meetings for people and their relatives had been scheduled. The last meeting had been planned for August, in the form of a coffee morning held on a Saturday, to accommodate relatives who worked during the week, however no one turned up for the meeting. The registered manager stated they would look at different ways of both advertising and facilitating meetings moving forwards to try and increase interest.
- Relatives spoke positively about the communication provided by the home, to ensure they were updated on any issues or concerns. They told us they felt involved in their loved one's care and comfortable in approaching the registered manager at any time.
- Staff meetings had been held monthly, with staff telling us they were able to contribute to the agenda and discuss areas of interest and importance to them. Minutes had been taken and circulated for those unable to attend, to ensure they knew what had been discussed and any actions generated.

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 registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and their relatives had no concerns about the openness of the home or its staff. Effective communication was maintained through meetings, ongoing discussion during visits and an open-door policy.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- The home had been part of the local authorities 'musical memory box' pilot, which provides bespoke musical playlists to people based on their lived experiences and requests. Due to how successful this had been, the home intended to continue beyond the trial period.
- The home worked with an organisation who helped promote activity and access to the community, including the provision of outings, to supplement those done by the home.
- The home had also made links with a local day centre for people living with dementia. People regularly attended for coffee mornings and other events which allowed them to socialise with the wider community.