

Avery Homes Moston Limited

Acacia Lodge Care Home

Inspection report

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11 July 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Acacia Lodge Care Home is a 60 bedded residential care home. The home is divided into three floors with one providing care for people who have dementia and two providing residential care. It is in New Moston, Manchester, and is close to the motorway network and local amenities. Acacia Lodge Care Home is owned by Avery Healthcare Group, a national provider of residential, respite and nursing home care. There were 56 people accommodated at the home when we inspected.

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

The service was focused on providing exceptional person centred care and support for people who used the service.

The registered manager and provider ensured that there was a clear vision for the service to deliver individualised care and support. They were supported by a strong staff team who were appreciated by people who used the service, relatives and professionals.

The registered manager had undertaken training which they used to enhance the well-being of people who used the service, staff and relatives. This had a positive effect on the people we talked to and helped provide the calm and happy atmosphere we witnessed.

There was high-quality leadership in the service, and a very high level of caring for and supporting staff. Strong links had been developed with other health and social care professionals which enabled the provider to deliver consistently person-centred care.

Plans of care were extremely person centred and the details gave staff the information they needed to deliver individualised care. There was a failsafe system for staff and managers to review and update the plans. People could make comments via the electronic system to inform staff of their care needs and any other wishes such as activities.

The service empowered people who used the service to make decisions about how the home was run. This included activities, the food they ate and the recruitment of staff. Family members were encouraged to participate in social events which ensured they were involved in the home and supported their relatives.

There were robust means of raising concerns or complaints. Action was always taken, and the provider saw all feedback as a learning opportunity which may improve the service further.

The service provided many meaningful opportunities for people to mix socially with each other and their families. The service made excellent use of their tea room and cinema. We saw how people were engaged with each other, their families and staff in the tea room, which was a happy social event.

The registered manager and provider actively engaged in research, which then benefitted people who used

the service. This included involvement with an orchestra, which is known to provide stimulation to people with a dementia. The service had used the service of a nutritionist to trial different menus and the chef gave demonstrations about food to teach about the importance of good nutrition and hydration.

Staff were encouraged to undertake further training to become more involved in the running of the home. The extra knowledge they gained was hugely beneficial to people who used the service. There had been a reduction in falls and behaviours that challenge.

The comprehensive audits ensured the service maintained and improved standards. We saw action was always taken when improvements could be made.

People were assessed prior to admission to the home to ensure they were suitably placed. Risk assessments ensured any specialised care, equipment and treatment was provided by the relevant professionals.

The principles of the Mental Capacity Act (2005) were followed to help protect people's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's equality and diversity was respected. A history was taken of people's past preferences and people were able to follow their religious or other needs to reflect their diversity.

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

Rating at last inspection

The last rating for this service was good inspection (published 20 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led

Details are in our well-Led findings below.

Outstanding ☆

Acacia Lodge 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 was conducted over two days by one inspector on the 10 and 11 July 2019.

Service and service type

Acacia Lodge 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 on the first day of the inspection.

What we did before the inspection

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

We reviewed information we had received from the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We received positive responses from them. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager, the wellbeing/activities coordinator, five people who used the service, an area manager, a team leader, a receptionist, a district nurse, the chef, two relatives and three care staff. We observed a lunch and staff interaction with people who used the service.

We reviewed a range of records. This included four plans of care and multiple medicines records. We looked at five staff files in relation to recruitment, training and supervision. We looked at a variety of records relating to the management of the service, including policies and procedures, meetings, quality assurance audits and satisfaction questionnaires.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm.
- People we spoke with said, "I feel safe" and "Nobody bothers you here." A relative said, "We have no worries."
- Staff had received training in safeguarding vulnerable people. Staff were aware of the whistle blowing policy and all the staff we spoke with said they would not hesitate to report any poor practice. Staff were confident any issues raised with the registered manager would be properly dealt with.
- The service had policies and procedures staff could refer to for guidance and used the local authority procedures to report abuse.
- Any safeguarding incidents had been reported to the relevant authorities and lessons were learned where possible.

Assessing risk, safety monitoring and management

- People were assessed to protect their health and welfare.
- Each person had a risk assessment around aspects of care such as mental capacity, moving and handling, falls, tissue viability (the prevention of pressure sores) and nutrition.
- There were also detailed specific person centred risk assessments, such as supporting residents with emotional distress.
- A district nurse told us, "Staff are responsive to what we say and there are very few pressure area problems. We have no issues around risks."
- All environmental risks had a relevant detailed risk assessment which guided staff on how to manage risk within the home. Regular checks were carried out and signed off monthly by the registered manager.

Staffing and recruitment

- The recruitment of staff remained robust because all the required checks were undertaken prior to a person commencing employment.
- People who used the service were encouraged to participate with interviews of staff to help residents feel included with the recruitment process.
- All staff except one said there were enough staff to meet people's needs. People who used the service and a visitor said staff there were sufficient staff to meet their needs. We looked at the staffing rota and saw there was usually a member of the management team and enough care and supporting staff such as cooks and domestics to meet people's needs.
- The registered manager worked some shifts with staff to ensure best practice was followed.

Using medicines safely

- The administration of medicines remained safe. We checked the systems for ordering, storing, administering and disposing of medicines. There were no identified errors.
- We checked the recording and storing of stronger medicines called controlled drugs. Two staff members recorded the administering of these medicines.
- The manager had requested the local pharmacy complete a comprehensive audit of the medicines system. No errors were found which showed there was an effective working plan with the home and the pharmacy.
- Staff were trained to administer medicines and had their competencies checked to ensure they continued to follow good practice.

Preventing and controlling infection

- There were good systems for the prevention and control of infection.
- On both days of the inspection we observed the building was clean, tidy and free from offensive odours. People who used the service told us, "My room is very nice. It is kept very clean and tidy" and "My room is warm, comfortable and clean." A relative also commented, "My relatives' room is nice, clean and tidy."
- There were policies and procedures for the prevention and control of infection, including good hand washing guidance for staff to follow safe practice.

Learning lessons when things go wrong

- We asked the registered manager if any lessons had been learned that would improve the service. They told us, "I hold a monthly one to one clinic and as lessons learned I have implemented a communal relative's meetings which is working extraordinarily well, ensuring I capture the views of my relatives. We have made improvements to the garden area and activities as a result of the meetings."
- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.

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

- The pre-admission processes continued to be robust and thorough to ensure the service could meet each person's needs.
- Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social needs.
- The care plans were person centred, highlighted people's needs and included information and advice from healthcare professionals.
- Residents were encouraged to complete their own diary entry by talking into the innovative electronic care plan system. This demonstrated an inclusive person centred approach.

Staff support: induction, training, skills and experience

- Staff were given the training and support they needed to meet people's needs. We saw evidence of lots of training which was also completed with ancillary staff and volunteers.
- We saw that new staff were enrolled on a comprehensive induction. New staff shadowed an experienced staff member and a buddy system was in place. Staff new to the care industry were required to complete the care certificate, which is a nationally recognised training system.
- Staff completed all mandatory training such as health and safety. Further training was offered such as care of the dying, dementia awareness, equality and diversity and prevention of pressure sores.

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

- People we spoke with told us, "The food is good, and I am picky with food"; "We get very good food. There is a good choice" and "You get lots of choice with food and it is always very good. The chef makes very nice fruit juice." Both the relatives we spoke with also confirmed the food was good with lots of choices.
- People were given a balanced diet to help meet their nutritional needs.
- The home was piloting a new menu which had been specifically formulated by a nutritionist and had taken into account different options to ensure residents received a well balanced diet to meet their nutritional needs. As a result weights, which were monitored, had increased and this showed a positive outcome.
- Residents were also involved in this process and any options that residents did not find popular were reviewed and a new option of their choice was implemented. This gave people who used the service control over the type and choice of food they wanted.
- The food was well-presented and the chef only used fresh ingredients. There was a choice of pureed food which was appealing for a person to eat.

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

- There were quiet areas around the home with comfortable seating and reading material was available.
- People had access to the garden which was a large enclosed area. The garden had a large patio with numerous raised flower beds to enable people who used the service to help care for their chosen flowers.
- Some people accommodated at the home had a dementia. We saw there was good signage and use of memory and picture boards to assist people who may have memory loss find their way around the home.

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

- Staff were seen to be being proactive when people's needs changed. For example, a person whose behaviours had deteriorated had been referred to the relevant agencies and a plan implemented to ensure the person was then placed in an appropriate place which could meet their needs.
- Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.
- A district nurse told us, "This is the best home we visit. Staff respond and will give us assistance. They are professional and there is always a senior on duty with the carers, so it runs smoothly. As a rule there are enough staff."

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.

- We found the service were meeting the requirements of the act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork. However, the local authority was not up to date with the applications the service had completed.
- We saw that staff waited for a person to consent to any personal care or support they needed.
- The manager ensured that staff had implemented an interim person centred care plan to support the DoLS application until authorisation had been received and there were clear records on decisions around DoLS and decisions made in a person's best interests.
- Where people were not subject to a DoLS they were free to come and go as they pleased.

Is the service caring?

Our findings

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

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

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

- People told us they were well treated and supported. Comments people who used the service included, "The staff are very kind and caring", "It is very good here. We get looked after" and "The care staff are marvellous, lovely people. They help me when I need help and I can get the care when I need it."
- We observed people who used the service and staff had a good rapport and staff knew people very well. We were told staff will come in voluntarily to escort people to hospital.
- We saw in the plans of care that a great deal of information was gained on a person's past history, their likes and dislikes, interests and hobbies. The person's views on their gender, sexuality, religion or spirituality and age was recorded and action taken to ensure their wishes were fulfilled. We saw that arrangements had been made for people to practice their faith in the home or at a church of their choice or choose the same sex of staff. One person had made the decision to practice their faith with friends in the church they used to visit rather than with the clergy that visited the home.
- Life story boards were used which were effective by enabling staff or visiting professionals to engage in meaningful conversations. The boards were displayed in residents' rooms and were given to family members when their loved one passed away as a memorial.
- An example of how life story boards proved beneficial was one person liked pampas grass and a picture was added to the board. Staff found that if they discussed pampas grass when the person was upset it had a calming effect.
- Staff discussed equality and diversity topics, such as sexuality during their meetings. This gave staff information around the legalities of protected characteristics and who they could contact for support. Staff were aware of other organisations who may support any special needs a person may have.

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

- One person we spoke with was the chairperson for meetings and said, "I am involved in the running of the home. We help make decisions such as what activities we want." The registered manager had created an extremely positive culture where people, staff and relatives had ownership, made decisions and took pride in being involved in some aspects of running the home. For example, the provider changed the serving of the main meal to the evening after this was brought up at one of the meetings. It worked so well the provider is rolling it out to the other homes in the organisation.
- All the people we spoke with told us they could make choices. This included what they ate, what activities they attended, when they liked to go to bed or get up or what they wanted to wear.
- One visitor whose relative had passed away remained a visitor to the home to deliver holy communion to people.

- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.
- People who used the service and relatives were able to attend meetings to air their views on the service. We saw that improvements made had been around activities, the dining experience, simple environmental changes such as a hook on the back of doors to hold visitors coats and if anyone would like to discuss the LGBTQ societies and sexuality.
- People who used the service had attended a local Music for Well-Being session, had decided to set up their own choir and asked staff to be included. This has led to the people who used the service planning their own show for the Christmas party and had a good impact on their well-being

Respecting and promoting people's privacy, dignity and independence

- People were encouraged be independent where possible to protect their dignity.
- We observed people were able to move around the home and join in with activities or go out into the garden if they wished. Some people joined the gardening club, other people liked to do their own laundry or set tables.
- There was evidence of positive risk taking, for example, people who used the service went out to the local shopping centre to complete their own shopping. One person did not want to be checked on in the night and evidence showed that relevant measures were put in place to ensure safety and independence.
- People told us staff knocked before they entered their rooms and any personal care was given discreetly and in private. A person who used the service said, "We all have our own bathroom which is nice and private."
- Some staff had trained to become dignity 'champions'. The extra training they received helped them provide guidance and support to other staff working at the home. Part of the guidance was around independence
- Staff received training about confidentiality topics and we saw all records were stored securely.

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 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

- Plans of care were developed on a computer based system which was easy to access, showed they were person centred and gave managers a good oversight of when they needed updating, via a messaging system electronically. Staff had to respond on the system that tasks had been completed and this ensured there was a clear communication trail.
- We saw the registered manager made comments to care staff on the system to improve the plans of care.
- Care plans were very person centred and described peoples likes, dislikes and then planned around people's choices.
- Staff completed a range of specific diary entries which evidenced person centred care. The system reminded staff when updates were due and therefore people's needs were regularly reassessed and ensured staff could quickly identify any support needed

Meeting people's communication needs

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

- The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand. Staff ensured that people had their hearing aids and spectacles. Information could be provided in different formats such as large print.
- The service also had an electronic system (Alexa) to help people communicate and used communication games, picture cards and pens and paper to help people communicate their needs.

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 had access to a range of activities they could attend if they wished. The well-being and activity programme focused on peoples emotional, physical and social well-being and activities were tailored around this. This included going out in the community to shop or attend a choir and indoors such as quizzes, games or pamper sessions. We observed people decorating buns, which was held by the chef and saw that people had fun doing it.
- The environment had received a number of refurbishments, including a functional cinema room and an attractive tea room which the people who used the service had helped design.
- There were activities on a one to one ratio if that is what people wanted.

- We sat in the 'tea room' to observe how this was used to create a social occasion. The room was run daily by volunteers (who had been recruited safely and completed much of the training care staff had) and was open for visitors and people who used the service. It was a pleasant experience for all who attended to have a drink and a cake. There was a lively atmosphere and excellent interaction between staff, family members and people who used the service.
- The service had links with organisations such as local schools and had taken part in research about the positive effect music and singing had on people with a dementia. Now completed the activity coordinator had undergone training to continue with the sessions. This ensured people were able to experience meaningful activities.
- People who used the service had attended a local Music for Well-Being session, had decided to set up their own choir and asked staff to be included. This has led to the people who used the service planning their own show for the Christmas party and had a good impact on their well-being

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure for people to raise their concerns.
- The complaints procedure informed people how the service would respond, the timescales they would respond in and the details of other organisations if they wished to take a complaint further.
- We saw the registered manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.
- People who used the service told us, "My relative comes to visit me. If I had any concerns I would talk to them. I could talk to any of the staff or registered manager and it would get sorted out" and "You can talk the manager if you have any problems. You can go down to see her or she will come up to your room."
- A relative said, "The registered manager is caring and professional. We get to talk to them whenever we want. Any issues we have had have been sorted."

End of life care and support

- The service provided palliative care. There was a section in each plan of care to record a person's last wishes if known. This included who they wanted to be involved, any preference for where the care should be, funeral arrangements and any spiritual preferences. There was a clear and concise plan which showed a mindful approach to end of life.
- Some staff received end of life training at the local hospice, which would enable them to provide care for people at the end of their lives and offer support to family members and staff through their bereavement.
- The registered manager was aware of the services that could be approached for support or pain relief if required for end of life care. The service had arranged for someone to receive anticipatory medicines for pain control, but they had not been needed when the person improved.
- The manager provided overnight arrangements for relatives who wished to remain with their loved one if they wished to do so.
- Relatives had sent cards which praised staff for the way they had looked after their family at the end of their life. Staff attended funerals and the provider sent a card and flowers to relatives.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Acacia Lodge was led by an innovative registered manager who had completed a Mindfulness Cognitive Behaviour Therapy (CBT) qualification and used the acquired skills to promote a positive atmosphere for staff.
- The management team were committed to putting people who used the service first. Relatives said, "I think the home is outstanding. Our relative is happy and could not be happier. The registered manager is caring and professional. We get to talk to them whenever we want" and "I think the manager is the tops. Wonderful. My other relatives say how much [person who used the service] has improved."
- A person who used the service told us, "I know the manager knows everybody and comes around regularly. You can raise anything with them." We observed that people knew who the registered manager was and regularly spoke to people when going around the home.
- People who used the service were involved in the running of the home and family members encouraged to participate in activities, including serving tea and cakes in the tea room.
- The registered manager supported and encouraged staff to develop professionally. Staff received extra training to become 'champions'. There were champions for dementia where the training gave staff better knowledge around people that are suffering emotional distress and was written by a specialist dementia nurse.
- There was a resident liaison staff member who helped ensure new residents were integrated into the home and the support from the resident liaison proved invaluable in settling a person into their new environment.

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.
- The registered manager had discussed Duty of Candour at staff and relative meetings to ensure everyone was aware what Duty of Candour was and their responsibilities.
- We saw the registered manager had a duty of candour record which documented who was involved, what had happened, who it was reported to, the relevant dates and the outcome.

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

- The service had a registered manager 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.

- Staff we spoke with were aware of the management structure and all thought managers were supportive. Staff received regular supervision and competency checks around their performance.
- The registered manager conducted many comprehensive audits around the quality of service provision. This was also backed up by the area manager who visited regularly and conducted quality assurance audits, spoke to staff and people who used the service. The records showed that where required, action was taken to maintain or improve the service.
- The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the home and on the providers website. The registered manager had submitted relevant statutory notifications to the CQC.

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

- People were asked for their views in quality assurance questionnaires. We saw the results for 2018 were positive and the 2019 surveys were being distributed for review.
- Staff from all departments were encouraged to attend meetings. Topics included the dining experience, maintaining the environment, tidiness, use of equipment and care of people who used the service. Staff said they could contribute to the meetings.
- The manager held a weekly clinical risk meeting which detailed risks and the previous weeks actions. This showed how the registered manager was fully up to date and guided staff on how to manage people's needs and risks.
- There was a daily meeting for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.
- The provider had implemented an 'Acacia Lodge Hero' recognition incentive where people who used the service, their relatives and other professionals could nominate a staff member for going above and beyond what was expected. Staff received a certificate and flowers which was appreciated by them.

Continuous learning and improving care

- The registered manager attended meetings with other managers from the organisation to discuss best practice to improve all their services.
- The registered manager met with the local authority commissioning team and this improved the service by testing paperwork and practice. We were told the local authority regularly visited the home to test their inspection practice. The local authority told us they thought it was one of the best homes in the area.
- The service had arranged and met with tissue viability nurses to prevent pressure sores.
- As a result of meetings with people who used the service (lessons learned) the registered manager said, "We have organised more outdoor furniture and hanging flower baskets, new armchairs for rooms and new dining room chairs for our Buttercup Tea Room. We have also provided more outdoor activities, for example, boat trips, shopping trips and visits to the Blackpool tower ballroom."

Working in partnership with others

- The service had links with the National Activity Providers association which gave them ideas around meaningful activities for people who had a dementia.
- Young people from the Prince's trust had visited the home and been involved in activities which had proved beneficial to the young people and people who used the service.
- An orchestra group from Manchester had played at the home as part of a study into the beneficial effects of music (Music in Mind). This was now being continued by staff at the home. This gave people a sense of

worth and the people we spoke with who attended choir sessions found them gratifying.

- The home liaised with local charities and supported them. For example, the home had helped to fundraise for a young person who needed a special operation and an upcoming garden party is to support bereaved parents.
- The home had links to the Alzheimer's Society. All staff were registered as dementia friends and dignity champions. The Buttercup Tea Room was used for dementia friendly services and situated on the Memory Care suite.
- The home also had positive relationships with the police service who called at the home occasionally and attended events which were happening at the home.