

Signature of Epsom (Operations) Limited

Rosebery Manor

Inspection report

458 Reigate Road
Epsom
Surrey
KT18 5XA

Website: www.signature-care-homes.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

Rosebery Manor is a residential care home providing personal and nursing care to 88 people at the time of the inspection. The service can support up to 95 people. Care is provided in one purpose built building with lift access, communal areas and garden spaces.

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

People told us they felt safe and care was planned and delivered in a way that ensured risks to people were safely mitigated. Improvements identified at our last inspection had been sustained with robust systems in place to monitor incidents, falls and medicines. There were enough staff and staff understood how to identify and respond to potential abuse.

People liked the food they were prepared but we received feedback that food was not always hot. The provider shared with us actions they would take to address this. Staff worked closely with healthcare professionals and we received positive feedback about how staff worked with other agencies. 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 were supported by staff they got on well with and staff were committed to the people they supported. Care was planned and delivered around people's protected characteristics and we saw examples of the service promoting diversity amongst people and staff. People were involved in their care and staff encouraged people to be independent.

People described a wide variety of activities which catered to a variety of interests and we saw examples of personalised activities for people. Care plans were consistently detailed and reflected people's needs and backgrounds, with frequent reviews. End of life care was planned and delivered sensitively and in line with best practice. Complaints were logged and responded to in line with policy.

People told us they had seen improvements to leadership and culture at the service and there was a new registered manager in post. The service had developed strong links with the local community which benefitted people as well as the public. People's feedback was sought on a daily basis and action was taken in response to suggestions made by people. Staff felt supported by management and were involved in the running of the service.

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 requires improvement (published 16 February 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.

Rosebery 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 was carried out by one inspector, a specialist nurse advisor and two Experts 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

Rosebery Manor 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service including feedback shared with CQC and information within statutory notifications. Statutory notifications are reports of events or incidents providers are required by law to tell us about.

We sought feedback from commissioners and placing authorities. 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.

During the inspection

We spoke with 13 people, five relatives and two healthcare professionals visiting the service. We also spoke with the registered manager, the care services manager, the regional director, the dementia manager, two nurses and five care staff.

We looked at care plans for 10 people, including records related to risk, medicines and personalised care planning. We looked at four staff files and records relating to staff training and supervision. We checked the providers records of incidents and complaints as well as a variety of records relating to the governance of the service such as meeting minutes and audits.

After the inspection

The provider submitted further evidence to us after the inspection which we considered when preparing this report.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

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

- At our inspection in January 2019, recent improvements to safety had not yet become embedded so we rated the service requires improvement in safe. At this inspection, we saw evidence of sustained improvements and systems had become embedded, and people received safe care and changes to risk were responded to promptly.
- People said they felt safe at the service. One person said, "We feel 100% safe. Almost straight away someone will stop and say "Can I help you?" It's like an open hotel."
- There were systems in place to monitor and respond to falls, medicines errors and clinical risks such as infections or skin breakdown. Regular meetings took place which looked at incidents of falls or pressure damage and ensured risks were reviewed and new measures were introduced. For example, where a meeting identified a person had multiple falls, their care plan was reviewed and additional equipment had been introduced to keep them safe.
- Where people faced individual risks, staff carried out risk assessments and implemented plans to keep people safe. Risks such as falls, malnutrition or skin integrity were reduced through a robust approach to risk management.
- One person was assessed as at risk of skin breakdown because they spent most of their time in bed. A plan was in place including a specialist mattress, creams and regular repositioning to protect the person's skin. Records showed staff were implementing these actions as planned and discussions with staff demonstrated they were knowledgeable about how to manage these risks.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to protect them from abuse.
- Staff were knowledgeable about the signs of potential abuse and how to escalate any concerns they had. Staff had received training in safeguarding which was regularly refreshed and safeguarding was discussed in supervision and meetings.
- Records showed all incidents and potential safeguarding concerns were shared with the local authority and staff worked with the safeguarding team to keep people safe.

Staffing and recruitment

- People were supported by sufficient numbers of staff to safely meet their needs.
- People told us there were enough staff to meet their needs and respond to any requests for support promptly. One person said, "They are more rigorous with their staffing, it has improved." Another person

said, "There's an alarm bell on the wall and there's always someone you can ask for assistance."

- Staffing numbers were calculated based on people's needs and this was reviewed each day. Our observations showed people received support promptly when they requested it and staff were available in communal areas to support people.
- In the area of the service for people living with dementia staff provided supervision whilst engaging people in activities and conversation in communal areas. A staff member said, "We have enough staff and we try and spend as much time with the residents as we can."
- Appropriate checks had been carried out on new staff to ensure they were suitable for their roles. Staff files contained evidence of a variety of checks of the background and character of staff to ensure they were suitable to work in a social care setting.

Using medicines safely

- People received their medicines safely.
- People's medicines were administered by trained staff who followed best practice when administering medicines to people. Staff were knowledgeable about the medicines people were prescribed and care records detailed how and when to administer them.
- Medicines were administered in a personalised way. For example, one person was living with dementia and became anxious if they forgot they had taken their medicines. After staff had administered the person their medicines, they left the empty pot with them to reassure them they had received their medicines when they asked.
- Staff maintained accurate records about people's medicines, which clearly showed who had administered them and when. There were robust checks of medicines and any learning from these was shared at regular medicines steering groups. This helped ensure improvements identified at our last inspection had been sustained.

Preventing and controlling infection

- People lived in a clean home environment in which good hygiene practice was encouraged.
- The home environment was clean with systems in place to ensure people's rooms and communal areas were cleaned regularly, by dedicated housekeeping staff.
- Laundry was processed in line with best practice and there was a robust system in place to keep items separated where cross contamination could occur.
- Staff were trained in best practice and had access to personal protective equipment, such as gloves and aprons. We observed these being used appropriately to reduce risk to people.

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.

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

- People's nutritional needs were met and people received food which matched their preferences.
- People said they were satisfied with the food, but we received feedback food was sometimes cold. One person said, "The food is often cold but today it was delicious and I'm on my way to the kitchen to tell them and say thanks."
- The provider shared actions they had taken with us to improve the temperature of food by ensuring plates were hot at the time it was served. We will check the impact of this at our next inspection.
- The environment was developed to create a restaurant experience where people had a choice of menu options, where they ate as well as a variety of drinks and condiments.
- People's care plans documented their food preferences and records showed people received foods they liked. People were given regular opportunities to provide feedback on food every day as well as at meetings.
- Where people had dietary needs, these were met and care was planned around needs such as diabetes or choking risks. One person required soft foods to reduce the risk of choking and this was detailed within their care plan and they received food in line with this. Information was in place which documented their dietary needs in line with a national system for food textures

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

- People's needs were routinely assessed and regularly reviewed to ensure important information about their care was up to date.
- Care plans contained assessments which were consistent with national tools used to assess people's needs and risks in areas such as malnutrition and skin integrity. A standard assessment for risk of skin breakdown was carried out on people and regularly reviewed, staff talked about this tool competently and records showed it had been used effectively to identify and manage risks.
- People's needs were assessed before they came to live at the service and information about their needs, preferences and routines were captured and used to produce personalised care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to carry out their roles.
- People's feedback about the competence of the staff who supported them was positive and this matched our observations. Staff engaged with people living with dementia in a way that showed they understood best practice. Staff also showed a good understanding of medical conditions and how they affected people when we spoke with them.

- Staff told us they received an induction, and this involved a variety of training courses alongside shadowing and mentorship from experienced staff to enable them to become competent in their roles. The provider had systems in place to regularly refresh training and records showed staff were up to date in important areas such as safeguarding, manual handling and infection control.
- Nursing staff told us they were supported to maintain their clinical competencies as we saw evidence of them being supported and encouraged to attend training and keep up to date with current practice.
- Staff had regular one to one supervisions and appraisals where they discussed their performance and identified any learning and development goals. Staff said they found these sessions useful and felt they could discuss any aspect of their work.

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

- People lived in an environment which was suited to their needs.
- The environment was bright and decorated in a homely way. People told us they enjoyed spending time in communal areas which were spacious and pleasantly decorated to a good finish. These spaces were brightly lit, with hand rails, signage and pictures to help people find their way around their home.
- The area of the service for people living with dementia had been developed in line with best practice. Colour schemes and decoration were considerate of the impact of dementia on people's sight and ability to orientate themselves. There were items from the past as well as posters, pictures and activities for people to interact with.

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

- People's healthcare needs were met because staff planned care around them and involved healthcare professionals when necessary.
- Care plans covered people's medical conditions and detailed any support they needed from staff to meet their needs. One person had a skin condition and there was a care plan for this which had involved a specialist and staff provided treatment they had prescribed. Staff understood the condition, including changes they should look out for. A visiting healthcare professional said, "This home is good with referrals and following instructions on skin integrity."
- Records showed people were supported to see their GP when they were unwell and we received positive feedback about recent changes to the GP. The GP visited the home each week and reviewed people's health regularly.
- People were supported to have regular health check-ups, such as by the dentist, optician and podiatrist. A staff member said, "We work with other professionals and organisations so that the residents here receive the best care and we try our best to follow all instructions."

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 had consented to their care and this had been logged. People said staff asked for consent to carry out care tasks each time they supported them. Staff were knowledgeable about the importance of gaining consent and what to do when people were unable to make certain decisions themselves.
- Where people could not consent, the MCA had been followed and any restrictions had been shared with the local authority to be approved under DoLS. Staff were trained in the MCA and were able to describe how they applied its principals.
- Capacity assessments were decision specific and relatives, professionals and staff had been involved in best interest decisions. A relative told us how staff had described the MCA and DoLS to them which had helped them understand the process.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- People were supported by kind staff who they got along well with.
- People's feedback about staff was positive. One person said, "The staff couldn't be more helpful and they have a great sense of humour. I got smiles and hugs from carers when my relative died." Another person said, "The people working here are not just members of staff, they are genuinely caring and it makes a lovely atmosphere."
- We observed pleasant interactions between people and staff that showed kindness and compassion. At lunchtime, staff supported a person to their table, holding their hand and sharing jokes with them to support them to their seat. In the area of the service for people living with dementia, we observed staff were attentive and engaged with people to provide reassurance and stimulation.
- Staff demonstrated a commitment to the people they supported. One staff member we met had been moved to tears by supporting a person to dance, who had previously been immobile but always used to dance with their spouse. The staff member told us, "I chat with them and find out about their lives. Helping [person] to dance just now really choked me."
- Care plans contained extensive information about people's families, working lives and interests. Staff were knowledgeable about these when we spoke with them and showed a good understanding of people's background. People told us they had been supported by a consistent staff team and our findings around staffing showed this to be the case.
- Information was gathered about people's culture, faith and sexuality. Where needs were identified, these had been met. For example, one person's care plan documented their faith and we saw evidence of them being supported to attend faith events in line with their wishes. There were activities to promote diversity, such as Pride events to raise awareness of people's rights around their sexuality and gender identity.

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

- People were involved in their care.
- People told us they had regular opportunities to discuss their care and make any requests.
- Care records showed people were regularly asked about their care at reviews and changes were made in response to requests. There were regular meetings for people, as well as committees about food and activities where people had opportunities to make suggestions or requests.

Respecting and promoting people's privacy, dignity and independence

- People received care that promoted their strengths and encouraged them to be independent.
- People were able to carry out tasks themselves and had their own facilities for preparing hot and cold drinks or snacks and we observed people and visitors using these.
- People were encouraged to participate in tasks related to their care. We saw photographs of people helping with jobs, such as a person living with dementia who paired socks with staff as this helped them to feel settled.
- People's care plans recorded tasks they could do themselves and staff supported them in line with this guidance.
- Personal care was delivered discreetly and in a dignified manner. People's requests for support with personal care were responded to discreetly and this care took place behind closed doors. Staff were knowledgeable about how to provide care in a dignified way and people said they felt staff were respectful when providing personal care.

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.

End of life care and support

- People's wishes with regards to end of life care had been documented so people's wishes and preferences were known to staff and we saw examples of staff exceeding expectations in this area.
- One person told staff they had a relative they had not seen for a long time. Staff located the person's relative within their own time and arranged a visit two days before the person passed away, achieving their last wish.
- Staff were trained in how to deliver end of life care and there were systems in place to develop best practice at the service. The service worked closely with local hospices as well as community nursing teams to ensure people received holistic end of life care.
- A person had recently passed away and there had been a memorial event in line with the person's wishes in which people, relatives and staff came together to celebrate the person's life. We received positive feedback about this from people who said it created an inclusive atmosphere at the service.
- The service had introduced the Gold Standards Framework and we saw systems in place to document people's condition and respond to any changes. Staff were in the process of being trained in this approach at the time of the inspection.

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 supported to take part in personalised activities and we heard examples where staff exceeded expectation in these areas.
- People's feedback about the activities was consistently positive. One person said, "There are quite a lot of provisions which you would not necessarily expect in terms of entertainment." Another person told us, "The activity lead knows people's nuances, she's a natural. Things are so good." Another person said, "The beauty of being here is there's always something on, or you have the option of going to your room."
- There was a wide variety of activities on offer including outings, talks, entertainers, quizzes, arts and crafts and parties. We observed a dancing activity which was lively and well attended, with people and staff engaging with each other and creating a warm atmosphere.
- The service regularly ran an Age Concern Friday Gents Club which provided an opportunity for people to engage with peers from outside the service. There were also initiatives to raise money for charities which people and staff participated in.
- One person used to be a pilot and had a love of motorbiking. Staff had arranged for the person to go out on a motorbike activity and at the time of inspection they were about to be taken to a local airfield to go flying.

- Other examples of people being involved in personalised activities included a person delivering regular monologues where they had a background in public speaking, a person attending football matches with staff and the use of technology to enable a person to go out walking independently with a tracking device. People had also taken part in preparing newsletters and proof reading meeting minutes where this interested them.
- People were supported to maintain important relationships. Relatives consistently told us they were made to feel welcome and the environment was suited for visits from families, with drinks facilities, cakes and an ice cream fridge in the reception area which provided people and visitors with free ice cream.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned in a personalised way.
- People's care plans provided extensive detail on their backgrounds, routines, preferences and needs. The care planning system closely monitored that people's needs had been met each day as planned and flagged up any inconsistencies.
- Care plans provided staff with the information required to deliver personalised care. Where one person had complex mobility needs and received care in bed, there was detailed personalised guidance for staff about how to support the person to wash and dress and daily records showed care was provided in line with this.
- Another person was living with dementia and depression. There were detailed and personalised care plans for all aspects of their life, including guidance for staff about how to identify periods of low mood and to engage with the person in a way that was considerate of their mental health needs.
- Another person was at the service on respite as they were a citizen of another country and became unwell during a visit to the UK. Despite only being at the service temporarily, they had a care plan and life story in place which described their needs as well as important information about their culture and faith which staff were knowledgeable about. The person's relative sent a gift and a compliment to the service, praising the level care the person had received during a difficult time.
- People's care was regularly reviewed and care plans were updated when things changed. For example, one person had sustained a fall and their care plan had been reviewed and updated to reflect additional support with personal care and mobility which were required after this change in need.

Meeting people's communication needs

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

- People received information in line with their communication needs.
- People's care plans documented their individual communication needs and these were met.
- One person was living with dementia and had a hearing impairment. There was a detailed communication care plan which informed staff about how to provide clear and considerate verbal prompts to the person and we observed this taking place.
- The provider also shared examples with us where they had sourced specialist lamps to enable two people with visual impairment to take part in an art activity.
- Information about the service, such as procedures and policies, were available in accessible formats such as with pictures or in large print.

Improving care quality in response to complaints or concerns

- People knew how to complain and records showed any issues or concerns were investigated and action

was taken in response.

- People said they knew how to raise a complaint and felt confident that any issues they raised would be followed up robustly.
- There had been six complaints in the last 12 months and all of these had been investigated and resolved in line with the provider's policy. For example, when there had been a complaint about a person's care which found inaccurate records, this had prompted a review of records and work with staff to ensure daily records reflected care delivery.

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 now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had developed systems to ensure improvements identified at our last inspection had become embedded.
- People told us they had seen improvements in the way the service was managed. One person said, "The new manager made a lot of changes and it's now much better. He comes and eats in the dining room; chatting and more importantly listening."
- As well as increased checks to improve analysis of incidents and medicines errors, there were a variety of audits to monitor and assure care quality. For example, the registered manager had developed a 'first impressions' audit which looked at the environment and how welcoming it was. This had been a success and had been rolled out at the provider's other services.
- Audits included areas such as health and safety, medicines, cleanliness and call bell responses. Findings from audits prompted actions which were logged on a central improvement plan and signed off as completed. The plan showed numerous actions taken to ensure any improvements were being proactively identified and addressed. For example, where a documentation audit had identified more detail required to a person's care plan this had been addressed and signed off.
- The provider had fulfilled their regulatory responsibility to report incidents to CQC. Providers are required by law to notify CQC of important events such as allegations of abuse and serious injuries. Records showed that where required, the provider had notified CQC when they were required by law to do so.

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

- People, relatives and staff described an open culture in which people's views were taken seriously. A person said, "When you walk in, you get a feeling you belong somewhere. There are no rigid groups or cliques; that's been avoided."
- Management regularly walked the floors or experienced meals and activities alongside people, to gather direct and detailed feedback. A person said, "'Mostly they come to talk to you at lunch time, it's very friendly.'" Alongside regular meetings and committees, people had frequent opportunities to make suggestions or requests about their home and the care they received.
- Where people made suggestions, these were acted upon. Management displayed 'you said, we did' notices which informed people what was done with their feedback. Examples included people asking for

different shaped chips with meals, changes to the ways onions were served and felt being stuck to the bottom of chairs to prevent them making a noise when moved.

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

- Management understood their duty to respond to incidents in an open manner.
- Incident records showed any accidents or incidents were shared with the local authority, CQC and relatives where required. The registered manager understood their responsibility to be open and transparent when things went wrong as well as to encourage learning from incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and relatives told us they were involved in the running of the service and there were a variety of links with the local community
- Staff said they felt supported and had input into the running of the service. There were regular handover meetings as well as meetings for care staff and nursing staff which gave them opportunities to make suggestions about their work. One staff member said, "We are a great team, and we work together. It is hard work, but we all pull together and try our very best."
- Staff meetings records showed staff feedback was acted upon. A staff member told us about changes to the way drinks were served was recently actioned in response to feedback from staff.
- The provider encouraged delegation to ensure good governance and develop staff. Staff took on champions roles in areas such as infection control and dignity. These roles involved additional training and allowed staff to develop leadership in these areas.
- Visiting professionals described how they had seen a strong outward-focus with management staff involving themselves in national initiatives and projects. They told us management had been open in seeking best practice to embed systems to continue improvements following our last inspection. The Clinical Services Manager had won a 2019 Nurse of the Year award for clinical governance in recognition of their ideas for monitoring clinical risk in the service
- The service was the only care home to join the 'Surrey 500'. This was a multi-agency project to network and develop relationships at a senior level. This involvement had seen the service strengthen links with falls teams, the police and local hospitals. These links had improved the access to services for people and increased opportunities for staff to develop their knowledge and understanding of the social care system.
- The service also regularly hosted events for the local community. We saw evidence of talks on dementia alongside Dementia Friends as well as The Stroke Society. The service took part in fundraising initiatives, such as a recent fund raiser for Age Concern where any donation made by people, visitors or the public was doubled by the provider.