

Buckland Care Limited

Willow Bank House Residential Home

Inspection report

Willow Bank House
Tilesford Park, Throckmorton
Pershore
Worcestershire
WR10 2LA

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Willow Bank House is a residential care home providing personal care for up to 63 people aged 65 and over and who maybe living with dementia. The service is split across two floors within one large adapted building. There was a small unit on each floor, one known as Angel Bec and the other called Ray Bold. At the time of the inspection 59 people were living in the home.

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

The deployment of staff around the home required further consideration, to ensure people remained safe and their needs were being met. People told us they felt safe from abuse and relatives felt their family members were safe. Staff had a good understanding of how to protect people from harm and recognised different types of abuse and knew how to report it. Potential risks to people's health and wellbeing had been identified and were managed. People, and where appropriate, their relatives, had been involved with decisions on how to meet people's needs safely. People's received their medicines in a safe way, there was safe management and storage of people's medicines. While the home appeared clean, there was an unpleasant odour in some areas of the home, the registered manager confirmed the provider had planned dates for the carpets to be replaced to rectify this. We saw safe practice was carried out to reduce the risk of infection.

People's care needs had been assessed and reviews took place with the person and where appropriate their relative. Most staff had completed the providers mandatory training, the staff team required more time to complete their enhanced and specialised training and for this to become embedded within their practice. People were supported to have a healthy balanced diet and were given food they enjoyed. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice. 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 did support this practice.

People were not consistently supported to maintain their personal care and some people appeared unkempt. Staff treated people as individuals and respected the choices they made. Staff spoke to people in a respectful way.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported and encouraged to maintain their hobbies and interests. The provider recognised the importance of social activities and supported the activities co-ordinator in their ideas to enhance the quality of people's social lives. People had access to information about how to raise a complaint. People's end of life care wishes were recorded in line with their preferences in a respectful and dignified way.

It was recognised that the provider had made improvements to the service provision. However we had

identified concerns in safe and caring, which demonstrate that the systems and processes in place to rectify these are not yet established, embedded or reflect that they are sustainable in driving improvement. The provider had made good progress in other aspects of the service provision, and we saw this had a good impact for people living in the home. All people and relatives felt the staff and management were welcoming and friendly. The registered manager was visible within the home and listened to people and staff's views about the way the service was run. The provider had put checks into place to monitor the quality of the service provision.

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 18 December 2018)

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Willow Bank House Residential 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 team consisted of two inspectors, one assistant 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

Willow Bank House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with twelve members of staff including the nominated individual, the registered manager, the deputy manager, two team leaders, two senior carers, two carers workers, the activities co-ordinator, the cook and the assistant cook. We used the Short Observational Framework for Inspection (SOFI). The nominated individual is responsible for supervising the management of the service on behalf of the provider. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and a range medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including incidents and accidents, safeguarding information, training matrix, falls analysis and activities information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- At the last inspection there were 38 people living in the home. Therefore, we were unable to determine whether the improvements in staffing arrangements would work effectively when the numbers of people living in the home increased. At this inspection, we found improvements were required to manage the deployment of staff around the home. While we did not see any person come to harm, there was a potential risk people could come to harm.
- People and relatives gave us a mixed response about staffing levels, while some felt there were sufficient staff others felt staff were not visible enough. One person told us, "I feel safe at night as I know there are staff about, but they are not often seen", while another person said, "there are some lovely caring staff here, but they need more as they are always under such pressure". A relative felt the home needed more staff, "particularly at the weekends".
- There were occasions when people living with dementia were left alone in the corridors in the upstairs of the home, with no staff present to support, reassure and re-direct them. For example, we saw one person who walked into another person's room while they were watching television.
- Staff told us that the Angel Bec unit was now an open unit and people were able to come and go as they wished. However, there were three occasions where the door was closed, while one staff member was working alone to support up to seven people living with dementia. We saw people became anxious trying to leave Angel Bec, calling out and pushing furniture around the room while the staff member tried to re-direct people. The staff member told us they could manage people's needs but needed to shut the door to keep people safe inside. We asked the Nominated Individual to observe what we had seen during the tea time meal. They asked a staff member to support the other member of staff. The registered manager told us the staff member could call for assistance if needed.
- The registered manager used information recorded by the staff to determine staffing levels, which considered how much time staff spent supporting people with their physical and emotional care. However, from what people had told us and what we had seen, it was not evident that sufficient consideration had been given to the deployment of staff to ensure people remained safe around the home.
- The provider carried out safe recruitment practices before employing staff to work in the home.

Using medicines safely

- At the last inspection we found improvements were required in the storage of people's medicines. At this inspection we found medicines were stored safely.
- People received their oral medicines when they should, however, the provider could not be assured people always received their prescribed creams, as these were not always accurately recorded. We raised this with the registered manager at the time of the inspection, who advised that a staff meeting would be

held to reiterate the importance of recording. We did not find this had a negative impact to people.

- The provider was following safe protocols for the receipt, storage and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they were kept safe by the staff who supported them. One person said, "I feel safe due to the nice staff and knowing everywhere is locked up". Relatives felt their family members were kept safe from harm and were cared for by staff.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The registered manager understood their safeguarding responsibilities and we saw examples where they had taken action to reduce the risk of abuse towards people.

Preventing and controlling infection

- At the last inspection we found there were unpleasant odours in areas of the home. At this inspection while we found the home appeared clean and tidy, we found there continued to be some unpleasant odours within different areas of the home throughout the day. The registered manager advised that the provider was continuing their works with changing carpets to eliminate this odour.
- People told us staff kept the home clean and well kept. People told us that their clothes were laundered well.
- Staff understood the importance of infection control to protect people and visitors from the risk of Infections, and we saw they followed good practice.

Assessing risk, safety monitoring and management

- People's care plans and risk assessments had been reviewed and contained up to date information about people's current care needs and how they were to be safely supported.
- All people we spoke with told us staff understood their care and support needs and had help and support from staff when they needed it.
- Relatives felt their family member was safely supported and said they had been involved in conversations with the staff team about how to maintain their family member's safety.
- Staff were aware of people's individual risks and how best to support them. There was a good communication system in place for ensuring consistent and timely care was delivered. The staff team had regular updates from management to ensure risks were managed, minimised and reviewed, for example, to reduce the risk of people falling.

Learning lessons when things go wrong

- There was a good culture of openness and transparency. Staff felt confident to report incidents that impacted on people such as reporting poor practice and told us that actions were taken by the registered manager and provider to improve and learn from these.

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 now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they were involved in the assessment of their care prior to moving into the home and confirmed staff provided care in line with this.
- Relatives told us they were happy with the way their family members were cared for and where necessary involved in the planning and ongoing reviews of their family members care.
- Staff we spoke with understood people's preferences well and knew how to meet their individual needs.
- Care records showed that care was planned and delivered in line with the providers standards and guidance from professionals was followed.

Staff support: induction, training, skills and experience

- The registered manager explained how they had been through a period of change with their staffing group since they had taken up their post as registered manager in May 2018. They had a stable senior staff team which included a deputy manager, head of care, and a dementia Lead, who supported senior care staff and carers to embed good practice in the home.
- Staff members new to care were supported to complete the Care Certificate. The Care Certificate is a nationally recognised qualification in social care. Staff new into care told us this had helped them develop their skills, alongside shadowing more experienced staff before working alone.
- Staff told us they felt confident in delivering the care and support people needed. They told us they had received training that was appropriate to the needs of the people they cared for, such as manual handling.
- We reviewed the training matrix following our site visit which showed most of the providers mandatory training had been completed by staff.

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

- People told us they enjoyed their food and were given a choice of meals.
- Relatives told us the food looked appetising and their family members appeared to enjoy their meals.
- Where people required assistance to eat their food, this was done so respectfully.
- Staff monitored people's weight to ensure this remained stable and people remained well. Where a person's weight had changed, staff sought advice from the person's doctor in a timely way.
- Where people were on a specialised diet, staff were aware of how to meet their dietary needs, such as who required a softer diet. We found there was good communication between the catering staff and the care staff to ensure people ate meals that were individualised to their specific needs.

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

- People told us they saw their doctor if needed or the advanced nurse practitioner would visit them weekly.
- People confirmed they were supported to attend health appointments, opticians, chiropodists and dental appointments, so they would remain well.
- Relatives confirmed if their family member was unwell a doctor was promptly called, and where appropriate, they were kept up to date with the wellbeing of their family member.

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

- Since the last inspection, the home had undergone works to improve the environment such as shop fronts of a post office and cake shop. The deputy manager told us, "If we see people are tempted by the fruits and cakes, then we can provide them with snacks from the kitchen."
- There were many items of interest around the home, such as a music area, where a person told us they enjoyed listening to the music.
- At the time of the inspection an ice cream parlour was being constructed where staff would could make smoothies and ice-creams for people. Staff felt that this would also encourage people to increase their nutritional intake.
- The home had large walk in showers and baths with hoists to support people with reduced mobility to maintain their personal care.

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 told us staff asked for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Relatives confirmed they were involved in best interest meetings with their family member and best interest meetings took place. They felt that where it had been found their family member lacked capacity to make certain decisions, staff supported the person in the least restrictive way.
- Staff understood the principles of the MCA and we saw they followed these when providing support to people.
- Where the provider had deemed people were being deprived of their liberty, applications had been sent to the local authority. Where authorisations had been granted, the provider complied with any conditions set out in DoLS authorisations.

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 remained the same. This meant people were not always well-supported with their personal care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We saw some people looked unkempt, with unwashed and/or unbrushed hair, food on their clothing, dirty finger nails and some people with chipped nail varnish that hadn't been removed, we also saw some people with unclean dentures and teeth. While we did see a staff member supporting a person to have their finger nails cut, this was in the lounge area, where other people were sat. While the registered manager was able to give explanations about some people's appearance, it could not be evidenced that if a person had refused once during the day, whether staff had made other attempts to offer personal care, at a time that may better suit the person.
- We saw the bathrooms and showers were dry throughout our visit and did not hear people being offered to have a bath or shower. When we checked the temperature of the water in some bathrooms and bedrooms throughout the day we found the water to be cold in some of these areas. Staff were not aware that the water was cold. We raised this as a concern, and the provider advised us following the inspection that the hot water had now been fixed.
- One person told us, that "None of the bath or shower rooms have lockable doors," so they "made do with a strip wash," as they did not want to use a bathroom and be interrupted. We found that one of the bathroom doors would not fully close to enable them to be locked. We raised this with the registered manager who told us the bathroom doors would be checked by their maintenance team.
- We spoke about people's appearance with the registered manager, who advised the head of care completed visual checks of people's appearance to ensure staff maintained this. They also advised that some people refused personal care, or care with their nails when this was offered, and this was taken into consideration. However, from records we saw, it was not clear that staff were frequently offering personal care at different times throughout the day, which may suit people's individual preferences. While we understand some people may refuse care at a given time, we also heard one person commenting on their own finger nails needing to be cleaned.
- We saw times when people living with dementia were left alone in the corridors in the upstairs of the home, with no staff present to support, reassure and re-direct them. A relative told us, "Residents do wander in and out of [their family member's] room and take things but so far they have not been of financial value". They confirmed this had been raised with the registered manager but so far nothing had changed.
- From our observations we saw some staff were task focused in their approach, however, we also heard and saw conversations between people and some staff which were friendly, supportive and caring. These staff members really understood people's care and support needs and we saw people responded well to this positive interaction.

- It was recognised that people we spoke with were complimentary about the service they received. People told us how kind the staff were towards them. One person said, "There is not one carer I do not like. They are all lovely".
- People we spoke with shared examples of how they were supported to remain as independent as possible, for example one person told us how they were encouraged to be independent but knew they could have help if they asked for it.
- A relative told us their family member was treated well by staff and felt that they cared about their family member.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.

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

- People told us they had been involved in their care planning and had opportunities to be involved in the reviews of their care. People told us they felt comfortable discussing their care with staff and gave examples of changes following conversations.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence as much as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were assessed prior to them moving into the home. Thereafter, their care needs were reviewed regularly and any changes in care were identified promptly through assessments and monitoring.
- People confirmed they were involved in the planning of their care and their needs were met. People told us staff respected their wishes, such as when they would like to get up in the morning and when they would like to go to bed.
- Relatives confirmed they were involved in their family member's care, where appropriate, and their views were taken into consideration.
- Staff knew people well and recognised when they were 'not themselves' so that prompt action could be taken.
- Staff told us, and we saw, there was a good level of information about people's care needs and preferences. Where people's care needs were changing we saw staff sought timely advice from external healthcare professionals.
- Where people's needs changed, their needs were reviewed in a timely way, and external healthcare professionals were contacted so that appropriate support, for example, advice or specialist equipment, could be sought.
- People told us they enjoyed the entertainment that took place in the home. One person told us how they had enjoyed the children visiting from a local school and they had sung carols.
- During our visit people engaged in an exercise class with an external teacher who visited the home as part of a scheme to help reduce falls.
- The activities co-ordinator spoke passionately about their work in the home. They showed us activities they had provided to people. This included a cruise ship experience, where people talked about different places and ate food that was local to that area. They also held, fish and chip Fridays, casino nights and craft activities. Pictures of the events showed people looked happy suggesting they were enjoying themselves.
- The activities co-ordinator spent time with people on a one to one basis, where they supported people with their individual preferences, such as supporting a person to read their daily newspaper.

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 had access to a range of communication tools and aids to better support communication with individuals and ensure they had information in a way they could understand.

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 spent their day according to their preferences. Some people preferred to spend their time in their own rooms, while some preferred to spend time in the communal areas.
- We saw people were supported to go out, whether it be for a walk around the grounds, or for outings further afield. One person told us when they moved into the home they were concerned about losing their freedom, but confirmed they were supported to go out on trips which had been arranged by the activities co-ordinator.
- People told us their family and friends were welcome to visit at any time. Relatives confirmed they were always welcomed into the home by staff.

Improving care quality in response to complaints or concerns

- The provider had no recorded complaints since our last inspection. There was a complaints procedure in place for people, relatives and staff to follow should they need to raise a complaint.
- People and relatives we spoke with told us they knew how to raise a complaint if they needed to but were very happy with the service provided.

End of life care and support

- We saw in people's care records that discussions had been held with people, and where appropriate their relatives about their end of life care wishes. These were detailed and gave a good view of the person's wishes.
- We read many compliments from relatives where their family members had passed away, expressing their thanks for the support, care and attention during this time. One relative had written, "It has been a difficult time and the staff have been excellent, caring and thoughtful."

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 remained the same. This meant leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- It was recognised that the provider had made some good improvements to the service people received. However, we found some concerns around staff deployment and some remaining concerns around staff's practice that had not been fully resolved to ensure the provision of care was consistently good, embedded and sustainable.
- Feedback to the registered manager about what we had seen about people's appearance had concerned them, and while they felt this was due to people declining personal care, advised this had been and would continue to be overseen by the head of care staff member. However, the provider had not considered whether this process was sufficiently effective in driving and sustaining improvement, or whether this needed further consideration into embedding good dementia care.
- To determine staffing levels the registered manager told us they took an average reading from the computerised records which showed how much time staff had spent supporting people. However, this system to determine staffing levels could not be reasonably relied upon, as identified through the provider audits, there were gaps in people's care records, which means it may not accurately reflect the time spent with people. The provider had also not considered that staff were not for-filling all people's personal care needs where people lived with dementia and refused care, to encompass how this could be managed better going forward.
- Audits undertaken by the management team had identified shortfalls, such as gaps in care records and medicine charts. We could see these shortfalls were fed back to staff and checks were done to ensure these shortfalls had been amended. However, the provider could not evidence this was sufficient action, as at this inspection we found there continued to be gaps in daily records.
- The providers main focus at Willow Bank House was to improve the standard of care and support for people who lived with dementia. While improvements to the environment were being undertaken, the Nominated Individual reflected on staff's practice, and how they were continuing to support the staff group to understand what good dementia care looked like, for example, by watching real life films so they could see what good looked like. While the provider had implemented these training programmes, the providers staff group required more time to put these skills into practice and maintain these to embed consistently good practice.
- The provider had recruited a dementia lead, so they could provide staff with training and support, to develop and embed their knowledge. The registered manager confirmed that the dementia lead had been working night shifts to support and offer guidance to the night staff, where they found the night staff were working well with people. However, we found that concerns remained around dementia care, such as people continued to be locked in the Angel Bec unit during busier times, or when people became anxious.

- It was recognised that the provider had made improvements in other aspects of the service provision.
- At our last inspection we found the registered manager had made changes to systems and processes to ensure there was clear oversight of the care provided to people. We saw this had a positive effect for people, where their physical and mental health needs were being continually met and reviewed.
- The registered manager had introduced 'champion roles' where staff have responsibilities for key areas of care within the home such as falls management. This was closely monitored and looked at reason why the person may have had a fall, for example, staffing levels, trips hazards or whether specialist equipment or advice was required for a person. This had led to a reduction in the number people falling within the home.
- There was a plan in place for continuing improvement within the home, including the use of outside auditors to provide independent oversight of the care and support provided to people.
- The registered manager regularly attended meetings with other registered managers within the group to share good practice and enable learning from errors.

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

- People and their relatives were happy with the care and support received, saying "It's not a care home but a home that cares", and "The care home is very nice, I would recommend it to others."
- Staff felt well supported and valued by the registered manager telling us, "(manager name) has an open-door policy, you can depend on them (management team)" and "I'm proud to be here, we change their (people living at the home) quality of life".
- The provider visited the home regularly offering support to the registered manager and her team.

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

- There was a clear system in place for investigating incidents and responding to these. The registered manager understood the need to be open and transparent with people and their relatives if something went wrong.

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

- The management team understood the regulatory requirements upon the service, including the need to tell us about certain changes, events and incidents that affect their service or the people who use it. Our records showed they had submitted these 'statutory notifications' in line with their registration with us.
- Staff demonstrated that they were aware of their roles and responsibilities, they treated each other with respect and there was positive interaction between staff members. Information about people was shared appropriately providing continuity of care.
- Staff received regular supervisions and performance reviews with the registered manager, they felt confident that if they asked for extra training and support, this would be provided.

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

- Regular relative and staff meetings were held within the home, providing an open forum to provide feedback regarding the service so this could be acted upon.
- The registered manager reviewed peoples care with their relatives annually, offering the opportunity to discuss any concerns in a private forum, this was corroborated by the relatives who spoke to us.
- Staff made referrals to healthcare professionals appropriately and care and support plans reflected actions taken in response to the healthcare advice given, people were supported to attend healthcare appointments.

- The home hosted a monthly dementia café for people who lived within the home, but also for members of the public; providing practical help and advice to people living with dementia and the people important to them. Staff told us this was working well and had a positive impact for people.