Richmond Villages Operations Limited

Richmond Village Nantwich DCA

Inspection report

Richmond Village
St Josephs Way
Nantwich
Cheshire
CW5 6LZ

Tel: 01270629080

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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?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 14 and 19 September 2018 and was announced.

The registered manager and the village manager were providing exceptional leadership demonstrating a cohesive and collaborative governance structure within the service. They had worked within the service for over 20 years and had embedded robust governance processes and systems.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We provided the registered manager with 48 hours' notice to ensure they were in at the time of the inspection. The registered manager and the village manager were present on both days of our inspection.

This unique service was based within a village called Richmond Village set within the community of Nantwich. This service provides care and support to people over 55 years of age living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation people lived in was bought and therefore, their own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

A remarkable standard of person-centred care was being achieved and delivered for people. Staff knew people's background, previous occupation, likes and dislikes extremely well and went the extra mile to create positive experiences for people.

There was an exceptionally positive, inclusive culture across the management and staff team. Staff were encouraged to think creatively of ways to replicate familiar experiences or interests to enrich people's lives.

The service was following best practice guidance from the National Institute of Health and Care Excellence, in-particular for people living with dementia.

People receiving a service told us they were actively participating within the events and activities being arranged for people living in the village, the adjoining care home and also the wider community. This created an inclusive community for people.

Staff were clearly going the extra mile and were passionate about providing people with care which enhanced their health and wellbeing. The staff delivering care for people demonstrated an exceptionally kind and had a compassionate approach. People described exceptional care when describing how they were treated.

People were being supported to remain in their own home in the village for as long as possible to maintain their independence. The activities and events being provided were providing people with physical exercise and enjoyment to maintain their health and wellbeing.

There were enough staff to ensure people received a flexible and person-centred service which met their changing needs. The recruitment files we viewed had robust checks in place.

There was a comprehensive training programme for staff to ensure staff were skilled and knowledgeable to deliver effective care. Staff were receiving induction, supervisions and appraisals.

Staff were aware of their responsibilities in Safeguarding people from potential abuse and we could see clear systems were in place to record and track safeguarding concerns. Incidents and accidents were being recorded with learning action points seen and acted upon.

People and their relatives told us the service was well managed and they could approach staff or managers who were always polite, helpful and kind. We could see regular checks being undertaken by the management team.

People and relatives, we spoke with told us they would be comfortable raising a complaint if needed but we found no complaints had been raised. Positive feedback about the service was seen and the service had a clear complaints policy, this was readily available in the event people wanted to make a complaint.

Feedback by way of questionnaires and a survey had been undertaken by the managers to ensure they were continuously learning. Audits and quality checks had been undertaken regularly.

Medicines were being managed safely with a medicines policy and regular quality and competency checks being undertaken to ensure good practice was being sustained.

Care plans contained detailed specific risk assessments and care plans such as for manual handling and falls.

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.

Staff knew the different types of abuse and their responsibilities to protect people from abuse.

There were clear processes being followed to deal with incidents and accidents.

Recruitment practices were robust to ensure staff working with people had received appropriate checks.

Is the service effective?

Good

The service was effective.

People were being asked for their consent in line with the Mental Capacity Act 2005 legislation.

There was an in depth induction, training and supervision framework in place.

Healthcare professionals were involved in people's care.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and going over and above to make sure peoples needs were met.

People were being encouraged to be as independent as possible gave the optimum opportunity for people to remain in their own homes for as long as possible.

The culture was inclusive and promoted people's human rights.

Is the service responsive?

Outstanding

The service was extremely responsive to people's needs.

Staff were providing a remarkable standard of person-centred

care. Person centred care planning was the focus of the service delivery.

The staff were empowered to think creatively how activities and events could enhance and enrich people's lives.

There was a robust complaints system in place.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was strong leadership focusing on inclusion of people and developing a caring and compassionate staff culture.

There were two managers working cohesively and collaboratively to continuously improve the standard of service for people.

The management team had implemented excellent practices in working in partnership with other agencies and the wider community.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 14 September 2018 and ended on 19 September 2018. It included viewing care records, talking to people who use the service, relatives and observations. We visited the office location on 17 and 18 September 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care 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. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We had not requested a provider information report since 9 December 2016.

We viewed three care plans and their associated care records and medication administration sheets, spoke with three people who used the service, one relative and five staff members including the managers. We observed people participating in two groups, a reading group and a rhythm and rhyme group during the inspection and viewed Richmond Village's face book page evidencing their events and activities held at the village.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us "Absolutely yes, I feel safe", a second person we spoke with said "yes I'm safe". Another person explained she felt comfortable and safe in her home environment with her carers.

We observed there were plenty of staff around within the main building where people receiving support with personal care, were choosing to spend their time. We viewed rotas and we were informed by the registered manager they were planning to implement an electronic rota to make the system more efficient. The records we viewed confirmed staff were remaining in the person's home for the duration of their personal care calls during the day. We observed there were enough staff to support people in between their care calls if they needed help.

Staff recruitment systems were reviewed. We found robust checks had been undertaken in the files we viewed including references being sought and Disclosure and Barring Service outcomes received prior to staff commencing work.

We viewed the safeguarding tracker and found a clear process in place of logging, reporting and tracking a safeguarding concern. We viewed the records related to a safeguarding whereby the registered manager had acted immediately and worked with other agencies to ensure people were safe.

Staff we spoke with were knowledgeable about safeguarding and were clear how they would ensure they fulfilled their duties and responsibilities to protect people. They had heard of whistleblowing and described how they would act if they needed to.

Risks were being assessed on an individual basis with individualised risk assessments seen in people's care plans we viewed. This meant staff were considering the risks posed specifically relating to the needs of a person and were not generic. Each person's care plan listed the risks related to people's health related conditions, prescribed medications, falls, moving and handling and risks their environment posed for them according to their difficulties. Incident/accident forms were seen completed and logged to analyse and identify trends or themes for people and lessons learned to be identified. This is important when assessing how further risks could be reduced or mitigated for people.

We checked the systems in place to support people with their prescribed medicines. The medication administration sheets we checked had been completed appropriately and were signed when given. Each person who was receiving support with their prescribed medication had an assessment of the level of support needed in their care plan. It clearly explained whether the person needed minimal support such as prompting or of if they needed further assistance. This is important to ensure staff were aware how to support people in the best way for them and were therefore, demonstrating they were following a person-centred approach to medication administration.

We checked the out of hours emergency procedures and on call system for people receiving support in their

own homes and found they had an emergency pull cord and a pendant to wear. In the event someone activated the pendant/pull cord staff responded by going to the person in their own home to assist them in person whether it was weekdays/weekends of during bank holidays. This was reassuring for people and contributed to their overall confidence to remain living in their own home thereby contributing to their overall wellbeing.

Staff delivering care were seen wearing uniforms and had access to personal protective equipment such as gloves and aprons when delivering care.

Good

Is the service effective?

Our findings

We considered whether people were being asked for their permission/consent. The care plans we viewed contained consent from the person to the plan of care set out in relation to the times of their calls and duration of calls. We also found people were being asked for their consent for staff to enter their home to deliver care which is good practice.

The 2005 Mental Capacity Act (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.

The service was working within a Mental Capacity 2005 framework where they were recording people's wishes and decisions and who would be the best person to support the person with decisions they may find difficult such as their Lasting Power of Attorney. Staff were aware of individual people's difficulties due to their mental impairment/memory problem and were assessing any deterioration which may impact on their ability to provide informed consent. Best interests processes were being followed when a concern was raised regarding a person's mental capacity or cognitive deterioration.

People told us they were being supported to have enough to eat and drink. One person told us "yes a drink is always offered and my meals are good" and another person said, "well balanced food". People were provided with the option of choosing to have their meals in the restaurant at the main building or to be supported with their meals in their own homes. The restaurant was open to members of the public and therefore, inclusive of different people from the community enjoying a social meal with others. This created an inclusive environment which was not segregating people who were receiving care. People receiving care and support could choose to book a table for them and their relatives if they wished to enjoy a family meal together. Drinks and snacks were available for people throughout the day and was open to people from the village and the wider community always. Records we viewed contained entries from staff of foods and drinks they had supported people to make in their own homes.

Staff were skilled in building trusting relationships with people and adapted their approach to suit the person. They were assessing people's care needs in a person-centred way which took into consideration each individual person's background, ability to interact and communicate, cognitive ability, practical skills, emotional and cultural needs. The staff were aware of the impact of people's emotional, social and psychological needs on their overall wellbeing. Therefore, the assessments were holistic and person centred.

People told us they felt staff were competent. One person said "They (meaning staff) are professional and always know what to do to help me". Care staff were receiving regular mandatory training and were either working towards a Level 3 Diploma in Health and Social Care or had completed this qualification whilst working at Richmond Village. The culture within the service was staff were encouraged to develop their

knowledge and progress into roles which suited them and their skill set. Staff were motivated to learn and proud of their achievements. The trainers for moving and handling and first aid were skilled staff from within the service who had completed the train the trainer course.

We viewed the induction being completed with staff which included a full range of topics including equality and diversity and being inclusive, falls prevention, pressure ulcers, safeguarding adults, person centred support and fire safety, privacy and dignity. The training manager for the service confirmed they offered a drop-in session open to all staff each week to discuss any training needs or training opportunities. Virtual training in dementia was booked for staff to be completed on 21 September 2018. This demonstrated the provider was committed to providing people with skilled and knowledgeable staff to deliver care. Robust competencies were in place including a detailed moving and handling learning record detailing a list of topics and when the competency was assessed for each topic each signed by the trainer and the staff member.

People were having contact with healthcare professionals and being supported to attend appointments when they needed. Care plans we viewed contained a list of all
visiting healthcare professional with a contact sheet including details of who visited and what the reason was. This meant we could see people's health care needs were being monitored effectively.

The design of the premises was promoting an open culture where people who were living within the village could freely walk around the grounds, access the restaurant, bowling green and other facilities easily. It created a feeling of a community which was inclusive.

Good

Is the service caring?

Our findings

The care being delivered was caring and compassionate. The staff were observed interacting with people in a relaxed, friendly, open and warm manner. One person told us "staff are caring, people here are so friendly and kind, they (meaning staff) will walk with me around the grounds, 10 out of 10". Another person said, "I am happy with my carers and the service; they are thoughtful and always smiling". A third person told us staff always asked them if they needed a drink or something to eat of their choosing.

One relative we spoke with told us "very good", all activities they offer, local marina, local theatres, caring people, courteous".

Staff considered it a privilege to be caring for people who needed support and were thoughtful in the way they were delivering care. They were considering how to help people in all aspects of their lives. For example, one person who was receiving personal care had expressed they felt lonely in the evenings. The records confirmed the person was being encouraged by care staff to walk across to the main building to join in on any events/entertainment. This was set out in the person's care plan and what the staff considered would alleviate the person's feelings of loneliness. This demonstrated staff cared about the person and were aware of the impact loneliness can have.

Staff were aware how important people's independence was to them and encouraged people to do as much for themselves as possible. It was evident that staff had the upmost respect for the people who they were delivering care for. They talked about feeling proud to be delivering care for people who had fought in the war who had a huge amount of knowledge, experience and skills which they enjoyed sharing with others. Staff were spending time talking with people and listening to people. We observed one person with memory problems speaking with a staff member who in conversation tactfully reminded the person in a gentle, dignified and respectful manner that they had an appointment which the person had not remembered. This demonstrated the staff member cared about how the person would feel if they were simply told about the appointment they had forgotten.

Staff were writing in the care plans about people's goals and aspirations which also demonstrated staff cared about people's level of independence, achievements and wellbeing. Staff told us about confidentiality and how gaining people's trust was important to them. One staff member who we spoke with described how they achieved this by listening to people and being available for people at times when they needed to talk to staff. We observed staff stopping what they were doing to speak to a person who needed to talk there and then. It was clear staff were putting the needs of people first.

People told us they were being asked what they would like to drink and eat and were being provided with choices. Choices were documented in care plans and staff knew these well including the order in which people chose to do things. The staff arranged for people's birthdays to be celebrated if they wished with each person receiving a bouquet of flowers or a gift.

Outstanding ☆

Is the service responsive?

Our findings

The service was providing exceptional person-centred care. For example, for one person who had been diagnosed with dementia, their religion and previous occupation was important to them. They had worked for many years in a profession of authority which required leadership skills. The staff therefore, provided the person with the opportunities within the community of Richmond Village to use the skills the person had to provide a platform for them to fulfil a sense of purpose. We observed the person leading a group and teaching others. The person clearly gained an enormous amount from this as it gave them a sense of authority, self-esteem, enjoyment and fulfilment which was being expressed through their facial expressions, body language and their tone of voice. We spoke with the person who was clearly proud of their achievement in having this role within the community.

During the inspection we observed a rhythm and rhyme group where three generations were interacting with one another. The difference in ages ranged from 102 years of age and 8 months old. The group had been advertised using social media which raised awareness within the local community. There were three people taking part in the group who were receiving a domiciliary care service. Others were people who either lived at the village or were mothers and babies/toddlers from the wider community within Nantwich. People collectively sang nursery rhymes familiar to them all from three generations. Babies and toddlers were playing calmly and interacting with people living at the village. This was a heartfelt warming experience for everyone involved and a positive experience for younger people to interact with the older generation in a fun way.

Staff recognised how important person-centred activities, occupation, socialisation and continuing to live within a community were for people's wellbeing. People's personal care needs were being met within a person-centred culture which enhanced people's enjoyment of their life focusing on their strengths and individual capabilities. The care planning process included a detailed person-centred assessment which was not task focused but concentrated on what was important for the individual.

We spoke with another person from a background where they gained skills and an enjoyment of the outdoors. The staff had spent time talking with the person about what was important to them and how they could bridge the gap the person felt since they were no longer able to do the things they enjoyed doing. Staff knowing how much this meant to them had provided the person with opportunities to be outside as much as possible and replicated some of the things the person used to do.

Staff understood that for people living with dementia it was important to be providing people with opportunities to enable them to connect with their past. For example, for one person living with dementia whose lifestyle previously involved farming, they had arranged for an events organiser to bring in a farm animal. We viewed photographs of the person touching the farm animal with an expression of joy and fulfilment on their face. Their facial expression illustrated the impact this experience had for the person in being able to have contact with an animal they had previously had contact with daily in their life. Every aspect of the person's life was being considered and how they could ensure they could replicate some of those aspects. The overall impact for people was their lives were being enriched.

This person-centred care for people with dementia is best practice set out by The National Institute for Health and Care Excellence (NICE). The activities/events arranged were often along themes which had meaning to people receiving a service. For example, one person who no longer had their own dog was viewed in a photograph holding a small dog which the service arranged to be brought into the service. This event was called lend a dog. The person's facial expression was radiant illustrating the impact this had for them. Another person was photographed laying a wreath on remembrance Sunday which was an important occasion for them in fulfilling their need to pay their respects, fulfil their duty and take comfort from being with others who wished to remember people they had lost. The impact for the person was they could fulfil their roles in society which were important to them thereby, providing them with a sense of fulfilment.

The activities coordinator set up a choir at Richmond Village for people living in the village and from the wider community to join. We viewed photographs of one person receiving a service in their own home who was enjoying singing in the choir. Singing can be therapeutic for people and has benefits to reduce social isolation.

The service had a social media website and numerous events had taken place where people receiving a service had attended and joined in those events. This provided a visual narrative of the events, activities and achievements at Richmond Village. It was available for people using the service to view along with their families and other community partnerships and charities who had been involved in arranging the events.

Technology was being used to raise the awareness of the events and activities being arranged for people and the wider community. We viewed the social media site for Richmond Village which evidenced all the hard work, commitment and initiative of the management team in arranging events for the benefit of people and the wider community. The service had a process to gain people's consent prior to photographing them or filming them.

We viewed film footage of entertainment held for people receiving support in their own home, people from the care home and from Nantwich enjoying a dinner and dance with a live band playing on stage. The film illustrated the inclusion of a range of people all of whom had come together to enjoy an event. We observed one person who was receiving care from the service in the film who displayed exuberance dancing and clapping their hands to the music. The impact for people was they were benefiting from socialising and being included within a community.

The service was engaging with the community to arrange charitable events. One charitable event involved school children coming into Richmond Village. We observed three people who were receiving a service who were enjoying the event. One person was seen enjoying having their face painted along with the children. They were seen integrating and interacting with children. The benefits of this were clearly seen by the expressions on people's faces. We could also see the video posted on the social media site had 5,000 hits with positive comments from people.

Staff were empowered to take part in events of their choosing. Two staff who were delivering care in people's own homes had arranged and undertaken a sky dive to raise money. They raised £3449.07 payable to Alzheimer's Society. We viewed one person providing a local hospice with a cheque for a sum raised at Richmond Village. We also viewed photographs of business course students from a local college who organised a charitable raffle raising money for the local hospice. These charitable events were benefiting people to contribute to society and their local community whilst also providing other benefits to maintain their overall wellbeing.

We viewed other photographs where young people from the Guides association had come into the village

and made hot dogs for people raising money for a local charity. Other photographs included where school children had come into the village to hold an event for charity.

The provider had arranged "Caring Week" and we viewed how people receiving a service were involved in the photograph we viewed of the event. "Our year, your year" was another event which staff were encouraged to attend where staff and people attended a social event together and celebrated achievements they had made. The village manager told us about this and how they encouraged people to mix with others they did not know to encourage good communication, socialisation, inclusion and to create a community spirit for people. Staff we spoke with were attending these events and viewed their contribution in their own time as something they wanted to do and enjoyed doing. One staff member told us how much they enjoyed dressing up for events and "seeing the expressions on people's faces light up.

There was a complaints system clearly outlined within the service policy and brochure for people to read. There had been no complaints since the last inspection. The service was obtaining people's opinions from meetings with service users and their relatives. People told us they would raise any issue they had with staff but they had not needed to. A relative we spoke with told us management were quick to sort anything out but they had never needed to make a complaint.

Outstanding ☆

Is the service well-led?

Our findings

The leadership style was positive in empowering staff to provide inclusive, remarkable person centred-care. The approach of care delivery was unique; centred on people having meaningful experiences.

The culture of the service was to ensure people's wellbeing was paramount. This was in line with best practice guidance. The National Institute for Health and Care Excellence provides guidance for services to consider providing older people at risk of a decline in their level of independence and mental health with- "Programmes for older people involving a range of topics, settings, media and activities. A programme could include, for example, lunch with the opportunity to socialise and learn a new craft or skill in a community venue. Or it could involve a physical activity, such as a dance class, gardening or walking group, plus printed information on the benefits of physical activity." Richmond Village had implemented a diverse programme for people and the benefits of this in ensuring people had the optimum opportunity to remain as independent as possible for as long as possible were evident from the feedback we received.

Staff had ownership of the successes they created for people and the staff team were sharing successes to celebrate all the good practices at Richmond Village. This created a strong bond between staff within the domiciliary care team who were all committed to delivering excellent care. We could see how proud staff were to be working at the village as it was providing people with as many opportunities as possible to engage with their local community and be inclusive Staff were provided with long service awards at events and were valued by the management team. The managers were highly respectful of their staff and demonstrated a caring approach towards them. This strong leadership had developed an excellent staff team. The management team knew people well and were committed to providing an exceptional standard of service for them.

Everyone we spoke with praised the management of the service and were complimentary about the management team. One staff member told us "(Village Manager) and (Registered Manager) are fantastic, we are one family, the culture is positive. We're not seen as separate services (care home or domiciliary care) we work together, we're all here to do the best we can".

The village manager and registered manager set up a new steering group in dementia care to share best practices and to ensure everyone within the community of Nantwich were aware how to support people in the local community who were living with dementia. The Alzheimer's Society supported this new initiative and devised a logo, brochure and sticker to be placed within local shops for people to be aware if they had joined the steering group and were seeking to support people living with dementia. This initiative was inspiring as it set out to break down some of the barriers people living with dementia were facing when out in their local community. The steering group worked collaboratively with Cheshire East Local Authority, Cheshire Police, Age UK, other providers, local businesses and charities. The purpose was to improve people's lives by raising awareness within the community of how people living with dementia may present in order for them to be supported appropriately. The steering group members were meeting regularly at Richmond Village and were an inclusive group of professionals or people wishing to support the initiative.

The village had won an award and we viewed the certificate from Caring UK Awards 2017 for Retirement Village of the Year. The managers told us how an assessor visited Richmond Village and talked to staff and assessed the village prior to providing them with this aware.

We checked the quality audits and checks being undertaken. We viewed a quality improvement plan which was coded according to CQC's key lines of enquiry. There was a system of identifying which actions were needing to be completed first according to a traffic light system. Actions being prioritised were coded and we could see them being signed off by the manager.

We reviewed a document called "Clinical Governance Strategy 2018/19" setting out the provider's priorities for the service and the provider had a Richmond village quality assurance framework in place. Medication audits seen were being undertaken monthly which evidenced a detailed investigation was undertaken into the error made and actions including learning points for the staff member responsible for the error and additional training. This demonstrated robust quality assurance checks were in place.

Detailed care plan audits were being undertaken and we could see improvements being made which showed they were effective. For example, one action stated - "needs to be updated to reflect two hearing aids used". A monthly audit was seen of all activities related to the regulated activity personal care. This audit included checks of the recruitment practices, the family view of how the person was being cared for, observations at care visits were being completed to check staff competencies, checks with people to ensure they knew how to raise concerns and checks to ensure supervision sessions were being completed with staff in line with the provider's policy.

The managers were continually seeking new ways of obtaining people's views. Satisfaction surveys were seen being completed annually. Each person had rated the service according to various factors such as the emergency call bell system, how safe and secure people felt. The latest survey completed in 2017 indicated 100 per cent response and satisfaction in all areas. Resident and relative meetings were being held monthly and actions were seen from the minutes which evidenced people receiving a service were attending and able to speak freely. We viewed a thank you card dated 16 February 2018 which stated, "my dear manager and all of you generous ladies who gave me such an excellent large bunch of flowers on my birthday yesterday". Another thank you card from a person receiving a service stated, "please accept my most sincere thanks to all of your staff as the excellent activities planned for everyone needing interaction – much appreciated."

The registered manager was attending Cheshire East registered manager's network meetings, domiciliary care managers meetings, domiciliary care team meetings and other meetings with key people to ensure they were keeping up to date with initiatives and events to ensure they were continually improving and learning from others.

The management team explained how they support staff if they needed additional support due to circumstances beyond their control. Their view was staff viewed their workplace as a safe and supportive place to work. The qualities of the individual managers were creating a positive, open, supportive and caring culture across the service. Staff were highly respected and valued by the managers who were constantly praising their staff and providing them with any credit for successes. Staff therefore, had a mutual respect for their managers.

Technology was being considered by the service in playing a part in enhancing people's lives further. The manager for the village confirmed they were shortly trialling the use of a TV virtual exercise/activity package for people who were unable to participate in some activities. Virtual activities were highlighted as beneficial

for people who were unable to participate in events/activities due to their health condition. This demonstrated the leadership was proactive in always seeking new innovative ways of creating positive experiences for people.