Homestead Residential Care Limited

Hanwell House

Inspection report

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Hanwell
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Date of inspection visit:
10 December 2019

Date of publication:
24 December 2019

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
Hanwell House is a care home for up to 52 older people living with the experience of dementia. At the time of our inspection 51 people were living at the service. The service is owned by a private company. The director of the company is also the registered manager. This is their only service.

People's experience of using this service and what we found
People were happy living at the service and felt well cared for. They and their visitors told us staff were kind, caring and provided the support they needed. There was a relaxed and friendly atmosphere. Staff were attentive towards people and offered them opportunities to take part in a range of different activities.

The staff had created detailed care plans. These were personalised and gave clear information about how people's needs and preferences should be met. Risks to their wellbeing and safety had been assessed.

People's health was monitored, and they had access to healthcare professionals who worked closely with the staff to make sure people's needs were being met. Medicines were managed in a safe way, so people received their medicines as prescribed. The staff had worked with healthcare professionals to reduce the amount of sedative and behaviour controlling medicines people were prescribed. This had a positive impact on people's wellbeing.

People had enough to eat and drink. All food was freshly prepared at the service and reflected people's likes and preferences.

The staff were well supported and had the information, training and supervision they needed to provide effective care.

The registered manager worked alongside the staff in supporting people. They had a good overview of people's needs. People using the service and visitors told us they felt confident approaching the registered manager with any concerns.

There were effective systems for monitoring the quality of the service and making improvements. The registered manager had adapted the service and made improvements where they had identified specific needs. These included changes to the environment, changing the way staff were supervised and improving care planning. All accidents, incidents and other adverse events were investigated and analysed to identify any trends.

The environment was safely maintained and the staff made regular checks on equipment and the building so they could identify if any maintenance was needed.

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.

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

Rating at last inspection
The rating at the last inspection of 16 May 2017 (Published 14 June 2017) was good.

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.

Hanwell House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was conducted by two inspectors, an expert by experience and a member of the CQC medicines team. 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
Hanwell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at all the information we held about the provider including the most recent inspection report, contact from members of the public and notifications about significant events. We also viewed the most recent 'enter and view' report from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with six people who used the service, seven visiting friends and family, one visiting professional and staff on duty who included the registered manager, senior care assistants, care assistants, the catering team and domestics. We looked at the care records for six people who used the service and five staff records. We also looked at other records used by the provider for managing the service, such as audits and meeting minutes. We carried out a partial tour of the environment. We looked at how medicines were being managed.

We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
The provider sent us some additional information to show they had acted where we had identified improvements would be useful.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Their comments included, ''I am definitely safe here'' and ''I feel absolutely safe.'' The visitors we spoke with confirmed they also felt it was a safe place and people were well cared for.
- The provider had procedures regarding safeguarding and whistle blowing. The staff had training in these. In addition, the senior staff led discussions about safeguarding and what staff would do if they suspected abuse at every daily handover between shifts. Also the senior staff held a short individual interview with all staff at the end of their shifts about any concerns they had. They specifically asked if the staff member was concerned about any safeguarding issues. These interviews were electronically recorded so the registered manager could view and respond to any concerns.
- The provider had worked with the local safeguarding authority to investigate allegations of abuse and to put in place systems to protect people from further harm.

Assessing risk, safety monitoring and management

- The registered manager and senior staff carried out assessments of each person's needs and any risks they were exposed to. Care plans included an overview of identified risks, such as skin integrity, choking, physical health and mental health related risks. The overview identified the seriousness of the risk. There was detailed guidance for the staff about how they would mitigate risks and care for people safely, whilst promoting choice and independence. Assessments and guidance were reviewed each month and had been updated to reflect changes. Information within daily care notes was highlighted if there was a change in someone's needs or risks for them.
- There were detailed plans regarding people's mobility and equipment needs. Some of these included diagrams to help describe how someone should be supported. The senior staff had been trained to deliver manual handling training. They observed staff practice and offered more training and guidance if they were concerned about staff practice.
- The risks within the environment had been assessed. The provider monitored when checks by external companies were due, for example on fire safety equipment, lifts, water safety, gas and electrical supplies. They kept certificates to show equipment was safe to use. There was a dedicated maintenance team who responded to any repairs and carried out regular health and safety audits. The fire risk assessment was up to date and there were individual evacuation plans for each person which could be followed in the event of an emergency. The staff were familiar with the fire evacuation procedure and took part in regular drills and training.
- Equipment and furniture was supplied to minimise risk and enhance people's independence. For example, where people were at risk of falling from beds, they were given beds which could be lowered and sensor mats which triggered an alarm if they fell or left their bed.

Staffing and recruitment

● There were enough staff to keep people safe and meet their needs. People using the service and relatives confirmed they did not often have to wait for care.

● However, around 50% of the staff were sourced from a recruitment agency rather than being employed by the provider. This meant there was a risk these staff would be less familiar with people's needs and the provider's systems and processes. The registered manager told us most agency staff worked at the service regularly and had become familiar with the service, attending meetings and training alongside permanent staff. In addition, permanent senior staff were always on duty. They had a good overview of the service and worked directly with other staff to make sure people's needs were met.

● The provider had procedures for recruiting suitable staff. They carried out checks before they started work and assessed their competencies and skills during an induction. The recruitment agency carried out checks on their staff and provided information about these checks and training to the provider. This meant they were able to make sure they were also suitable to work at the service.

Using medicines safely

● People received their medicines safely and as prescribed. There were appropriate procedures for managing medicines and staff were familiar with these. Senior staff were responsible for medicines and had received training around this. The registered manager also assessed their competencies to make sure they administered medicines appropriately.

● There were clear records to show the medicines people had been prescribed, why they were prescribed and any side effects relating to these. The staff recorded administration clearly and kept a record of medicines stock which was accurate.

● Medicines were stored safely and appropriately. The staff checked the temperatures of medicines storage. There were appropriate systems for stock control and making sure medicines were within date.

● The provider had worked closely with prescribing healthcare professionals to reduce the amount of behaviour controlling and sedative medicines being prescribed. This had a positive impact and as a result, people were more active and able to make decisions about their care. The staff monitored people's health conditions, such as blood sugar levels and other observations, as needed. They reported any concerns with these to prescribers, so people's medicines could be reviewed.

Preventing and controlling infection

● People were protected by the prevention and control of infections. The provider had procedures for ensuring the service was clean and staff followed safe infection control processes. The staff were supplied with gloves and protective clothing. They had undertaken training regarding infection control. The provider employed domestic staff who were familiar with good practice and followed this.

Learning lessons when things go wrong

● The provider had systems for learning and making improvements when things went wrong. All accidents and incidents were recorded in detail. The registered manager reviewed these records and analysed all reports monthly. All falls and accidents were reported to the local authority and discussed in staff meetings to see if anything could have been done differently. People were referred to the falls clinic for advice about how they could be better supported to prevent further falls.

● The provider had also made changes to the service following complaints, incidents and accidents. For example, following the suspected loss of a person's wedding ring, the registered manager had introduced a new procedure whereby all jewellery was photographed. When people removed their own jewellery this was returned to their family for safe keeping and the risk of loss was explained to them if they wished it to be returned to the person.

● Changes had been made to the environment in response to an identified risk of a person injuring

themselves by walking into walls. These improvements had provided better safety for the person and others. For example, wall corners were covered in coloured plastic which was softer to touch and also easily identified the corner which was a potential hazard to people.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager and senior staff assessed people's needs and choices before they moved to the service. They gathered information from the person, their families, health and social care professionals. They used this information to form care plans, which told the staff how they should meet people's needs.
- Care plans and assessments were regularly reviewed and had been updated when people's needs changed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. New members of staff completed an induction at the service, shadowing experienced staff and undertaking a range of training. The senior staff were qualified trainers and were able to train and assess other staff. They kept records to show they had assessed new staff as competent.
- Training refreshers were provided for all staff to make sure they kept their knowledge up to date. The registered manager also undertook the same training course to make sure they were suitable and reflected the needs of the service. In addition to formal training, staff took part in daily handovers of information. These included mini training sessions on specific subjects, such as safeguarding, good nutrition and falls prevention.
- The staff were supported to undertake vocational qualifications, and two of the senior staff had recently completed a vocational management in care qualification. They used this knowledge to support other staff to develop their skills and provide effective care.
- Senior staff carried out small supervision meetings with each member of staff every day. These gave them opportunities to raise any concerns and discuss how they were finding their work. The registered manager aimed to provide annual appraisals, which were longer more formal meetings for the staff to discuss their roles. Whilst the staff told us they felt supported, not all of these meetings had been recorded. The registered manager told us they were going to improve the records around this to evidence these appraisals.
- A high proportion of the staff did not speak English as a first language. The provider ensured they had a good enough understanding of English to undertake their roles and told us many of their language skills had improved since working at the service. In addition, training was provided in their first language if they found this easier to understand. The senior staff also spoke a number of different languages and told us the communicated with staff in their first languages when explaining something which was important they understood.

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

- People had enough to eat and drink. All food was prepared freshly on site by a dedicated catering team.

They used fresh ingredients and supplemented food with additional calories (by using cream and butter) where people were at risk of low weight. Cold and hot drinks were offered throughout the day, including milkshakes.

● Most people commented they enjoyed the food. Comments included, ''The food is basic but good…. I like what they serve but you don't get too much of a choice. You can change it if you don't like what's on your plate'' and ''The food is excellent. It's all cooked here. There's more or less a set menu but if you want something different you can ask for it. If you want something special give them a bit of notice. It's not rigid.'' People's relatives told us they thought people were well supported in this area. One relative told us, ''They are constantly offering drinks.'' Another relative commented people had put on weight which was a positive.

● People's nutritional and hydration needs were recorded in their care plans and this information was shared with the kitchen staff. These plans were very well developed and included information about the type of equipment people needed to be as independent as possible, their sitting position, any assistance required, the ideal environment for them to eat, likes, dislikes and any risks regarding their eating and drinking. The design of these care plans was simple and effective, using pictures and colours to help staff quickly understand people's needs.

●The service used different coloured crockery to help staff identify where someone was at risk, if they had a particular need or cultural diet. The coding system was well displayed for all staff to refer to. This meant new or unfamiliar staff would be able to identify if someone was at risk or had a particular need by checking the crockery used to serve their food and drink.

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

● The design of the building was suitable to meet people's needs. People had their own bedrooms, which they could furnish and personalise if they wished. Corridors were wide and equipped with grab rails. There was a passenger lift to all floors and people were provided with the equipment they needed such as specialist beds, sensor mats and hoists. There were a number of accessible bathrooms, toilets and shower rooms.

● The provider had recently made improvements to the building. These included new anti-slip flooring and colour coding each floor, so people could orientate themselves when they left the lift or entered the corridors. They had also installed specialist corners on the walls. These were coloured in theme with the different colours for different floors. They helped people identify there was a corner so they would be less likely to bump into these. They were also made of softer plastic to reduce the likelihood of injury if someone did walk into them.

● There were decorations designed to help orientate people and provide stimulation and pleasure. Rooms were clearly labelled and there were large notice boards providing information about the date, time and activities. Pictures in corridors were themed such as movies, holiday destinations and musical icons. Music was played in different corridors. The registered manager told us this was themed to people's nationalities, interests and special events, such as Christmas.

● The building had been decorated for Christmas, including displays put up by people's families. There was a snow scene in the garden and the registered manager told us this was changed to reflect different seasons, having recently been a poppy scene for Remembrance Day.

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 assessed and planned for. The staff worked closely with other healthcare professionals to make sure these needs were met. Care plans included information about people's health conditions and how best to support them with these. There were records to show people had regular consultations with external professionals and the records described any interventions or changes to their planned care.

● There were oral hygiene care plans for each person which incorporated NHS guidance on mouthcare and dentures. A dental hygienist visited the service every three months to assess people's needs and share advice with the staff about how to meet these needs. Care plans included guidance about techniques to encourage people to manage their own oral hygiene and ways to support people to brush their teeth.
● People with long term healthcare conditions, such as diabetes had regular reviews by external professionals. There were clear plans to describe symptoms staff needed to be aware of which indicated a change in the person's needs. Some people were living with epilepsy, a condition which can cause seizures. There was guidance for the staff about how to respond if the person had a seizure and for recording and monitoring these.

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.

● The provider was acting within the principles of the MCA. The registered manager had assessed people's capacity in respect of different decisions about their care and treatment. The assessments included information about how people should be supported to make informed decisions. There were clear records to show where decisions had been made in people's best interests with their representatives.

Good

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 treated well, and their diverse needs were respected and met. People using the service and their visitors told us they were happy with the care they received, and staff were kind, supportive and caring. Some of their comments included, ''I am very happy, they are very caring'', ''It is service with a lovely smile'', ''They deal with [person] with such gentleness'' and ''Everybody is nice.''
- People living at the service had a range of different needs, cultural backgrounds and identities. The staff provided care in a compassionate and understanding way and did not make judgements about people's life style choices or backgrounds. People were supported to celebrate their religion and cultures.
- We observed staff were kind and caring. They were gentle when they approached people, encouraging and supporting them. They dealt with situations where people became anxious and distressed well, tailoring their care to meet people's individual needs. For example, using gentle touch, song and comforting words.

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

- People told us they were able to make choices about their daily lives. Care plans recorded their preferences for rising and retiring each day, how they liked to spend their time and food likes and dislikes. There were also detailed plans, created with their families, to describe their past lives and what was important to them. These helped the staff to understand about people's preferences when they were not able to express these themselves. Where possible people were offered choices and they confirmed the staff respected these. For example, one person told us, ''They knock on the door and ask if I'm ready to get up and if I want a shower. I don't always have one.''
- People's relatives told us they had been consulted about decisions regarding people's care when people were not able to make these themselves. For example, relatives described how they were consulted about the annual flu vaccination, medical interventions and the way the care plans were written.

Respecting and promoting people's privacy, dignity and independence

- The staff respected and promoted people's privacy and dignity. Care was provided behind closed doors and the staff knocked before entering and addressed people with their preferred names. The staff treated people respectfully and politely.
- People were supported to be independent where they were able. For example, care plans described the things people could do for themselves and how the staff should encourage this. One person told us they were able to help with some cleaning tasks because they wanted to. Another person helped to run the quiz evenings for others living at the home by asking the questions. The registered manager told us they were supporting people to complete postal votes for the general election if they wanted to do this.

Good

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 received care which met their needs and preferences. The registered manager had created care plans based on people's needs. These were regularly reviewed and updated. Information was clear and set out in a way which made it easy for staff to see what people's needs were and how they should be cared for. People's preferences, such as whether they wanted male or female carers, were recorded. There was also information about whether people could do things for themselves and how they should be supported with this. The staff made daily logs of care provided. Changes in people's needs or circumstances were highlighted and led to a review and update of their care plan.

● The service had been responsive to changes in people's needs and had provided care which had a positive impact for people. For example, relatives told us people's health, mobility and weight had improved since they moved to the service. One relative said, ''I have noticed [person's] dental hygiene is better.'' Another visitor explained the staff had worked with their relative who had been unable to leave their bed and was now walking around and joining in communal activities. The visiting professional we met also told us how well the staff had supported people with marked improvements to their lives. There had been a reduction in the medicines people were prescribed and as a result people were active, awake during the day and slept well at night.

Meeting people's communication needs

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

● The staff had recorded when people had a specific communication need, such as a different language or sensory impairments. There were plans to ensure people had the information they needed 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 took part in a range of different activities each day. The staff supported people to access games, craft materials and toys throughout the day. Each floor had a number of resources. There were some interactive games and toys in the corridors and the registered manager told us they were purchasing more of these. There was also an interactive light machine which was used for games and to provide sensory engagement.

● There were visiting entertainers every day, including the weekends. On the day of our inspection, there

was a singer. We saw they engaged with people and encouraged them to join in and dance. The staff assisted with this. There was a fun and lively atmosphere. The registered manager told us they only arranged entertainers who they felt provided this sort of interactive activity. There were also quieter communal areas for people who did not want to join in, and volunteers visited for individual activities, such as playing board games with people. People were supported to access the local parks and shops when they wanted to.
● People's families and friends were welcome at the service and regularly visited. The registered manager explained they were encouraged to join people for activities and at mealtimes. There was a planned programme of activities for Christmas, which families were invited to. This included Christmas dinner prepared by the registered manager for everyone.

End of life care and support
● People's care plans included details about any specific wishes they had regarding care at the end of their lives or after death. Families had been consulted and people's religious needs formed part of their care plans. There was easy to find information about people's resuscitation wishes (or their families wishes where they were unable to make this decision themselves).
● The staff worked closely with the local palliative care teams when people required this support to make sure they were comfortable and pain free.

Improving care quality in response to complaints or concerns
● There were appropriate procedures for reporting, investigating and responding to complaints and concerns. People using the service and their relatives knew who to speak with if they had concerns and felt confident these would be addressed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● There was a positive person-centred culture. People and their relatives told us the registered manager asked their opinions, listened to them and respected their wishes. Some of their comments included, ''You can always go to [the manager and seniors]. They're extremely kind'', ''The manager keeps me informed'', ''It is a lovely place and the staff are very nice'' and ''It is a very well-run service, you can have the most difficult conversations with [the registered manager] and he is the most open person.''

● The registered manager and staff spoke positively about the people they cared for and each other. The registered manager said, ''All my residents are wonderful, and they are happy.'' They praised the staff for their work ethics and approach. Staff told us they felt supported and happy working at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider had policies for duty of candour, dealing with complaints and investigating accidents, incidents and safeguarding alerts. The staff and visitors were aware of these and felt the registered manager was open with them. One visitor told us, ''He always rings me, if something goes wrong he rings, and we talk about it.''

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

● The registered manager was also the owner of the company. They had owned and managed the service for many years and were familiar with the needs of people living there. They kept themselves updated with changes in legislation and guidance and had adapted the service to reflect these changes.

● The registered manager worked at the service most days, alongside the staff. They knew people and staff well. The senior staff gave feedback to the registered manager at the end of every shift, so they were aware of any changes in people's needs or if something needed attention, for example a maintenance issue. One member of staff told us, ''[Registered manager] is always changing and improving things, he keeps us on our toes and makes sure the service is well run.''

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

● People's relatives were invited to complete satisfaction surveys every six months. The results of these were analysed and the provider acted where improvements were needed. The most recent survey results showed

relatives were happy with the service. Where they had made suggestions for improvement these had been put in place.

● People's individual cultural, religious and identity needs were recognised and respected. They had opportunities to engage with people from their community groups who visited the service. The registered manager made sure staff understood people's different needs and respected these.

Continuous learning and improving care

● The provider continually improved and developed the service. They responded to feedback from others, such as visitors and following inspections by CQC. For example, during this inspection visit we commented where some improvements would be beneficial, such as recording around medicines management. Immediately after the visit, the registered manager developed and updated records and asked for our feedback to know whether these could be improved further.

● The staff undertook a range of audits and checks at the service to make sure people were safe and well cared for. Where concerns were identified improvements had been made.

● The registered manager was in the process of developing electronic care plans and had updated other systems and processes. They had also researched different equipment designed for people living with the experience of dementia and were in the process of purchasing this.

Working in partnership with others

● The registered manager and staff worked closely with other professionals and families to make sure people's needs were met. We spoke with a visiting healthcare professional who told us the registered manager was very responsive and followed up on any recommendations they made. They said, ''People are well cared for by kind and caring staff, there is good team work and they have played a part in preventing people from falling.''