

Carol Ann Daker

Swan Hill House Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 25 August 2016 and was unannounced.

Swan Hill House is registered to provide accommodation with personal care for up to a maximum of 28 people. There were 28 people living at the home on the day of our inspection. The home is situated close to Shrewsbury town centre and offers easy accessibility into the town.

There was a registered manager in post who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the home as staff were always available to support them when needed. The registered manager monitored staffing levels and adapted these in line with changes in people's needs. People were supported in a calm and unrushed manner.

Staff had received training on how to keep people safe and knew how to recognise the different signs of abuse. They knew how to protect people from further harm and who to report concerns to. The registered manager followed safe recruitment procedures to ensure staff were suitable to work with people living at the home.

Staff were aware of the risks associated with people's needs and took action to minimise these without restricting them from doing things they enjoyed doing.

People received support to take their medicine when needed and accurate records were maintained. Staff monitored people's health and arranged health care appointments as and when required.

People were confident that staff had the skills and knowledge to meet their individual needs. Staff felt well supported and received training that was relevant to their role and to further their development.

Staff sought people's consent before supporting them. Staff provided information to people in a way they could understand to enable to make informed decisions about their care and treatment. Where people were unable to make certain decisions for themselves these had been made in their best interest by people who knew them well.

People were impressed by the choice and quality of food provided. Where required people received support to eat their meals independently.

Staff treated people with kindness and compassion. People were offered choice and felt listened to. Staff

promoted people's dignity and independence. Staff spoke with and about people with respect.

People's needs were assessed prior to moving into the home and reviewed at regular intervals to ensure they reflected their needs and preferences. People were encouraged to follow their interests and could spend their time as they liked.

People felt able to talk to staff or management if they had any concerns or complaints and were confident that these would be dealt with promptly.

There was an open and honest culture at the home where people and staff were encouraged, and felt comfortable, to express their views. The registered manager promoted excellent care standards and led by example. Staff were proud to work at the home and felt valued. The registered manager carried out a range of checks to monitor the quality and safety of the service and used their findings to make necessary improvements.

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.

People were protected from harm as staff knew how to recognise the signs of abuse and how to report concerns. People felt safe as there were always enough staff to meet their needs. Staff were aware of the risks associated with people's needs and how to minimise these. People were supported to take their medicines when required to promote good health.

Is the service effective?

Good ●

The service was effective.

People were confident that staff had the knowledge and skills to meet their individual needs. Staff received training and support that was relevant to their roles. People were impressed with the choice and quality of food provided. Staff provided information to people in a way they could understand to enable them to make their own decisions. People were supported to see health care professionals as and when required.

Is the service caring?

Good ●

The service was caring.

Staff provided support to people in a kind and compassionate way. Staff spoke with and about people with respect. Staff promoted people's independence and dignity. People were given choice and felt listened to.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that reflected their needs and preferences. People were able to spend time as they wished and encouraged to maintain their links with friends and relatives. People felt able to raise any concerns they had and were confident that these would be dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

There was an open and honest culture at the service where people and staff were encouraged and felt comfortable to express their views. The registered manager promoted excellent care and led by example. Staff were proud to work at the home and felt valued. The registered manager carried out a range of checks to monitor the quality of the service and used feedback to drive improvements.

Swan Hill House Residential Home

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 was planned to check 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.

This inspection took place on 25 August 2016 and was unannounced. The inspection was conducted by one 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection. On the day of the inspection we spent time observing how staff supported people and how they interacted with them.

During the inspection we spoke with nine people who lived at their home. We spoke with seven staff which included the registered manager, the head of care, one senior care staff member, two care staff, a hospitality staff member and the administration manager. We also spoke with a visiting health care professional. We viewed two records which related to the assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, accident reports and recruitment records.

Is the service safe?

Our findings

Every person we spoke with told us they felt safe living at the home and with the support provided. One person told us, "Yes I am safe of course I am. Why wouldn't I be when there's so many lovely carers here to help me if I need them. I want for nothing, night or day." They went on to say, "I have company all the time and someone to make sure I am safe here, but still have a bit of independence." Another person said, "There's always someone around to help me if I want them. If I ring my buzzer they are here in the blink of an eye." People also felt their belongings were secure as they had lockable safes in their room and could have a key to lock their room as well.

People told us that staff talked to them about keeping safe and how to minimise risks. One person told us they could go out when they liked but just needed to tell staff when they would be back. They said, "I tell them [Staff] when I'm going out that is what is important." They showed us a device they wore which allowed staff to contact or locate them to check they were ok if they had not returned at the planned time. This allowed the person the freedom they desired while maintaining their safety. Another person told us they liked to go out each day and were reassured that staff would come to their assistance if required. They explained that staff had put the telephone number of the home as a speed dial into their mobile telephone. They said when they had used this facility to call staff they had responded straight away. Staff told us a number of people liked to access the town independently and were encouraged to do so. In order to maintain people's safety staff told us they were responsible for keeping up to date with changes in people's needs and reporting any changes they identified. One staff member said, "We ensure we know their care plans, to know what they are capable of, especially mobility. If they need two staff ensure that two staff support them." Another staff member said, "We all have to observe. If someone's mobility changes it is like an alarm in your head. We all need to note changes."

All of the staff we spoke with were knowledgeable about the different signs of abuse and were clear what action they would take if they witnessed or became aware of abuse taking place. One staff member told us, "I would report any concerns straight away to [Registered manager's name]. The registered manager told us they reported concerns of abuse to the local authority and followed any instructions they gave. Where concerns had been raised we saw that these had been investigated and measures put in place to prevent further harm or abuse.

Staff told us and we saw that they had access to risk assessments which detailed the risks associated with people's needs and how to minimise these. These included risk assessments of mobility, skin care and nutrition. In addition to these staff told us they kept a look out for any environmental hazards such as clutter. They said a lot of people liked to carry bags and other items around with them and they supported them to do this safely. Staff also ensured that equipment was kept in good order and regularly serviced. People were able to use the passenger lift or the stair lift to travel between floors if they were unable to climb the stairs. Staff told us and we saw that there were risk assessments in place which deemed which was the safest way for people to get up and down stairs. We saw that staff supported people to move around the home safely with the appropriate equipment.

One person told us they had recently had a fall accessing the toilet during the night. As a result they now called staff for help during the night. They said, "Now when I need the loo in the night I press my buzzer, see here, and the girls come in a flash. They stay here until I've been and make sure I'm safe and back in bed." Staff demonstrated they would take appropriate action in the event of an accident. They told us they would initially ensure people's safety and check for any injuries. They would evaluate whether people required medical attention and arrange an ambulance if necessary. Staff then completed an accident report and give this to the registered manager to oversee. Records we looked at confirmed this. The registered manager told us they analysed the forms to see if procedures had been followed and took action to prevent reoccurrence.

People told us there were always plenty of staff on shift who were prompt to respond to their request for support. One person told us, "Yes there are always plenty of staff around and nothing is too much trouble." Another person said, "Yes there's always enough staff, even at the weekend, which didn't happen where I was before. Never had a problem at all. They [Staff] are all very kind and so gentle." The registered manager told us they monitored people's dependency levels and worked with other professionals to ensure people got the level of support they required. When people's needs increased staffing was adapted accordingly taking into account the skill mix as well as staffing levels.

Safe recruitment procedures were in place to ensure that prospective new staff were suitable and safe to work with people living at the home. Staff told us the provider ensured that two references were provided and that disclosure and barring service (DBS) checks were completed before they started work at the home. The DBS helps employers make safe recruitment decisions and prevent unsuitable prospective employees working with people.

People received support to take their medicines when they needed them. One person said, "I only take one tablet in the morning. The girls come same time every morning just after breakfast, around 9am and I have it in a little pot. They give me a drink, check I've had it and off they go." Another person told us that staff supported them with their medicines and told them what each of their medicines were for. They were able to have pain relief when needed, They said, "I have some tablets for pain if I get it. I have arthritis. But I only take them if I need them. If I ask or buzz for them the girls give them to me straight away. Even in the night." Only staff who had received training to administer medicine safely did so. Staff received regular competency assessments to ensure the ongoing safe management of medicines. We saw that medicines were stored safely and accurate records were maintained.

Is the service effective?

Our findings

People we spoke with were confident that staff had the necessary training and skills to meet their individual needs. One person told us, "I have nothing but praise for the staff. There's always plenty of them and they treat me like a real person. Yes I am sure they are competent and well trained. How else could they care for someone like me." Another person said, "Yes they are very well trained. They are always doing some training or other. You hear them chatting about it."

Staff we spoke with said they were actively encouraged to develop their skills and knowledge. One staff member told us the registered manager wanted them to undertake training on Parkinsons' disease as this would benefit people who lived at the home with this condition. They went on to tell us, "Anytime you want training, just ask and you can do it." Another staff member said, "Training made me more confident in what I do." They explained that the manual handling training they had undertaken had taught them not to lift. Instead it had shown them how to help people help themselves. They found this helped people maintain their independence. For example, one person had suffered a fall and lost confidence. Staff had encouraged and shown them how to do things in a different way. They said they were pleased to find the person had made good progress. The registered manager showed us they completed a training and knowledge assessment with staff to establish their knowledge base and areas of development. New staff who had not had experience of working in care were supported to undertake the care certificate. The care certificate is a nationally recognised award which raises staff awareness of the standards in care that expected of them.

Staff had regular one to one meetings with their seniors. They found this a supportive environment to discuss both work related and personal matters. They were able to reflect on their practice and identify areas that they wanted to develop. The registered manager operated an open door policy where staff were able to approach them at any time to gain guidance or support.

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 told us and we saw that staff always sought their consent before supporting them. Staff understood that people should be provided with support to make informed choices about their care and support needs. Each staff member respected people's right to decline support and returned at a later time when requested. Where people were unable to make decisions for themselves we saw that these were made in their best interest by people who knew them well.

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. The application procedures for this in care homes and hospitals are 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 were being met. There was no one subject to a DoLS at the time of our inspection. However the registered manager was aware that this should be considered should people's mental capacity to make decisions

deteriorate. They confirmed that staff had received training and were prepared for this eventuality.

Each person we spoke with told us they enjoyed the food. They were offered a choice of food and drinks and could choose alternatives if they did not like what was on offer. One person said, "The food here is second to none. They have some lovely food and there is always a choice of main and pudding in the evening and of breakfasts." When asked if they liked their meal one person said, "Yes I enjoyed it. That was lovely but the food is always lovely in this hotel." We saw staff offered people a choice of what they wanted to eat and drink and checked whether they had enough to eat. We saw that some people chose to have second helpings. Some people required adapted crockery and this was provided to enable them to eat independently. Where required people were discreetly supported to cut up their food. We saw that people were offered a choice of sherry or a non-alcoholic drink as a pre-lunch appetiser. Napkins were provided and we saw that some people were asked if they would like to wear additional aprons to protect their clothing. Throughout the day drinks were in plentiful supply. People were offered a choice of hot or cold drinks and homemade cakes or biscuits. Fruit was readily available and all people had their own fridges in their own rooms for personal snacks or other drinks and meals of their choice.

Lunch was a sociable event where there was an atmosphere of fun in the room. Staff laughed and joked with people and each other. People were asked who they wished to sit with and it was evident that many had established friendship groups. They sat in threes or fours and chatted cheerfully and animatedly whilst they waited to be served. After lunch many people stayed and chatted at the tables and staff were careful not to interrupt them. One staff member told us that the registered manager would be unhappy if people were made to feel that they had to rush and leave because staff were clearing away.

People we spoke with confirmed that they had regular check-ups with the doctor, dentist, optician and chiropodist. One person said, "If I feel a bit unwell, the staff will ring the doctor. Sometimes they come out or speak with me on the phone. Our doctor is brilliant and the girls are very good at keeping an eye on us all." Another person had recently had a fall and staff had called for an ambulance to check them over. The person said, "They [Staff] are wonderful and always ask how we are feeling. All the time. Every time they come into my room. They get the doctor straight away if they are worried. I'm much better now. Nothings too much trouble for them. They are golden." People were also supported to attend hospital as and when required. One person said, "They take me for my hospital check-ups when it comes around. They are very good." Staff confirmed that people had varying levels of health and were supported at the home for as long as possible. They felt they had good links with professionals who attended the home and drew on their experience and guidance to meet people's needs. This was confirmed by a visiting health care professional who told us staff made appropriate referrals and followed any guidance they gave them. The registered manager told us they employed their own physiotherapist for two to three hours per week. They provided staff with exercises to complete with people to promote their health and wellbeing.

Is the service caring?

Our findings

People told us that staff were kind and compassionate. One person said, "They're [Staff] absolutely brilliant. They're so very kind and yes always respectful. They've always been very good to me. I don't know what I'd do without them to be honest." Another person told us, "It's brilliant here. The girls are wonderful. Yes very respectful. So wonderful and so kind to me. If I am a bit down they sit with me in my room for a chat."

Staff demonstrated they knew people very well and had formed effective relationships with them. One person told us, "If I'm in my room the girls are always popping in. The staff are amazing here." Another person joked with staff and playfully took their time as they helped them move. There was lots of laughter between the person and staff member but the transfer took place safely into their chosen seat. We saw a staff member sat with a person and patiently listened as the person told them about their shopping trip that morning. They looked at the items they had bought and discussed where they had bought them. The staff member recognised the person had difficulty remembering where they had bought some items. They prompted the person in a respectful manner by showing them visual prompts and suggesting where they might have bought them. They enthused the person about the smell of toiletries and other items they had bought.

People were offered choice about how they wanted their care to be provided and felt listened to. One person told us, "Some mornings I like to lie in and will have a late breakfast. The girls bring my meal in on a tray. They ask me when they pop in first thing what I fancy doing." They went on to explain when it was nice weather they liked to eat their meals out on the veranda. Another person said, "You couldn't ask for better care, better food or better choices, anywhere. We have some really lovely food. I have and do what I please. Sometimes I eat in my room, sometimes the dining room. I decide on the day." Staff told us they recognised people as individuals and treated them as so. They always offered people choice about how they wanted to be supported and respected the choices they made. Where people had difficulty verbalising their choices staff showed them points of reference such as different clothes items to allow them to point or indicate their choice. We saw that staff promoted effective communication by positioning themselves at eye level with people when speaking with them. They ensured people had heard and understood what had been said.

People told us that staff treated them with dignity and respect. One person said, "They have had a lot of training about treating people with dignity and about caring. That's clear anyway because they know exactly what to do to help me and care for me properly." Staff were mindful of people's dignity especially when providing personal care. One staff member told us they asked people if they wanted them to remain in the bathroom with them or wait outside. Another staff member told us they ensured that screens were drawn in shared rooms to ensure people's privacy. They said, "Treat them as you would want to be treated yourself." We saw that people were supported in a discreet and respectful manner. Staff always greeted people by their preferred name and spoke with and about them in a respectful manner.

One person told us "I've never had a problem of carers not doing something or doing too much for me. If I want something I have no problem in asking staff. When I ask they will help me." They explained it was

important them to maintain their independence and staff respected this. Staff told us they supported people to remain as independent as possible in order to promote their self- esteem and sense of wellbeing. Where people were able to do things for themselves this was promoted. For example, they gave people a flannel to wash the areas they could reach and only helped out where they needed to.

Is the service responsive?

Our findings

People told us that staff and management regularly asked them for their views about their care and support to ensure it met their requirements and preferences. One person told us, "We have meetings to look at our care needs every few months as well, so there is a lot of opportunities to put things right if it needs to be. It's lovely here though. I have no worries at all." Another person said, "Oh yes, they always listen to what I say I want. They are so kind. We are having a meeting soon. You know, one of those reviews. We do them from time to time to make sure nothing has changed and I am still happy." The registered manager told us they assessed people's needs and encouraged people to visit the home before they moved in. People entered the home on a trial basis and their needs were reviewed within the first month to ensure that they were able to continue to meet their needs and expectations. Once people became permanent residents their needs were reviewed on a regular basis to ensure that staff were aware and provided the appropriate support.

People felt that staff knew them well and were aware of their preferences. One person said, "You can tell they [Staff] know their stuff. How would they know how to help me otherwise. I can't thank them enough for the difference they have made to my life." Staff told us they referred to people's care plans and spoke with them to get to know how they liked things to be done. One staff member told us three people preferred to be supported by female staff only and their choice was respected. We saw that staff were familiar with people and were able to respond quickly to any changes in their needs. When one person became anxious, a staff member was quick to respond. They provided reassurance by speaking with them in a calm manner and by holding their hand.

People told us they were able to spend their time as they wished. One person said, "I like to go out every morning, into town for a coffee, to meet up with old friends and do a bit of shopping." Another person told us, "I have the freedom to come and go as I like." We saw that several people went into town at different times during the day. Some were able to walk into town while other people used their motorised scooters to take them.

The home was a hive of activity where people had opportunities to partake in a variety of events and pastimes. One person said, "There are lots of things to do here in Swan Hill House if you like that sort of thing, bingo, entertainers, music and movement and things like that. We have a scrabble club which I enjoy and a couple of us used to play bridge at a club so we still do that ourselves here." They went on to say, "You are free to do as much or as little 'in house' as you want. There's the gardening club, arts competitions and parties and all that but the staff just let you know and you are free to choose to do it or not. We have two activity ladies and the staff are fantastic but if you aren't that sort well they don't mind." People told us they were encouraged to continue their interests and hobbies. One person said, "I go to church twice a week. I can still get there on my own but for those that can't do that we have communion once a month. That's very good too. It means we can still do the things we like to do to do with our religion you know." A visiting health care professional told us, "There are lots and lot of activities, more than I have seen in other homes and people participate." Throughout the day we saw that people were occupied in doing things of their choosing. Some people were seen completing jigsaws or crosswords in their newspapers. Others were seen to enjoy talking with other people and staff, watching television or listening to the radio.

People we spoke with enjoyed access to large gardens and the covered veranda. The garden had raised, planted boxes, along with an extensive lawn surrounded by a low fence and gate. A staff member said, "Most of our resident's love to spend some time during the day in the garden, whatever the weather. It's safe and sheltered." There were various flower arrangements in the garden which had people's names on them. The registered manager explained that they held Annual Garden Club Awards where people were supported to plant flowers and compete in small classes. They went on to tell us friends and relatives were invited to the Annual Garden Party to share lunch and drinks and to see people being presented with their certificates.

People were encouraged to maintain contact with relatives and people who were important to them. People we spoke with told us their friends and relatives were able to visit when they wanted and were always made to feel welcome. One person said, "My [Relative] visits once a month and has a meal with me here. [Relatives' name] says it's like having an a la carte meal. But yes [Relative's name] can come whenever [Relatives' name] wants. There are no restrictions about people coming or where I go."

People felt comfortable to talk with staff or the registered manager if they had any concerns. One person told us, "If I wasn't happy with something though I'd say so." We saw that the provider had a clear complaints procedure. The registered manager recorded the nature of the complaint and action taken to address the concerns raised. They told us they took the opportunity to learn from experience and prevent reoccurrence. Records we looked at confirmed this.

Is the service well-led?

Our findings

People told they knew the registered manager and found them, and staff, easy to talk with. One person said, "The manager or deputy comes round most days to ask how we are." They went on to tell us they were nice, got things done and they could speak with them at any time. We saw that people were comfortable and relaxed in the registered manager's and staff's company and engaged in day to day conversation with them.

People we talked with spoke of a warm and friendly atmosphere at the home. One person told us, "It's very peaceful and quiet. My daughters are very happy I'm here and comfortably looked after." Another person was complementary about the amenities and likened the home to a hotel service.

Staff were proud to work at the home and felt it was a nice place to work. One staff member said, "This is one of the good homes. It has got a homely atmosphere." Another staff member said they were always having a laugh and a joke with people and other staff. They liked working at the home and said it was like 'one big happy family'.

The registered manager told us their vision was for people to have the best possible care they could provide. They placed an emphasis on promoting people's dignity and felt supporting them to maintain their independence was central to this. This was a vision shared by staff who were motivated to provide good quality care. One staff member told us they took job satisfaction from doing a good job. They said, "When I leave I know I have done the best I can do." Another staff member told us they thoroughly enjoyed the job and wanted the best for people. A visiting health care professional felt that the home was well run and that communication with staff was good.

People we spoke with told us they were asked their views and opinions on the quality of the service. One person told us, "We have a questionnaire to fill in each year. A quality one but you can talk to all of them. There is never any problem about talking to them about anything." Another person said, "Oh yes, they [Staff] talk to us and [Registered manager's name] sends us questionnaires about what we like and don't. Every year in fact." People explained that they did not have and were not in favour of big meetings. They much preferred to discuss their views during care plan reviews or with staff as issues arose. The registered manager showed us that they took part in and came eighth in Care home reviews Top 20 Recommended Care Homes West Midlands 2015. They told us they used feedback from both their questionnaires and the Care home reviews to develop their practice. Where any issues arose they took immediate action to address them. Records we looked at confirmed this.

There was a clear management structure in place. The registered manager was also the owner they were visible in the service and played an active part in managing it. There was a head of care that managed the day to day running of the home and they were supported by a deputy and senior care staff. Staff were clear about their roles and responsibilities and took reassurance from working in a supportive team. One staff member told us, "We have a good team, any problems we can solve pretty quick." They went on to tell us staff were very helpful and had shown them the way to do things when they were not sure. Another staff member said, "I think we are a very good team. We can go to [Registered manager's name] if I have any concerns or issues they are very supportive." We all support each other. We all 'muck' in when something

needs to be done." Staff told us they had regular meetings at which they were encouraged to participate and put their views forward. They felt they were valued and listened to. For example, one staff member told us they had requested a rail for someone who had mobility problems. They said the manager arranged for a rail to be fitted to enable the person to pull themselves up and thus maintain their independence.

The registered manager carried out a variety of checks to monitor the quality and safety of the service. These included medicine, care plan and environmental audits. They used their findings to make the necessary improvements. They promoted an open and honest culture. They felt that this worked as staff had reported poor practice when they witnessed it. In addition to this they monitored staff practice by working alongside them on a variety of shifts including evenings and weekends. Staff felt the registered manager led by example and expected staff to provide a high standard of care. One staff member said, "[Registered manager's name] holds a tight reign." They went on to explain that they wanted the best for people and therefore they were vigilant that staff provided good quality care. Another staff member agreed and told us that the registered manager had a 'good heart'. The registered manager told us they sought continual improvement and kept abreast of good practice through contact with the local colleges. They also used Shropshire Partners in Care (SPIC), professional journals and websites such as Social Care Institute for Excellence. They employed an independent training agency to deliver face to face training as they found this most effective for staff learning.

The registered manager promoted links with the local community. Where able, people were encouraged to go into the nearby town. Pupils from a local school visited each week and spent time socialising with people at the home. Holy communion was facilitated by a local church each month. The home had also participated in the National Care Home Open Day as well as having garden parties and various entertainers visit the home.