

# ASHA Healthcare (Sutton in Ashfield) Limited

## Forest Manor Care Home

### Inspection report

Mansfield Road  
Sutton In Ashfield  
Nottinghamshire  
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Tel: 01623442999

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Forest Manor Care Home is registered to provide accommodation and nursing for a maximum of 40 people and people living with dementia in one adapted building. There were 39 people living at the service and one person was in hospital on the day of our inspection visit.

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

People received exceptional care that consistently showed how staff went above and beyond in providing people with excellent individualised care. Staff understood what was important for people and they were innovative in their approach, commitment and compassion in making a difference to people. This had impacted on people achieving positive outcomes. Feedback from people, relatives, friends and external professionals was consistently positive and highly complementary about the care and approach of staff and the leadership of the registered manager.

People received safe care and treatment from staff who knew and understood their needs, including how to manage and reduce known risks. Incidents and accidents were analysed and lessons learnt were shared with the staff team to reduce further risks. Staff protected people from abuse and avoidable harm. The provider ensured staff completed regular training in safeguarding, health and safety including clinical needs. Staff were deployed effectively and staffing was flexible to meet people's dependency needs. Safe recruitment procedures were used when new staff were appointed. Medicines were managed in line with national best practice and people received their proscribed medicines when they needed. Infection control measures were followed to reduce the risk of infection and cross contamination.

Staff received an induction and ongoing training and development. Recognised assessment tools were used to assess and monitor people's care needs. People were supported with their nutritional and hydration needs, and staff worked well with external professionals in managing and monitoring health conditions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received a responsive service that met their individual needs. People's diverse needs, preferences and social history was assessed and care plans provided staff with guidance. People received opportunities of social activities and community involvement. Complaints and concerns had been acted upon and investigated in a timely manner. End of life care was discussed and planned with people and their relative or representative. Positive feedback had been received about the staff's approach to end of life care.

The registered manager was an inspirational leader, who was extremely caring and compassionate and strived to continually provide people with the very best care which was personalised. The culture of the service was open and transparent. The registered manager actively engaged and had developed a positive relationship with the community and external professionals. They continually developed their own learning

and shared this with the staff. The systems and processes were effective in monitoring quality and safety and there was good oversight and accountability of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 18 January 2017).

#### 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?

Outstanding ☆

The service was exceptionally 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

# Forest Manor Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Forest Manor Care Home 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

The inspection was announced. We gave the provider 48 hours notice of this inspection. This was due to a technical error by the commission which occurred following the previous inspection in July 2019.

#### What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked commissioners for their feedback about the service. At the time of the inspection, we had not asked the provider to complete their Provider Information Return (PIR). 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. However, we gave the provider the opportunity to

share any information they wished and this was included in this inspection.

#### During the inspection

As part of this inspection, we spent time with people who used the service talking with them and observing support. We also used 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. We spoke with seven people who used the service and six visiting relatives or friends of people living at the service. We spoke with the registered manager, a nurse, five care workers, the cook, housekeeper and activity coordinator. We reviewed a range of records. This included in part nine people's care records. We looked at three staff files. We reviewed a variety of records relating to the management of the service, including accidents and incidents, numerous medicine records, audits, staff training and checks on health and safety.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to resident and staff meetings and the current action plan. This information was included in the inspection.

# 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; Learning lessons when things go wrong

- People told us they felt safe living at Forest Manor Care Home. A person said, "I feel safe here. They [staff] look out for me."
- Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Staff had received safeguarding training and had a safeguarding policy to support their practice.
- Safeguarding information was on display that informed people of how to report any safeguarding concerns.
- Safeguarding's, accidents or incidents were reviewed by the registered manager to consider what lessons could be learnt to reduce further reoccurrence. Action was taken such as referrals to community falls team. Learning points were also discussed with staff in daily handover meetings.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs were assessed, planned and monitored. Guidance for staff of how to support people to manage known risks were detailed and regularly reviewed, to ensure information reflected people's current care needs. Staff understood potential risks and how to mitigate them. We noted a person did not have a risk assessment or care plan about how to provide care for a particular health condition. A nurse completed this documentation immediately.
- People told us they were involved in discussions about how risks were managed. Two people told us how they chose to spend the majority of time in their bedroom. Staff were attentive and regularly checked to see how they were and they had what they needed.
- The environment including equipment and fire safety were regularly checked for health and safety. Staff had received training in fire safety, first aid and health and safety.

Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and safety. People's dependency needs were assessed and used to determine the staffing levels required. Staffing increased if needed to support people on appointments or activities.
- People, relatives, staff and visiting professionals were positive about staffing levels. We were told there were always staff available who responded quickly. Staff were also described as being competent and knowledgeable about people's needs. A relative said, "The staff are very attentive."
- Recruitment checks were completed before staff commenced, to ensure they were suitable to care for people. This included checks on criminal records, identity, work experience and references.

Using medicines safely

- People received their prescribed medicines safely and medicines were ordered, stored and managed in accordance with national best practice guidance. Staff had completed training in medicines management and administration.
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. We did note one person's protocol for 'as required' medicines required additional information. A nurse took immediate action and addressed this.
- People confirmed they received their prescribed medicines when they needed.
- The registered manager told us of the work they had recently introduced, to support people's to be more aware of the medicines they were prescribed.

#### Preventing and controlling infection

- Staff had received training in infection control and food hygiene and followed national best practice guidance in the prevention and control of infections. The service was visibly clean and free of malodour.
- People told us the environment was clean. A person said, "My room is kept clean and tidy just how I like it."



# 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

- Before people moved to the service, they had a comprehensive assessment completed of their individual needs to ensure their needs could be effectively met.
- This included people's diverse needs and included any protected characteristics under the Equality Act 2010. This was important to ensure people did not experience any form of discrimination.
- Staff and registered manager had good knowledge of regulations and standards that underpin their work.

Staff support: induction, training, skills and experience

- The provider ensured staff received an induction when they started and ongoing training in the care and treatment needs of people using the service. A competency framework for nurses had recently been introduced. This ensured they continued to meet the requirements of their registration with the Nursing and Midwifery Council.
- Staff told us they received regular opportunities to discuss their work, training and development needs. Comments included, "Training is good quality. We learn a lot." " Supervision and appraisals are regular. We feel listened to and get time to discuss any concerns."
- People, relatives and external professionals spoke highly of the competency, skills and approach of staff. A person said, "The staff are very good to me and know me well. The manager comes and sees me and asked if I'm okay."

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

- People's individual dietary and nutritional needs had been assessed and their intake and hydration monitored. Staff had detailed guidance about people's individual needs and preferences.
- People received enough to eat and drink. We saw people received a choice of meals, drinks and snacks throughout the day. Where people required staff support, this was provided respectfully. Staff were patient, encouraged independence and were unrushed creating a relaxed and pleasant mealtime experience for people.

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

- The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's needs.
- Positive feedback was received from health care professionals in how staff worked with them in meeting people's health care needs.

- Staff supported people with their health conditions. Regular assessments and daily monitoring were completed, and action was taken quickly when people's health needs changed.
- People were supported to maintain good physical health in areas such as skin and oral health care.

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

- The environment met people's needs. The environment was bright, and the use of signage supported people to orientate around the service.
- The decoration and furnishings included memorabilia, to encourage opportunities for people to reminisce and recall times gone by.

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.

- Staff had a good understanding of the principles of MCA and DoLS.
- Care records showed how conditions attached to authorisations were being met. We did note that best interest decision documentation, did not always record all the required information to show how and why the decision had been made. We discussed this with a nurse and registered manager who took immediate action to make improvements.

# 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 Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person-centred culture at the service. We received consistent excellent feedback from relatives and external professionals about the quality of care provided. A relative told us about the care of their relation who had lived at another service. They compared both experiences and told us care at the service without exception, was significantly better. They said, "Everything is working so well, the staff are exceptionally caring. I've just sent a photo of [relation] to a family member and they were overjoyed how well they look." Relatives told us how all the staff showed great interest in people and they were aware how they would out of choice, support people with activities on their days off. A relative said, "The staff are so very caring and kind."
- A health care professional told us, "It's the type of home that should I need a nursing home, I would want to go to. I would wholeheartedly endorse them."
- People received exceptional care that consistently showed how staff went above and beyond in providing people with excellent individualised care. For example, a person who had been in the paratroopers was supported to attend the civic centre wearing their beret and medals during armistice. A staff member said, "[Name] doesn't communicate much. The brass band started and they started to conduct it. We marched with the parade. We sang an army marching band song and they joined in. They haven't spoken sentences for about eight years."
- Staff were respectful and showed great empathy in taking time to understand people's diverse needs. The approach of staff demonstrated a real understanding and willingness to support people with activities and opportunities that were important to them. For example, the activity coordinator said, "We discovered one of our residents used to swim for the county. During a conversation they said they would love to be able to get into a pool again. We arranged this and the person has been several times."
- Staff's approach to dementia care had been recognised by the local authority who had awarded the service with their Dementia Quality Mark. This was for the high standard of care provided to people living with dementia. We saw how staff supported people living with dementia at times of heightened anxiety. Staff were seen to use good diversional strategies, effective communication and listening skills. They showed great empathy in their approach. This had a positive impact on people who soon became relaxed and calm.
- There were many examples of people experiencing individualised positive outcomes due to the caring approach, sensitivity and thoughtfulness of staff. For example, the housekeeper told us, "When I'm cleaning I swap photos around so people have a different view point from their bed." The activity coordinator told us, "We got a dresser that we were doing up. The handyman could have repainted it all. But the residents did it instead. We had the drawers spread all over the lounge. They were beaver away with sandpaper. The

men loved having that old role again. So what if it's not perfect. They did it."

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

- All decision making centred around people. People were involved as fully as possible in their care. People told us they felt involved, listened to and valued. A person said, "I'm content, I feel the staff know and understand me, I've seen my care plans, yes, I feel involved in my care and if I didn't I would say so." Relatives and friends told us they felt completely involved in their relation's care. A relative said, "We have really good communication with the manager and staff. Staff are all really knowledgeable and answer any questions. I feel they try and involve [relation] as much as possible."
- Staff told us about how they supported a person whose first language was not English. A staff member said, "[Name] has a different first language and can be confused. We talk and use Makaton (a form of sign language) and flash cards. We are taught how to communicate with the person during our induction. So when we start, we know we can communicate with them." The registered manager told us how they arranged an interpreter to attend review meetings to support the person. A staff member whose first language was the same also provided additional support.
- Independent advocacy information had also been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service. People, relatives and external professionals spoke positively how staff provided care that was consistently respectful, dignified and promoted independence. A relative said, "Staff are very respectful, very kind. They are thoughtful and understand what's important to people, for [Name] this is how they look. The staff always make sure they look lovely."
- Another relative said, "I believe [Name] is still here because of the caring approach of staff. When we visit it feels like it's their home, it's brilliant."

# 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 and relatives were complimentary about the care provided. People told us they had a choice of how they spent this time, including preferences of morning, night and personal care routines. People's diverse needs in relation to their religion was known and understood by staff. People received pastoral care and support.
- Positive feedback from external professionals included, "The manager is very hands on, she has excellent knowledge of her residents and makes every effort to address their individual needs. A great example is that she once had a resident who was quite low in mood and unwilling to engage in activities. They found out that the person liked tropical fish and she bought a virtual reality headset which they could use to swim with tropical fish."
- The registered manager had a positive, creative and person-centred approach in enabling people to be in control whilst promoting their independence. An example of this was how changes had been made to the environment of a person's bedroom. This included changes to the flooring, re-positioning of furniture and hand rails being fitted.
- Staff were very knowledgeable about individual people and we saw positive interaction with people. Staff were attentive, caring, discreet and sensitive in the support provided. It was clear staff had formed positive, warm relationships with people and relatives.

Meeting people's communication needs

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

- People's individual communication and sensory needs had been assessed and staff had detailed information of how to support people's communication and sensory needs effectively. Staff gave good examples of how they met people's communication needs, clearly demonstrating they respected and acted upon people's different sensory needs. The staff also used prompt cards to support some people's communication needs.
- Staff had received training in promoting effective communication with individuals with sensory loss. One staff member had completed a Makaton sign language course to further develop their communication skills.
- Information had been presented in formats that effectively supported people's communication needs. This included easy read quality assurance questionnaires. The service users guide and complaints policy was also available in large print.

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's interests, hobbies and what was important to them was known and understood by staff. Great care had been taken to find out about people's social history and past times.
- People had individual activity plans that reflected their personal preferences and choices. This included community activities and opportunities. This enhanced people's well-being and reduced the risk of self-isolation.
- People were supported to maintain contact with family and friends. Celebrations and events were organised. An example of this was the celebration of Valentine's day where people had a special lunch shared with their loved one. A monthly newsletter was made available to inform people of special events and occasions, this also gave people an opportunity to remember the times they had enjoyed.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaint procedure. People and relatives told us they felt confident to raise any concerns or complaints and were confident the registered manager would be responsive.
- The management team had a positive approach to complaints and had developed a system that enabled them to analyse any received complaints regularly. The complaint log showed where complaints had been received, these had been investigated and responded to in line with the provider's policy.
- Any learning from complaints were shared with the staff team and included in the continuous improvement plan for the service.

End of life care and support

- People received good end of life care. When people had reached the end stage of their life, they had a nominated staff member identified on the rota to sit with them at all times. Staff also provided support to family or friends.
- We saw staff had received compliment cards from relatives thanking them for the care provided during their relations life.
- Positive feedback was received from external professionals about the end of life care provided by staff. Comments included, "I think staff give excellent palliative care when the need arises. They are often used by the hospital for patients in end of life scenarios and they help to provide great care in often difficult tight timeframes.
- Forest Manor had an accreditation for End of Life Care awarded by the Nottinghamshire NHS. Staff had completed the distance learning palliative care training. The staff had also spent a day with the undertaker at the local crematorium learning about what happens to a person after they pass away. This enabled the staff team to share their knowledge about the process with the relatives should they have any questions about cremation.
- People's religious and cultural needs and wishes had been discussed and planned with them. Staff had detailed guidance of what support people had requested. For example, two people had specific wishes and plans had been put in place to ensure staff acted upon these. This included when and where a person was to be buried.

# 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

- The registered manager had created a service where person centred care was fully embedded and sustained. There was a positive culture and the registered manager led by example. This created an open and empowering service that resulted in people receiving excellent care and achieving good outcomes. The provider said of the registered manger, "Forest Manor would not be as good as it is today if it were not for her dedication, commitment and love for her clients and staff."
- People, relatives, staff, and external professionals whole heartedly spoke very positively about the registered managers leadership and approach. The registered manager was described as being, "Brilliant, excellent, I would give them ten out of ten."
- The registered manager was an inspirational leader who with their encouragement and support, had led to several staff progressing with their career development into clinical roles. They had also developed a strong stable and dedicated staff team and continually sought development opportunities to develop their own skills.
- Carehome.co.uk is a website that enables reviews of care homes to be submitted. We reviewed this information that showed over 30 positive feedback from people about their experience of the service in the last 12/18 months.
- The registered manager's had drive and commitment to provide a service that was person centred and inclusive. They were creative in how they achieved this. For example, they had developed a pub area within the service that resembled a real bar. People were invited to name the bar and it was a place for people to socialise and develop new friendships.
- The registered manager also initiated a Tea Room project within the service, recognising not all people could or wanted to access community facilities. This included sourcing several items such as an old-style dresser, and decorations. Once the Tea Room was complete the registered manager arranged for the staff to dress as waiters and waitresses to deliver a five-star tea service to the people.

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 registered manager had a positive approach to learning and development. Where incidents had occurred, or complaints received, the registered manager investigated these and learnt from them.
- The provider had met their registration regulatory requirements of notifying CQC of events they were required to report. The provider's latest CQC inspection report was displayed at the service and on their

website.

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

- The registered manager had developed staff champion roles. These were individual staff who had additional responsibility in particular areas such as dementia care. These staff provided additional staff support and shared knowledge and learning in their area of interest. This approach recognised staff's contribution and they felt valued by the registered manager.
- The registered manager recognised staff's commitment and contribution, by rewarding them with treats.
- Staff were clear about their roles, responsibilities they worked well together, to ensure the fundamental care standards were met.
- The systems and processes that monitored quality and safety were effective and plans were in place to continually drive forward improvements. The registered manager completed a daily walkaround and had daily meetings with the heads of department to share any information or actions required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives received varied opportunities to share their experience of the service. This included opportunities to attend relative and resident meetings, completing an annual feedback questionnaire and meeting with the registered manager or nurse to discuss care and treatment plans.
- A 'You said' 'We did' board on display showed what action had been taken to feedback received. Action included how a person wished to vote in the recent parliamentary election. This person told us how they had been supported to vote which was important to them.
- The registered manager had recently completed additional equality and diversity training in Lesbian, Gay, Bisexual and Transgender. They told us how this had led them into developing a training pack for staff to upskill and support them in their role. The registered manager had a commitment to develop an inclusive service, free from discrimination, that recognised and celebrated people's differences.
- Staff told us they felt well supported and valued. They received regular opportunities to discuss their work and were confident they could raise any concerns or make suggestions.

Working in partnership with others

- The registered manager had developed positive links and networks with external professionals and the local community. Feedback from professionals working with the staff were consistently positive. This included how people's health conditions were assessed, monitored and supported, and how people's emotional and well-being needs were considered and met.
- The registered manager had developed positive networks within the community. An example of this was how a local pub had supported the development of the bar within the service. The local newspaper reported the story as the bar was officially opened by a person cutting a ribbon.
- The registered manager joined Forest Manor Care Home to the 'Nottinghamshire Well-being at Work Workplace Health Award' scheme. This project is to promote the health and wellbeing within the workforce.
- In August 2019 the registered manager arranged for a group of sixth form students to visit Forest Manor Care Home as part of their studies in relation to helping within the community. Students visited a number of care homes where they completed various tasks. At the end of the course the students were given the opportunity to reflect and nominate one care home that had taken part in the project to be presented with an award. The home of choice was Forest Manor Care Home.
- The registered manager arranged for Ashfield District Council to complete a dignity with dementia training course at Forest Manor Care Home for the staff and visitors. The registered manager invited a relative who had been diagnosed with early onset dementia to attend the training course. This person stated it was a



fantastic opportunity to express to others how being diagnosed with dementia had impacted on their life and how this made them feel.