

Royal Bay Care Homes Ltd

Forest Hill House Nursing 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

About the service

Forest Hill House Nursing Home is registered to accommodate and provide care, treatment and support for up to 36 older people. The service is split over three floors which were all accessible by stairs or a lift. There were 23 people using the service at time of inspection.

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

People told us they felt safe, supported and happy living at Forest Hill House Nursing Home. Since the last inspection improvements had been made to risk assessments and medicines management and these had improved safety. However, further development was needed to ensure they were robust. The registered manager and compliance officer worked to ensure these areas were robust during and directly following the inspection.

There was a homely, relaxed, yet vibrant atmosphere in the home. People were supported by staff who knew how to recognise and raise concerns. The systems in place meant that concerns were taken seriously and referred to the relevant agencies. The home was clean, tidy and improvements were ongoing. Staff were recruited safely, and staffing levels were kept under review. Lessons were learnt by the service and it was important to them to continually improve.

The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

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. Staff were respectful, and consent was consistently sought. People had access to healthcare professionals to support their general health needs.

People's needs were assessed, and staff had access to care plans which were person centred and involved the person. People's hobbies, wishes and desires were sought, and staff worked to achieve these for the person. People felt occupied and enjoyed the social aspects of the home. People and their relatives thought staff were kind, compassionate and caring.

People were supported to maintain contact with those important to them including family and friends. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and gave individualised care and support. The home had received praise for its quality in end of life care.

People knew how to make a complaint; the home had a complaints policy, and this was followed to people's satisfaction. The registered manager recognised it was their duty to be open, honest and apologise when things went wrong.

The management of the service was respected. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work. Staff were proud to work at Forest Hill House Nursing Home and told us they were a big family.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the service could continually improve. Audits were robust and helped identify areas for improvement and this learning was shared with staff. The home worked well with external professionals and agencies and continued to build links within the community.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 25 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

Forest Hill House Nursing 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 was carried out by one inspector.

Service and service type

Forest Hill House Nursing 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager by telephone, compliance officer, communications director, senior sister, registered nurse, nurse support lead, activities coordinators, senior health care assistant, health care assistants, head chef and kitchen assistant. We made observations of interactions between people and staff. We met with one health and social care professional who was visiting the home.

We reviewed a range of records. This included six people's care records, people's daily monitoring charts and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding records and incident forms were reviewed.

After the inspection

We spoke with the registered manager to validate evidence found and discuss immediate action plans. We received feedback from one health professional who has worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to properly assess people's health and safety risks and action had not been taken to mitigate such risks. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Risk assessments had been completed for environmental hazards within the home. However, the assessment for protecting people from harm from hot surfaces was not comprehensive enough to consider people's individual risks. This was immediately addressed during the inspection.
- Risk assessments were in place for each person for all aspects of their care and support. They were reviewed regularly and in response to people's changing needs. Staff knew the individual risks people faced.
- Assessments included instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed, what the risks were and how to reduce the risk.
- Improvements had been made to the management of medicines. However, where people were prescribed medicines they only needed to take occasionally, guidance did not give details of the individual signs and symptoms to ensure the medicine was given consistently. The registered manager sought to rectify this and made further improvements following the inspection.
- The registered manager was reviewing the medicines policy. The policy included guidance on managing people's medicines away from the home which had been an improvement completed following the previous inspection.
- The home had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had received training and had their competency assessed.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply these and how often. Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the home. Some of the comments we received were; "We are very safe here". "It's really safe here". "I feel my loved one [name] is safe". "Staff come when I

call them".

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally. Staff told us they would not hesitate to report concerns and had confidence in the registered manager to follow them up.
- Safeguarding was promoted around the home with posters and contact numbers displayed in various places including the main reception area. The registered manager reported safeguarding concerns appropriately and a health professional told us, "I do not have any concerns for anyone living here".

Learning lessons when things go wrong

- Accidents and incidents were recorded, and analysis had taken place monthly to identify trends. This was used as learning within the service.
- Learning was shared through the electronic care planning system, staff meetings and daily handovers. Staff told us they communicated well together within the home.

Staffing and recruitment

- There were enough staff on duty. The service used a dependency tool to calculate the number of staff required to meet the needs of people and this was kept under constant review. Many of the staff had long service within the home. A staff member told us, "After all these years together we are a family".
- The service had a recruitment process and checks were in place. These demonstrated that staff had the skills, knowledge and character needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.
- Registered nurses' Personal Identification Numbers (PIN) were kept under regular review to ensure they were up to date and could continue to practice. Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the service were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy.
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.
- The service had received a Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very 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.

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 home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs. This meant that people's rights were protected. However, the paperwork required more detail about the decision that was being made. We spoke with the registered manager about this who immediately sought to rectify this.
- Once MCA assessments had been carried out, and people were deemed as lacking capacity to make a particular decision, the home held best interests' meetings for people. Records showed involvement of the person, family members, professionals and the GP.
- Where people had given their family permission to make decisions on their behalf and in their best interests the correct legal paperwork was in place.
- Applications had been made under DoLS as necessary. The registered manager was working on a new system to manage DoLS paperwork and MCA assessments.
- People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines, activities and food.
- Staff had received MCA training and were able to tell us the key principles.

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

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. A member of the management or nursing team went to see each person before they

moved into the home to ensure they could meet their needs.

- People's desired outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and electronic records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, individual health conditions, oral hygiene and nutritional needs.

Staff support: induction, training, skills and experience

- The home had an induction for all new staff to follow, which included face to face and online training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us this gave them confidence and were very complimentary about the training available to them.
- Staff received training on subjects such as safeguarding, dementia, infection control and medicines. A staff member told us, "Training is brilliant, we are offered lots of training. We feel confident about it".
- Registered nurses were aware of their responsibilities to re-validate with their professional body, the NMC. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The senior sister told us the home supported them with their development.
- Staff told us they had regular supervisions and contact with the senior nurses and the registered manager. The home was supported by a long-serving staff team and they communicated together each day through handover meetings. The home had created a support and development tracker to ensure all staff had regular supervision and review sessions. Staff said they felt supported, they could ask for help if needed and felt confident to speak with all senior staff as required.

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

- People were supported to have enough to eat and drink. We received positive comments about the food including; "I've had everything, vegetable, roast, I will need to go on a diet soon", "The food is lovely" and "The food looks great". "Food is really good, they will always find you something else if you want".
- People could choose an alternative if they didn't want what was on the menu. The chef told us they have a menu, but people can choose whatever they want. There were higher calorie foods provided for those who struggled to maintain their weight.
- The chef spent time in the dining room at mealtimes, speaking to people. They told us this enabled them to get feedback from people individually about the quality and their preferences.
- The menu was displayed with photographs of the meals. Records showed input from dieticians and speech and language therapists where required.
- We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff.
- The lounge and dining room had tables laid with drinks and condiments. Food looked appetising and plentiful. People were encouraged by staff to eat their meals and have plenty of drinks. There were smaller tables and separate area's for people to enjoy their meal where they chose.

Staff working with other agencies to provide consistent, effective, timely care

- The senior sister and nurse support lead told us they worked closely with other agencies. This promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others. A professional told us staff contact them in a timely manner when needed.

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

- The home was accessed by people across three floors using the stairs or a lift. It had been adapted to

ensure people could use different areas of the home safely and as independently as possible.

- Signage around the home helped people to orientate themselves. The home had undergone redecoration and refurbishment of certain areas such as bathrooms. The compliance manager told us this was part of an ongoing plan for improving the home.
- The home had a large lounge, separate dining area, a conservatory and various smaller seating areas and a large garden for people to enjoy. There was level access to the gardens. Staff told us people used the garden most days in the warmer months.
- The home had many of the original features which contributed to the homely feel. Staff told us the home had recently made improvements to the décor. A relative told us, "The registered manager [name] has changed the look of the place for the better".
- People were encouraged to bring their own belongings and furniture into the home. Notice boards around the home displayed information and matters of interest.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors, nurses, physiotherapists and occupational therapists.
- The senior sister and nurse support lead said they worked well with all professionals and were comfortable seeking their input when needed.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff via the electronic care planning system and during handover meetings. This meant people were receiving the most up to date support to meet their health needs.
- People had access to services such as foot care, optical and dental support either outside or inside the home. A professional told us, "I advise the staff and they have taken it on board".

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 and their relatives told us staff were kind and caring. Comments included: "Staff are wonderful". "They are a lovely lot". "Staff are excellent". "Staff are lovely, always laughing and chatting". "Staff are attentive to people's needs, they reassure people".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care.
- The home had information about advocacy services if people needed support to make decisions and choices.
- The home asked people and their relatives for their views. The home displayed a, 'You said, we did' board. An example of this was that people wanted a special 'personal' area for hair, nail and foot care. The home responded by starting to transform a vacant room into a hair and nail salon. Staff told us they hoped to finish this room very soon.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We saw many respectful and compassionate interactions during the day. Records showed that staff received training in dignity. We read a comment from a satisfaction survey which said, 'The best thing about the home is you get treated as an individual'.
- People were supported to be as independent as they could be. A relative told us, "In this home they [people] are still living. I can't fault it". A person told us how impressed they were with the way the staff supported people saying, "They perform miracles".
- Records showed the home had involved people and family members in noting preferences. We observed staff supporting people to remain independent; for example, by assisting them to access the dining room, conservatory and around the home.

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 personalised care that was responsive to their needs. The registered manager and compliance officer were in the process of reviewing all care plans to develop them further. They told us, "We are working together to make improvements".
- The home used an electronic care planning system. This meant they could update people's plans immediately as soon as a change was needed. The home had introduced a, 'Client a day' system where each person, on a specific day each month, would work with staff to update their care plan.
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes. This included individual plans for specific needs such as catheter care and nutritional needs.
- Care plans and information was available to staff. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- People and their relatives were involved in their care. Reviews were held regularly or as people's health needs changed. The nurses and nurse support lead completed the reviews and people, relatives and staff were involved in these. A relative said, "I am involved in my loved one's [name] care plan".

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 communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.
- The home produced large print versions of brochures and information about the home. We observed staff communicating with people in their preferred and most effective way.

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

- The home had a programme of activities for people to enjoy. This was organised into a daily planner with additional activities for people to enjoy once a month. The activities were advertised in the home. The activities co-ordinators told us activities were always being developed as people's needs changed. The day's activities were displayed in the communal areas. This meant people were reminded about what activities were available on the day.

- Activities included; Food tasting, baking, special theme nights, carpet bowls, music for health, singers and pampering.
- People, relatives and staff told us they enjoyed the activities in the home. Some comments were; "They have put a bar up for people to enjoy". "As soon as I open the front door it's so different in here, always something going on". "They have lots of activities, there is a calendar of events".
- People were able to enjoy activities in communal areas as a group and the home also provided activities on a one to one basis for people who could not or did not want to attend the groups. The activities coordinators told us, "It's so important, it's a big part of our role".
- People were involved in creating the activities within the home. The activities co-ordinators told us, "People are always involved. When they come into the home we sit down with them and their families".

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a complaints policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the management team about any concerns.
- Records showed that complaints were dealt with within agreed timescales and to people's satisfaction.
- People were confident their concerns would be dealt with. They told us: "If I needed to I would speak to any of the senior staff". "If I had a complaint I would speak to the nursing sister in charge". "Yes, I know how to complain and would contact the registered manager [name]".

End of life care and support

- At the time of inspection, the service was not providing end of life care for anyone. The home worked with the district nurses and GP when a person required end of life support.
- Staff worked with people and their families. A member of staff told us about supporting families at this time and said, "It's so rewarding. It's so personal allowing us to look after a relative, I thank them."
- Each person had an end of life care plan. Staff worked with people to tailor the plans to their needs and wishes. An example was where the activities staff supported a person to complete their 'bucket list' and they went out for coffee's and meals. The staff told us this had meant a lot to the person.
- The service had received accreditation from a best practice scheme for their end of life care. The home had an end of life champion. This was a staff member who had a particular interest in this area and supported the home with promoting good practice. Their role was to ensure quality in end of life care and support staff through the different stages.
- The home had received compliments about their end of life care. These included; 'Thank you so much for all the love and care you gave our loved one [name]. They could not have spent their last few months in a better place and we are grateful for the support and kindness you showed us during this difficult time.' and 'I just want to say a massive thank you on behalf of my loved one [name] and myself for everything you have done. Especially these last few days for your kind words and support. I know my loved one [name] would be eternally grateful.'

Is the service well-led?

Our findings

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

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

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

At our last inspection the provider had failed to demonstrate good governance as systems in place to assess, monitor and improve the safety and quality of the service provided were not effective enough. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation.

- Improvements had been made and clear action plans were in place to improve oversight of the service and to support learning and reflection.
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. The home had completed monthly audits, such as medication, accidents, incidents and fire safety.
- The management and staff understood their roles and responsibilities. The registered manager was supported in their management role by a compliance officer and a clinical team.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

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

- Staff felt proud to work at Forest Hill House Nursing Home. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "It feels like a family and representing that is important to me". "Forest Hill has got my heart". "The company, I praise them everywhere". "It's so satisfying, they are my family".
- Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "The registered manager [name] has so much positivity, they bring a wonderful positive atmosphere". "We have a very good manager, very supportive. If you need anything [name] is there, helpful". "The registered manager [name] is lovely. Easy to talk to, goes out of their way and always around". "The registered manager [name] is amazing. Open door policy, contactable and brilliant with the residents".

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

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

- The service sought people, relatives' and professionals' feedback through questionnaires. The results of those were positive. The compliance officer told us they send these out annually.
- The home held quarterly meetings for people and their relatives called 'The residents forum'. Records showed people and their relatives were involved in the home and kept up to date. Relatives were routinely asked for their views and they told us they felt involved in the home.
- The home had regular staff meetings. Minutes showed discussions about people, updates, ideas, training and good practice reminders. Records showed good attendance by staff.
- Learning and development was important to the registered manager. They attended regular management and clinical meetings, update training and had used online guidance and publications.
- The service had good working partnerships with health and social care professionals. A health professional told us, "Staff are very approachable".
- The activities staff were continually working to involve people and the public in home events. They told us, "We do anything that engages them [people] and makes them part of this community".
- The home was keen to build on its community links and worked with a local community dementia initiative and the police to become a 'Safe Haven'. This meant the home was a registered place of safety if someone had confusion due to any form of dementia related illness.