Care Quality Commission

Larcombe Housing Association Limited

Wellesley Lodge 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?	Requires improvement

Overall summary

This inspection took place on 13 October 2015 and was unannounced. At the last inspection on 14 January 2014 we found the service was meeting the regulations we looked at.

Wellesley Lodge Residential Home provides accommodation and personal care for up to twenty one older people. The service specialises in caring for people living with dementia. At the time of our inspection there were 19 people living at the home.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The current home manager was previously the registered manager for the service up until June 2015 at which time they left and subsequently cancelled their

Summary of findings

registered manager status with CQC. However, they have since returned to the home permanently in September 2015 and we were able to check and confirm during our inspection they had submitted the appropriate registered manager application to CQC to reapply for this.

People and relatives told us people were safe at the home. Staff knew what action they needed to take to ensure people were protected if they suspected they were at risk of abuse. Risks to people's health, safety and welfare had been assessed by staff and the service had appropriate plans in place to ensure identified risks were minimised to keep people safe.

The premises and equipment was checked and maintained to ensure it was safe. Staff kept the home free from obstacles and trip hazards so people could move around safely. There were enough staff to support people in the home and to meet their needs. The provider had carried out appropriate checks to ensure they were suitable and fit to support people using the service.

Staff received appropriate training and support. They had a good understanding of people's needs and how these should be met. People and relatives said staff looked after people in a way which was kind, caring and respectful. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. Staff supported people, where appropriate, to retain as much control and independence as possible, when carrying out activities and tasks.

Staff encouraged people to stay healthy and well. People were supported to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. Staff regularly monitored people's general health and wellbeing. Where there were any issues or concerns about a person's health, staff ensured they received prompt care and attention from appropriate healthcare professionals such as the GP or dietician. People received their medicines as prescribed and these were stored safely in the home.

Care plans were in place which reflected people's needs and their individual choices and preferences for how they received care. Where people were unable to make complex decisions about their care and support, staff ensured relatives and other professionals were involved in making decisions that were in people's best interests. People were appropriately supported by staff to make decisions about their care and support needs. People's care and support needs were reviewed with them regularly.

The home was open and welcoming to visitors and relatives. People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. People and relatives said they felt comfortable raising any issues or concerns directly with staff. There were arrangements in place to deal with people's complaints and issues appropriately.

The home manager demonstrated good leadership. People, relatives and staff said they were approachable and supportive. The home manager sought people's views about how the care and support they received could be improved and made changes where these were needed. They ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs. The service used learning and good practice from reputable sources, particularly in relation to supporting people living with dementia, to continuously improve the quality of care and support people experienced.

Although there was a quality assurance system in place not all aspects of the service were routinely audited and checked. This meant the provider could not be fully assured all the systems designed to care for and support people were as effective as they should be.

The home manager had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Summary of findings

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. There were enough staff to support people with their care and support needs. The fitness and suitability of staff to work in the home was checked by the provider. Staff knew how to recognise and report any concerns they had to help protect people from abuse or harm. They ensured people received their medicines as prescribed.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the home and equipment were carried out to ensure these did not pose a risk to people.

The premises was clean, tidy and maintained to an acceptable standard. Staff kept the home free from obstacles so that it was safe to move around and knew how to keep people safe from injury and harm.

Is the service effective?

Good

The service was effective. Staff received regular training and support to ensure they could meet people's needs. The home manager knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS.

Staff supported people, where possible, to make choices and decisions on a day to day basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from other healthcare professionals, staff ensured they received this promptly.

Is the service caring?

Good

The service was caring. People and relatives said staff were caring, kind and respectful.

Staff ensured that people's dignity and right to privacy was maintained, particularly when receiving care. People were supported by staff to be as independent as they could be.

Relatives told us the provider placed no restrictions on them when visiting the home and were warmly welcomed by staff.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans reflected people's individual choices and preferences and prompted staff to ensure people retained control and independence where possible.

Summary of findings

People were supported to take part in social activities in the home and community. People were encouraged to maintain relationships with the people that were important to them. Friends and relatives were invited to take part with family members in social and celebratory events at the home.

People and relatives told us they were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints and issues appropriately.

Is the service well-led?

Some aspects of the service were not as well-led as they could be. Not all areas of the service were routinely audited and checked by the senior staff team and provider to ensure systems in place were effectively meeting required standards.

However, people, relatives and staff said the service was managed well and the home manager was approachable and supportive. People's views were sought on how the service could be improved. The home manager made changes and improvements that were needed in the home. They ensured staff were people focussed and clear about their roles and responsibilities to the people they cared for.

The service used learning and good practice from reputable sources particularly in relation to supporting people living with dementia, to continuously improve the quality of care and support people experienced.

Requires improvement

Wellesley Lodge 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 October 2015 and was unannounced. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to CQC.

During our inspection we spoke with four people who lived at the home, four visiting relatives, the home manager and four care support workers. We observed care and support in communal areas. We also looked at records which included three people's care records, four staff files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People and relatives told us the home was a safe place to be. One person said, "I have felt very safe…I've never lost anything." A relative told us, "[Family member's] been absolutely safe here." All staff had undertaken training in safeguarding adults at risk. Minutes from staff meetings showed the home manager tested staff's understanding through discussion of scenarios and situations where people may be at risk and the procedures they should take to protect them. Staff demonstrated a very good understanding of their responsibilities for safeguarding people and the actions they would take if they suspected someone was at risk. One staff member said, "I simply would not tolerate abuse." Records showed where concerns about people were raised the home manager had worked closely with other agencies to ensure people were sufficiently protected

Staff had the information they needed to ensure known risks to people's health, safety and welfare were reduced or minimised. Records showed senior staff routinely assessed and reviewed the risks posed to people within the home taking full account of their current health care conditions and needs. The information from these assessments was used to document within people's care records the actions staff must take to ensure these identified risks were minimised so that people were sufficiently protected without unduly restricting their rights. For example, where people were more susceptible to a fall due to reduced mobility, risks assessments instructed staff on one way to minimise these risks by ensuring the home was safe from obstructions and other trip hazards to enable people who could, to move independently and safely around. Each person also had their own personalised emergency evacuation plan (PEEP), which took account of their specific circumstances and needs, for how they would be evacuated in the event of an emergency such as a fire within the home.

The provider ensured the premises and equipment within the home were regularly checked and serviced to ensure they did not pose unnecessary risks to people's health, safety and welfare. Records showed there was a regular programme in place of maintenance and servicing of fire equipment, alarms, the lift, emergency lighting, call bells, water hygiene and temperatures, portable appliances, bath chairs and the gas heating system. In addition weekly checks of the environment and equipment were undertaken by a staff member responsible for maintenance within the home. People and relatives all commented the home was always kept clean by staff. From our own checks we observed the home was clean, tidy, free from malodours and maintained to an acceptable standard.

People and their relatives told us there were enough staff on duty to meet people's needs. We observed staff were visibly present in the home throughout the day. When people asked for help or assistance they did not wait long for the appropriate support from staff. Staff responded promptly to call bells. We checked the staff rota and noted this was planned in advance and took account of the level of care and support people required each day. For each shift a plan was prepared which set out how many staff were required on duty and their key duties and responsibilities during their shift. In this way senior staff ensured there were enough staff available to meet people's needs at all times.

The provider had appropriate arrangements in place to ensure staff were suitable and fit to work in the home. Records showed the provider had recruitment procedures through which they carried out employment and security checks of staff. These included obtaining evidence of identity, right to work in the UK, evidence of all relevant training undertaken, character and work references from former employers and criminal records checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. At the time of our inspection the provider was completing a programme of criminal records checks on existing staff to check they continued to be suitable to work at the service.

People and relatives told us people were supported by staff to take their prescribed medicines when they needed them. Records contained detailed and current information for staff about the medicines people had been prescribed and how, when and why these needed to be taken. Each person had their own medicines administration record (MAR) which staff had signed each time medicines had been given. Medicines were clearly labelled and in most cases with people's photograph printed on them so that the risk of staff administering them to the wrong person was minimised. We observed staff wore red tabards when administering medicines so that others were aware and they were not to be disturbed. This reduced the risk of

Good

Is the service safe?

errors being made from unnecessary interruptions and distractions. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets.

Training records showed staff had received training in safe handling and administration of medicines and this was refreshed on a regular basis. Staff understood about the safe storage, administration and management of medicines and medicines were kept safely in the home. They were stored in a locked trolley which was appropriately secured to a wall when not in use. Medicines that required cold storage were kept secure in a locked fridge. Controlled drugs were kept in a separate lockable cupboard with a separate record of these maintained by staff, as required.

Good

Is the service effective?

Our findings

People and relatives told us staff carried out their duties well. One relative said, "The staff do seem to be good at their jobs." Staff received regular and appropriate training. All staff were required to attend training in topics and subjects which the provider considered relevant to their roles. Many people at the home were living with dementia and dementia specific training was mandatory for all staff to increase their knowledge and understanding of how to support people effectively. Staff attendance on training was regularly monitored by the home manager to check that staff had completed their training as well as to identify when they were due to attend refresher courses and updates. All new staff were required to work towards attaining the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff confirmed they received regular training which they said helped them to meet the needs of people they supported. One staff member said, "I love working here…they are very good at keeping up with our training." Staff gave us good examples of how they used their learning to support people on a daily basis. One staff member told us how they used different techniques and strategies they had learned to positively support people who became disorientated or confused.

Staff were well supported by the senior staff team. They were provided opportunities to discuss their working practices, any issues or concerns they had and their learning and development needs through one to one (supervision) meetings and through more general staff team meetings. Records showed supervision meetings were focussed on staff reflecting on their practice and identifying any areas on which this could be improved. The home manager confirmed that formal supervision meetings had not taken place since May 2015 due to changes in the home management team. They confirmed these were being reintroduced and we saw evidence that some meetings had taken place in September 2015 with more planned in the coming months. Staff told us senior staff were very supportive and encouraged them to improve their own working practices through continuous learning and development.

Staff working in the home had received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The home manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

People's capacity to consent and make decisions about their care and support was assessed by senior staff and documented in their care records. People's care plans instructed staff to seek their permission wherever possible before they provided them with any care or support. We observed several situations where staff explained to people the support they wished to provide and waited for people to make a decision about whether they wanted this or not. Where people lacked capacity to make specific decisions about aspects of their care and support we were able to see some evidence that staff involved other people such as relatives and healthcare professionals to make decisions that were in people's best interests. However in one instance a 'best interests' decision about a specific aspect of care provided for one person was not formally documented. However we were able to see through other records there had been clear involvement with their relatives and their social worker for all to agree a 'best interests' decision. The home manager acknowledged for completeness this should happen in all instances so that there was a clear record of the decision making process and the outcome to ensure people's rights were not unlawfully restricted.

People were encouraged to eat and drink sufficient amounts to reduce the risks to them of malnutrition and dehydration. A relative told us, "[Family member] looks so much better and has put on a stone in weight." People's nutritional needs were assessed monthly by senior staff to identify any issues or concerns. Where people had specific dietary needs such as a soft food diet this was met when meals were prepared. Staff closely monitored people's food and fluid intake to ensure people were eating and drinking enough. Where there were concerns about an individual's intake, appropriate steps were taken to ensure people were

Good

Is the service effective?

effectively supported. For example involvement and input was sought from the relevant healthcare professionals to ensure people received appropriate dietary support and advice that met their specific needs.

People were satisfied with the food and drink they were offered. One person said, “The meals are quite good… they will do an alternative if you don’t fancy what’s on the menu.” Another person told us, “The food is good. I get choice…they do ask what I would like to eat.” We observed the lunchtime meal during our inspection. The day’s menu was displayed in pictorial format in the dining room. People had a choice of two main meals during lunch as well as a vegetarian option followed by a dessert. Meals were served hot and people were offered choices. Where people needed help from staff to eat their meals this was provided in an appropriate way. People could eat their meals where they wished and we observed some people chose to eat their meal in the main communal lounge. During the morning and afternoon people were offered tea, coffee, biscuits and cake. Water and juice was also readily available both in the lounge and in people’s rooms.

Staff supported people to keep healthy and well. They maintained daily records of the care and support provided to people and their observations about people’s general health and wellbeing. This included information about outcomes from people’s medical and health care visits and any resulting changes that were needed to their care and support. Regular health checks were carried out by staff and documented in people’s individual records. For example, people’s weights were monitored to ensure they were not losing or gaining weight that could be detrimental to their overall health and wellbeing. Staff explained how they looked for signs and changes in people's moods and behaviour that could indicate that someone may be unwell.

Staff took appropriate action when there were concerns about people’s health and wellbeing. Records showed in these instances staff ensured people received the care and support they needed from the appropriate healthcare professionals such as the GP. The GP had recently provided good feedback, through the service's stakeholder survey (September 2015), about staff’s promptness in making timely referrals to meet the needs of people. They commented positively about the support and assistance they received when visiting the home and staff’s knowledge about people’s care and support needs.

Good

Is the service caring?

Our findings

People and relatives were positive about the care and support provided by staff. They told us staff were kind, caring and respectful. One person said, "The staff are very patient, especially with those who are difficult." Another person told us, "I have the best care here…the staff are all lovely." A relative said, "The staff are so nice, very kind…[family member] is very well looked after." People's feedback about the service gained from surveys, 'residents meetings' and through review meetings of people's care and support needs also showed high levels of satisfaction with staff. The staff we spoke with were enthusiastic about their work and the people they supported. They spoke passionately about caring for people, particularly people living with dementia, and how they could support them to live a full and meaningful life in the home.

We observed a range of interactions between people and staff throughout the day of our inspection. Staff were patient, respectful and kind. For example they encouraged people to make choices about what they wanted to do and gave people the time they needed to decide. They knew people well and as a result could tell quickly what people needed or wanted. Conversations between people and staff were warm and friendly and staff listened to what people had to say without interruption or distractions. People appeared at ease and comfortable in staff's presence. When people became anxious staff acted appropriately to ease people's distress or discomfort.

People and relatives said staff treated people with dignity, respect and had a high regard for their right to privacy. One person said, "They [staff] are very kind and respectful and give me my privacy." Another person told us, "They are lovely, kind and respectful and give me privacy." People's care plans set out how these rights must be upheld by staff when providing people care and support. For example, when people received personal care staff were instructed to ensure this was always done in the privacy of their rooms and in a dignified way. We observed staff knocked on people's doors and waited for permission before entering their rooms. Staff ensured people could not be overseen or overheard when receiving support with their personal care by, for example, keeping people's doors closed. We observed people's hair, skin and nails were kept clean, neat and tidy. We noted that nail care was incorporated into the regular activities that took place at the home and people said their nails were looked after regularly. People were dressed in fresh clean clothes. A relative told us, "[Family member] always looks nice when we come."

People's personal records were kept securely within the home. Staff signed data protection and confidentially agreements when they started working at the home agreeing to protect people's confidential and sensitive information. We observed staff were careful when discussing information about people in the home. For example, during staff handover's this was done in a way that staff could not be overheard.

People who were able to walk without assistance, told us they had the freedom to move around the home as they wished. One person said, "I feel at liberty to move about. The environment is pleasant." A relative told us, "[Family member] is mobile and…is maintaining [their] independence. The staff encourage that…they allow [family member] to do as [they] please." We observed people that could, moved around the home freely.

People's friends and relatives were encouraged to, and did, regularly visit them at the home. On the day of our inspection several relatives told us there were no restrictions on them visiting the home. We observed when visitors arrived at the home they were warmly welcomed by staff.

Good

Is the service responsive?

Our findings

People and relatives told us the care and support provided was focussed on people's individual needs. Each person using the service had an individualised care plan which set out how their care and support needs should be met by staff. These were reflective of people's views and preferences for how they wished to receive care and support from staff, which indicated they, and where appropriate their relatives and representatives, had contributed to the planning of their care and support. People's care plans informed staff on how to provide this care and support and throughout these plans staff were prompted to respect peoples choices and wishes to ensure people received the support they wanted. For example where people had specific routines when they woke up or went to bed these were documented in detail including the times they liked to wake up or to go to bed and when they liked to eat breakfast or take a hot drink before going to bed.

People's care plans included guidance for staff on how to encourage people to retain as much control and independence as possible particularly when receiving support. For example, when supporting people to get ready in the morning staff were prompted to ensure people could choose their outfit for the day. Care plan's also contained information about people's specific lifestyle choices and beliefs so that these too could be met by staff. For example, some people had indicated they wished to practice their faith and staff supported them to do this by attending a local church or having appropriate faith services at the home. Staff demonstrated a good understanding of people's individual care and support needs. It was clear from speaking with staff, they knew people very well and how to support them. They told us they kept up to date and informed about people's care and support needs by reading people's care plans and through sharing information with other staff in daily shift handovers and team meetings. People's care and support needs were reviewed regularly with them by the senior staff team. Where people's needs changed their care plans were updated promptly to reflect the appropriate care and support they needed.

People were encouraged to participate in activities both in the home and community. One person said, "There seems to be enough to do here." Another person told us, "We do have trips out and I've been on them." There was a planned programme of daily activities. A large board was displayed in the home which used pictures to describe what the activities were and when they would be taking place. Throughout the day of our inspection a range of activities took place such as discussion of the day's news and current events, a general knowledge quiz and a sing along to music. Staff also sat with people on an individual basis and chatted with them about topics they were interested in. We observed staff encourage people to participate as much as they wished to in activities. The service arranged for music entertainers to visit the home to perform for people. Trips and activities in the community were also planned and arranged for people who were able to take part.

People were supported to maintain relationships with those that mattered to them. Relatives and friends were invited to participate with their family members in social events at the home such as festive occasions and fundraising events. There were good links within the community particularly with faith based organisations such as the local churches. Following the recent harvest festival, a local church donated fresh vegetables and produce for people to enjoy.

People and relatives told us they were comfortable raising any concerns or issues with staff and felt these would be dealt with appropriately. One person said, "I've never complained but I would to one of the carers if I needed to." A relative told us, "I think they would sort out anything…nothing is too much for them." Records showed no formal complaints had been received by the service for some time. We also reviewed completed annual surveys from people, their relatives and representatives and external stakeholders such as the GP and District Nurse and noted a high level of satisfaction with the care and support people experienced. However there were appropriate arrangements in place to respond to people's concerns and complaints if these should arise. The service had a complaints procedure which was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about any aspect of the service.

Requires improvement

Is the service well-led?

Our findings

Staff carried out some checks and audits within the home to monitor the quality of care and support people experienced. Regular checks were undertaken of some aspects of the service such as the general environment and premises and the management of medicines. However we noted some key aspects of the service were not routinely checked. For example there was no formal audit of infection control in the home to seek assurance that staff maintained a good standard of cleanliness and hygiene. We also identified that although the home manager had undertaken a recent fire risk assessment and updated each person's PEEP, there had been no fire drill at the home since January 2014. This meant the provider could not be fully assured that the systems put in place to safely evacuate people in the event of a fire were in fact effective.

The provider carried out their own checks of the quality of care and support people experienced. We looked at a sample of completed reports following visits made to the home by trustees. Their findings reported on people's general satisfaction with the care and support they received from staff. However they did not as a matter of course audit and check other key aspects of the service. This meant the provider was not maximising on opportunities to identify potential improvements that could be made to the quality of care and support people experienced.

The home did not currently have a registered manager. The current home manager had left the service in June 2015 and subsequently cancelled their registered manager status with CQC. However, they have since returned to the home permanently in September 2015 and we were able to check and confirm during our inspection they had submitted the appropriate registered manager application to CQC to reapply for this. In our discussions with the home manager they had a good understanding and awareness of their role and responsibilities and how they would meet CQC registration requirements, particularly in relation to the submission of statutory notifications and other legal obligations.

People and relatives spoke positively about the home manager and staff that worked in the home. People said the home manager was approachable, the home was managed well and staff together worked as a team. One person said, "It's much better here now…it seems well run." A relative told us, "The manager is very nice and approachable."

The home manager used people's views and suggestions about how the service could be developed to continuously improve the quality of care and support people received. They did this in a number of ways. 'Residents meetings' were held at which people were invited to share their experiences and were asked for their ideas about ways the service could be improved. Annual surveys were sent to people, their relatives or representatives and external stakeholders. People were asked to rate the quality of care and support people experienced and for any ways that this could be enhanced.

The home manager analysed people's feedback and took action to make improvements. One person said, "You can make suggestions and they listen." We saw an example of improvement action taken by the home manager where following feedback from a 'residents meeting' in February 2015, the laundry service was reviewed and changes had been made to this. In a subsequent 'residents meeting' in April 2015 people commented that improvements had been made and they had no further issues with this aspect of the service. In another example we noted following comments made in the annual survey in 2014 about the home décor, communal areas had been redecorated and were now much warmer and brighter living spaces.

The home manager encouraged an open and inclusive environment in which people could speak openly and honestly. People and relatives told us the manager was approachable, willing to listen and responsive to their concerns when they had any. Staff also said the home manager was approachable and welcomed their views about how the service could be improved. The home manager encouraged staff to challenge poor working practices in the home. Records of supervision and staff meetings showed safeguarding people in the home was a key priority for all staff and the home manager tested and monitored staff's understanding of their duty to protect people. Staff spoke to us about a 'zero tolerance' culture in the home to abuse and poor working practices. They demonstrated a good understanding and awareness of how their working practices could positively influence the quality of care and support people experienced.

Requires improvement

Is the service well-led?

The home manager was also proactive in using learning and good practice from a variety of sources to enhance the quality of people's lives. They told us they regularly attended local care providers forums made up of other providers and care organisations and picked up ideas about ways in which the quality of care and support people experienced could be improved, particularly for people living with dementia. Following a presentation at a recent forum from a music therapist, the home manager was finalising arrangements for a computer tablet to be purchased on which personalised playlists would be created for each person using the service to help stimulate memory and to promote a sense of calm and comfort if they became upset or agitated. Relatives and representatives had been asked to contribute their ideas about the songs they thought people would like to hear in their playlist.