

Eastwick Barn Limited

Patcham Nursing Home

Inspection report

Eastwick Barn
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Brighton
East Sussex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Patcham Nursing Home is a residential care home providing personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 30 people. Patcham Nursing Home is comprised of two floors, with a lounge, a conservatory and a dining area. There is a garden to the front of the home.

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

We saw safe staffing levels on the day of the inspection. However, we received mixed feedback from people and staff about staffing levels. Staff and people told us that mornings were busy and needed more staff to support people with getting ready for the day. People were kept safe from the risk of abuse by well trained staff. Infection risks at the home were minimised by the use of cleaners and good hygiene techniques by staff.

Staff told us they would like more supervision time, and more face to face training although they felt training was adequate. People felt the staff were well trained and that staff were caring. A person told us, "I have only been here two weeks and I feel surrounded by good people who want to keep me safe and well." The home was clean and tidy and people were able to access the lounge, dining room and conservatory as they wished. Food was provided by a trained chef and people said they enjoyed the meals.

Staff knew people well and treated them kindly. People were supported by staff to be involved in decisions about their care and changes in the home. People had access to healthcare outside the home if they needed it and staff could accompany people to appointments. People were treated with dignity by staff that understood the importance of people retaining their independence and privacy wherever possible.

People had person centred care. Staff knew people and what they preferred to do during the day. The activities coordinator was undergoing extra training to better understand dementia and to expand the activities on offer at the home. People were able to feedback to the registered manager if they had comments about the service and the service had a clear complaints policy.

The service had a new registered manager who was passionate about the care of older people. Staff said that the new management had improved the morale at the home and created better teamwork. People told us they had noticed a change in the attitudes of staff and that staff were happier and helped each other with tasks. People and relatives were more involved in changes to the service, regular surveys enabled the registered manager and the provider to focus change on the areas that mattered to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 October 2018) and there was a breach of Regulation 17(2)(e) HSCA RA Regulations 2014 Good governance. 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?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led.

Good ●

Patcham 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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Patcham 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.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 10 people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, area manager, care

workers, nurses, the activities coordinator, and the chef. We spoke to a visiting healthcare professional. We reviewed a range of records. This included five people's care records 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and survey results.

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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At the last inspection staffing levels were identified as an area of improvement. At this inspection, we saw appropriate staffing levels during our visit. However, we received mixed feedback from people and staff about staffing levels in the mornings. The registered manager told us they used a dependency checker to ensure a safe staff ratio and would increase staffing levels if people's needs changed. However, a person told us, "I sometimes think that there should be more staff on duty for crucial times like personal care." And a staff member said, "If we had more staff people would be better looked after, not enough gets done in the morning." Another staff member told us, "If you find time you can do extra, but mostly you just do the basics, you don't have time." We did not see any evidence that people came to harm, but staffing levels continue to be an area that needs improvement.
- We saw a good skill mix of nursing staff and care staff at Patcham Nursing Home. Records demonstrated staff were recruited in line with safe practice. For example, nursing qualifications had been checked and recorded, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS). Staff records were kept up to date. Staff completed induction training.

Preventing and controlling infection

- Some areas of the home did not smell clean and fresh. We spoke to the registered manager at the time of the inspection about this and she told us she was working to address it. In some room's carpets were being replaced with laminate flooring for easier cleaning. The registered manager had planned to start a regular deep clean of the home.
- On the day of the inspection the home was clean. A cleaner was available to clean the home regularly, however we received mixed feedback about cleanliness at the home. A member of staff told us they didn't think the home was always clean enough, they said "At weekends one lady does the laundry and the cleaning, and she can't do two jobs, because there are few cleaning staff they have to be very quick, the cleaners are good but it's a big home." And a relative told us, "The rooms are kept clean and tidy."
- Staff used personal protective equipment (PPE) such as gloves and aprons, when carrying out personal care. Staff told us there were always enough of these when they needed them. A member of staff told us, "I think if anything they over spend on PPE, they buy residents shower gel, soap and shampoo."

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. The service had safeguarding policies in place. Staff were trained

in safeguarding and understood its importance. Staff told us they knew what to report and how to report it. Staff followed safeguarding policies and procedures. Safeguarding incidents had been reported to the local authority and CQC as necessary.

- People felt safe. A person told us, "If I did not feel safe I would tell the nurses, they are very well qualified." Noticeboards in the home had information for people, visitors and staff to remind them who to contact if they had concerns.

Assessing risk, safety monitoring and management

- People were kept safe and had personal risk assessments recorded in their care plans. People had choice and where people chose not to follow advice, for example around food choices, this was recorded in the care plan.

- Senior staff carried out audits and recorded fluid intake and patterns in people having urinary tract infections (UTIs). Where people had frequent UTIs people's fluid intake was increased and if required their catheter care was reassessed. Nurses at Patcham Nursing Home were trained in catheter care.

- Staff were trained in pressure ulcer prevention and knew when to refer people to qualified nursing staff. Nurses managed people's skin integrity in collaboration with the community tissue viability nurses.

- People and their relatives told us people were safe, a relative told us "My husband used to fall at home but he has never fallen since he came here. I think they consider all the risks about his safety."

- Risks were assessed and managed in line with the service's policies. We saw evidence that routine testing was being carried out to ensure water, gas and electrical safety. Equipment used at the home was safety tested and used correctly by staff who had training in its use.

Using medicines safely

- Staff managed medicines safely. Nurses were trained in medicines administration and followed the policies of the service. People's medicines were stored in locked cabinets in their rooms. Staff administered medicines appropriately and knew which people needed more help to take their medicine. We saw nursing staff administering and recording the administration of medicines safely.

- People were knowledgeable about their medicines and were confident in the staff to administer them. A person told us, "I have a pain patch every three days and various other pain relief pills 4 times a day. They record it and watch me swallow them."

Learning lessons when things go wrong

- To ensure lessons were learned when things went wrong the registered manager kept a log of accidents and incidents. Similar incidents were grouped together in the record and reasons sought. For example, if there were high levels of similar infections staff acted on them. If urinary tract infections were common staff checked people's hydration and ensured good catheter care.

- After a person was found to be suffering from poor hydration and nutrition, the registered manager looked at the causes and ways these could be avoided in future. Where care was occasionally given by relatives, not all food and drink was recorded. New policies were put in place to address this and to minimise the risk in future.

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 deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were competent to care for people at the home. Staff had supervisions to assess the care they gave, however staff felt these should be more frequent. A member of staff said, "I've only had one appraisal. I can't remember if I've had a supervision." Another staff member told us, "I have only had one supervision in two years. But if you have a problem you can go to the nurse. I haven't had an appraisal." Supervisions check staff understanding of their training and the competency of their care. Appraisals are a chance to reflect on the role and receive feedback from senior staff.
- Staff told us when they had appraisals with senior staff or the registered manager they found them helpful. A staff member said, "I've had one a year. I'd like more, there are a good way to get your point across." The new registered manager was in the process of introducing staff development plans to address this issue.
- New staff received a full induction before they started work and all staff had continuing training. Most subjects were accessed by staff online, although some topics such as manual handling were carried out with face to face training. Staff felt the training was usually sufficient. However staff said they would prefer more face to face training. A member of staff told us, "Medicines training is online, I prefer to have hands on training." And another member of staff said, "When I started we had people come in and train us, it's all eLearning now which is different. For me it's OK because I've done the practical before, but for others that haven't done care before it could be hard, but for me it's fine." Staff competency checks via supervision, and chances to receive feedback were areas that needed improvement

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

- People's needs were fully assessed and recorded in person centred care plans. Where specialist input was relevant this was sought and included in the plans. For example, care plans included guidance from the speech and language teams about swallowing risks and how to manage them. Where a person had swallowing difficulties the speech and language team had recommended that they were offered food with the same textures, so they could not have mixed soft and hard foods, the person enjoyed cornflakes and milk which would be a risk, this was recorded in the care plan and staff supported the person with their choice.
- The registered manager was keen to ensure that any new guidance was included in people's care plans, and sought advice from groups such as LGBT (Lesbian, Gay, Bisexual, Trans) Switchboard for Older People and the Alzheimer's Society.

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

- People were supported to eat and drink. Some people came to the dining room for lunch and ate at the tables there. Staff assisted them and were polite and helpful. We heard staff remind people to wash their hands before lunch.
- Staff knew people well and were unhurried when they supported people to eat. Some people with more complex needs ate in their rooms. Care plans had risk assessments in place and staff followed the care plans.
- A chef provided healthy, freshly cooked meals for people. People could choose from a selection of foods each day and if they did not like what was on offer the chef would make something they preferred. Religious diets were catered for, as were people with any allergies. The kitchen currently had a four star 'Good' rating from the Food Standards Agency, but the new chef told us he was hoping to raise that to five stars.

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

- Staff worked well together as a team to provide effective care for people and they told us so. A staff member said, "We really all get on, I don't know of any nastiness, we are all 'pally.' We can talk to the handyman, the kitchen staff, anyone, everyone is lovely."
- Staff were all aware of the importance of team work to provide best care, including working with other healthcare providers. A staff member told us, "Someone was choking this morning and I referred him to the Speech and Language Therapy team. We are very proactive on that."

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

- The home was decorated in plain colours with art and posters on the walls. Large displays of photographs of activities people had enjoyed were on the walls for visitors to look at and as a reminder for people within the home. The home was clutter free, with space to walk easily. A lift provided access to the upper floor for those people that could not manage the wide stairs.
- People were able to use bathrooms which were adapted for use by people with disabilities. Showers were available or baths with hoists, and toilets were raised and had grab rails and call bells nearby.
- At the time of the inspection some areas of the home were being refurbished and painted. This meant that some signs had been temporarily removed. We saw the planned memory boxes and personalised framed numbers to be used on people's doors once the work was finished which would help orientate people.

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

- Trained nurses supported people at the home who had nursing needs. People could also access healthcare when they needed it. A person told us, "They either bring someone in or make my appointment and accompany me."
- Staff arranged and accompanied people to appointments when necessary. A relative told us, "He needed to have his ears syringed so I took him, but the carer came as well. They don't take any risks." A person told us the registered manager was arranging for their dental surgery to be brought forward as they were in pain.

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 registered manager and staff understood the MCA. Staff used care plans which contained information about ways people could be assisted to make decisions about their care. For example, a care plan for a person with limited mental capacity and who was living at the home under a DoLS suggested using limited choices to avoid confusion when the person chose meals or clothes to wear. A member of staff said, "Some people have full capacity, some people have low capacity. Capacity can be affected by illness. It's about protection of the person."
- People were asked for consent to care at each stage of personal care. Consent was sought and recorded in care plans around the main care people needed, and we saw staff asking people before commencing care. A member of staff told us, "I always ask what people want to wear, do they want a wash. Sometimes explaining to people helps them make the choice." And a person told us, "I can make my own decisions or my family deal with things for me."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated kindly by staff who knew them well. The registered manager actively encouraged staff to learn more about protected characteristics and treat people as they wished to be treated taking those characteristics into account.
- When staff learned via a care plan a person had a protected characteristic or illness they had no prior knowledge of, they were quick to learn more to ensure the care they gave was appropriate and that the person was well supported and happy.
- Staff cared about people and showed this in the way they acted around them and spoke to them. A staff member told us, "I think people are very cared for. It's like a family here, the residents pick up on that." And a relative told us, "Not only do they give excellent care but I feel they really care about my husband."
- Leaders from several religions visited the home regularly to offer comfort to people.

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

- People were supported to feedback to the staff and the registered manager about their care. Staff spoke to people kindly and discussed people's care with their relatives if necessary. A questionnaire had been completed by people and their relatives. Questions included subjects such on the home's décor and whether people felt listened to if they complained about any aspect of their care. The majority of people were very happy with the service and agreed they could speak to staff and be involved in their care.
- People were able to access information about support groups, outside groups and clubs and other healthcare services via leaflets or posters in the entrance to the home. Staff spoke to visitors to ensure they were aware of what was available to people that could not access extra support on their own.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and staff ensured people's privacy during care. A member of staff told us that during personal care, "I always close curtains, and ask if its ok, I keep one half of them covered, make sure no one comes in, keep asking if it's OK to continue." And a person said, "I am always treated with dignity and respect by carers who attend to my personal care. I don't mind if they are male or female they respect my privacy. I can wash my front, they attend to my back. They want me to maintain my independence."
- People were able to have visits from friends and relatives whenever they wished. The service had a room set aside for people to have meals or just to sit and chat in privacy with their visitors.

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 had personalised care with their choices met by staff. People's care plans contained information about not only people's medical needs but their histories and likes and dislikes, enabling staff to understand what was important to them.
- People's care was planned with the individual in mind and input from people and their families was included wherever possible. A relative told us, "I had a one to one with the nurse to discuss his care plan, she really gets things done and she listens."
- Staff knew people's wishes because people's care plans were written clearly with information from the person, relatives and any healthcare professionals involved in their care. A staff member said, "The care plans are quite well planned out. In the afternoons we get more time to look at care plans."

Meeting people's communication needs

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

- The registered manager understood their responsibilities follow the Accessible Information Standards and ensured that staff knew who needed help and support to access information. Staff spoke to people to explain care, or food choices. The menus were available to people in large print and also a pictorial menu.
- Staff had access to a stroke association book for people to point to images where they struggled to speak. Where people were unable to see the books staff fully described things for people. The registered manager had ensured there was a simple complaint form for relatives.

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 were encouraged to continue relationships with friends and family once they entered the home. People were able to invite guests to visit and the new registered manager was keen to expend links with the community to create new friendships
- People were able to keep active, continue to take part in hobbies, and learn new ones, by the activities coordinator. The activities coordinator ensured people were included in activities they enjoyed, such as arts

and crafts, games and pampering sessions. The activities coordinator told us, "I receive excellent support from the manager, she has changed things around. I can buy essential equipment such as games and foot spas." We saw staff helping a person who had had a stroke to learn to write again, as he wanted to be able to write a card to his wife.

Improving care quality in response to complaints or concerns

- People and their families told us they had no reason to complain but that they knew who to speak to if they did. A person told us, "I would tell the person concerned or if that did not get a result I would approach the Manager." People were able to feed back about their care both informally via staff or formally via the service's complaints procedures or via surveys sent out by the registered manager.
- After a survey some common themes were collated and acted upon. People had wanted more varied activities. Extra activities, including a regular visit from a Pets As Therapy dog had been arranged and the registered manager had organised extra training for the activities coordinator.
- People had also requested a change of menu items and a variation in the snacks offered and this had been achieved. There was a new chef in position and a better range of snacks including savoury snacks on offer 24 hours a day. A relative told us, "When three of the family come to visit at once there is nowhere to sit. I mentioned this and the manager listened and is trying to acquire folding chairs."

End of life care and support

- People received kind and caring support at the end of their lives. Staff were aware of people's wishes as they were documented in the care plans. The registered manager was very passionate about ensuring that people's wishes were carried out, for example in respect of funeral care. In cases where this could not happen because of processes outside of their control they had raised the issue with the local authority to try and ensure policies changed in future.
- Nurses were able to ensure people were looked after when they neared the end of their lives, and staff made sure medicines were available when needed to keep people free from pain.

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.

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

- At the last inspection we found the culture, including the attitudes, values and behaviour of staff, did not promote a positive ethos that was open, inclusive and empowering. At this inspection we found this had improved. Staff spoke highly of the new registered manager, a staff member told us, "I get on really well with the registered manager, she's really compassionate, really supportive, very chatty." This attitude was seen in staff we spoke to at the inspection.
- Staff were positive about changes to the home and the registered manager's style of management. The registered manager told us, "I listened to staff when I arrived, staff felt they didn't have a voice, but the regional manager based herself here. Since November I've looked at equality and diversity and valuing each other. The team now feel they can come to me with issues." A member of staff said, "We had staff appreciation day and we had a party - her mood filters down and we are all chirpy." Another staff member told us, "The care home is welcoming and settled now. Everyone is working within a team it wasn't always like that."
- People and relatives had noticed a change a person said, "The new registered manager is the best thing to happen to Patcham", a relative told us, "The Staff work as a team now."

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

- At the last inspection we found the provider had not ensured they had sought and acted on feedback from people for the purposes of evaluating and improving the service. At this inspection we found this had improved. The registered manager was keen to solicit responses from people, their family and friends to ensure the service was providing the care and environment people wanted. Sending surveys to families and talking to people regularly to canvas their opinions had led to changes in the home.
- Since the last inspection the registered manager had worked with staff to improve knowledge of issues around protected characteristics, equality and diversity, and why diversity improved teams. The registered manager had arranged for talks from people outside the service on various subjects such as Parkinson's disease.
- The service held parties for charity, such as a coffee morning where relatives and friends, as well as local residents, were invited to attend.

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

- The provider and the registered manager understood the duty of candour and ensured people's relatives were kept informed of events at the service and any changes in people's health or care needs, including when things went wrong.
- Where there had been issues with care the registered manager had instigated new policies to improve care, started audits to ensure this was done, and given staff extra training.
- Staff were aware of how to report issues they may be concerned about. A member of staff said, "I know there is a whistleblowing number so you can report without telling the manager. I've never used it. But I'm the sort of person that wouldn't be anonymous, I would be happy to report and give my name."
- The registered manager ensured notifications of events at the home were sent to the CQC as required in line with regulation.

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

- Staff understood their roles in the home and carried them out to the best of their ability. Staff felt positive about the home and their roles. A member of staff told us, "We have regular team meetings the last staff meeting was really positive." And another staff member said, "We are quite a close knit team. Everybody gets along with everybody, everybody respects everybody else."
- The registered manager carried out audits to measure the quality of the care and the outcomes for people at the home. Audits were carried out for infection rates and falls, for example, and where themes could be determined the registered manager ensured actions were taken by staff.
- The registered manager was keen to be involved in the caring as well as the management of the service, and a member of staff said, "She is often working 'hands on' late in the evening."

Continuous learning and improving care

- Families had felt that the registered manager was hard to find, so she had moved to an office at the front of the building with a glass window onto the lounge, the registered manager also frequently spoke to visitors. People had said the décor was tired and the provider was having areas of the home renovated when we visited. A relative told us, ""She has got things moving, long needed renovation and repairs, good team work."

Working in partnership with others

- The provider and the registered manager ensured the service worked with other healthcare agencies as necessary. The service worked closely with the local hospice team. People were referred to the speech and language team when they had any swallowing difficulties and to the falls team when falls were an issue. Staff at the home learned from the In-Reach dementia team to improve the care they provided for people living with dementia, and had received oral health care training from a specialist dental service.
- People received eye care from a visiting optician. The optician told us, "Everyone is so welcoming. You get a feeling for when people are keen on eye health and I get good vibes here, staff really care if people can see."
- The registered manager and staff had organised an open day for the home in the summer to forge links with the local community.