Winifred Healthcare Limited

Winifred Dell Care 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
Winifred Dell Care Centre provides accommodation with personal and nursing care for older people, some of whom may be living with dementia, accommodating up to 76 people over two floors. At the time of the inspection 71 people were using the service.

People's experience of using this service and what we found
Feedback from people and relatives about their experience of using the service was positive. People felt safe and well cared for by kind caring staff who often went the extra mile to meet people's needs and wishes.

Staff knew how to recognise and report any suspicions of abuse and had a good knowledge of the risks to people and knew how to keep people safe. People's medicines were safely managed by trained and competent staff.

People told us there were enough staff to meet their needs however we identified a staffing shortfall in one area of the service which placed people at increased risk of harm. This shortfall had already been identified by the registered manager and an additional staff member was added to the rota on the day we inspected.

Staff received training, supervision and observations of their practice to support them to be competent in their role. Staff felt well supported and enjoyed working at the service. People were supported to have as much choice and control over their lives and were supported in the least restrictive way possible. Policies and systems in the service support this practice.

The design and decoration of the service met the individual needs of the people who lived there. An excellent feature of the service was the refurbishment of upstairs where thoughtful consideration had been given to ensuring the environment was 'dementia-friendly', providing lots of opportunities for stimulation, exploration and reminiscence.

People were supported to have access to food and drink that met their health needs and preferences. People's health needs were identified and monitored, and people were supported to access healthcare treatment and advice as needed.

The service was responsive to people's individual needs and wishes. Best practice guidance was applied to support older people, including those living with dementia, to have opportunities for engagement and to promote social inclusion.

The service listened to people and responded positively to feedback to ensure people, relatives and staff were fully included in how the service was run.

The provider was committed to providing good quality end of life care. The deputy manager had taken the

lead on completing the gold standard framework for end of life care which represents the benchmark for excellence.

The culture within the service was positive. Staff felt listened to, valued and worked well as a team. The management team was held in high regard by people, relatives and staff and was visible and approachable within the service.

The safety and quality of the service was monitored and assessed consistently by the management team and provider. Regular audits on all aspects of the service were completed and improvements were made when needed.

The registered manager was focussed on continuous improvement of the service to ensure good outcomes for people.

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

Rating at last inspection: The last rating for this service was Good (April 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below	Good
Is the service effective? The service was effective. Details are in our Effective findings below.	Good
Is the service caring? The service was caring. Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	Good
Is the service well-led? The service was well led. Details are in our well led findings below.	Good

Winifred Dell Care Home

Detailed findings

Background to this inspection

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

Inspection team
This inspection was carried out by two inspectors, and two Experts 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
Winifred Dell is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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 and was carried out on 26 November 2019.

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 who worked 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 12 people who used the service and six relatives about their experience of the care provided.

We spoke with the registered manager, deputy manager, area manager plus eight members of staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and 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.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Staff had received training in how to protect people from the risk of abuse and understood how to recognise the signs of abuse and report concerns. One relative said, "[Name] is really safe here." Another relative said, "[Name] is safer her than at home."

● The registered manager had raised and investigated safeguarding concerns appropriately and notified the relevant authorities including the local authority, police and CQC.

● There was a whistle-blowing policy in place which provides information to staff on how to report concerns about poor practice within the workplace.

● Staff knew how to whistle-blow and told us they felt confident their concerns would be listened to and actioned.

Assessing risk, safety monitoring and management

● Individual risks to people had been assessed and were regularly reviewed. Guidance was in place for staff on how to manage risks and staff we spoke with demonstrated they knew the risks to people and what to do to keep people safe.

● Staff had a verbal handover at every shift change where information on people' changing needs was shared including any risks .

● Falls were monitored and analysed and preventative measures put in place to minimise future risk of harm, for example, the provision of sensor mats to alert staff when people stood up. However when we looked at information relating to falls we found a higher number of unwitnessed incidents in one area. The registered manager had identified this as an area that needed to be improved, and increased the staffing.

● The home environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

● Safe recruitment processes were followed to check staff were suitable for the role. This included taking up satisfactory references, exploring any gaps in employment history and completing check with the disclosure and barring service (DBS). The DBS provides a means of checking that potential staff do not have a criminal record which would make them unsuitable to work with vulnerable adults.

● Staffing numbers needed to increase on the top floors. This was because there had been a number of accidents and incidents in this part of the service, that indicated staff were not deployed effectively enough. The registered manager confirmed that staffing numbers would be increased to this area of the service.

● On the day of inspection, people told us there were enough staff who responded promptly to call bells and

requests for assistance.
● Staff said there was enough staff and they had time to spend with people. One staff member told us, "I have never seen agency used here. We cover sickness between us. There are enough staff."

Using medicines safely
● People received their medicines safely. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
● There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
● Some people were prescribed 'as required' medicines for pain relief. There were protocols in place detailing the circumstances in which these medicines should be used.
● Medicine checks and audits were regularly carried out, so any errors could be quickly identified. People's medicine administration records (MAR) were filled out appropriately with no gaps indicating people were receiving their medicines as prescribed.

Preventing and controlling infection
● We observed domestic staff working throughout the day to ensure the premises was clean.
● Staff received training in infection control to ensure people were protected from the risk of the spread of infection. Staff had access to aprons and gloves to use when necessary and we observed good infection control practices. One relative said, "The staff cleans up spills immediately."

Learning lessons when things go wrong
● Accidents and incidents including falls and safeguarding concerns monitored and learnt from by the registered manager and provider to identify any trends and put appropriate actions in place to minimise the risk of re-occurrence.
● The registered manager held a monthly governance meeting where accident incidents and safeguarding concerns were reviewed, to look at how learning could be shared.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people moved to the service, they received an assessment to determine their support needs and preferences. The assessment identified people's needs and strengths and included information about their physical and mental health, emotional, spiritual and cultural needs. Information gathered from the assessment was then used to create a personalised care plan, which was updated as and when people's needs changed.
- People's protected characteristics under the equality act were identified and recorded to ensure people were not discriminated against. If people had a preference of gender of care worker this was known and respected.

Staff support: induction, training, skills and experience

- All new staff received an induction which included completing mandatory training and shadowing experienced members of staff to learn about their role and the people they would be supporting.
- Staff new to care were required to complete the Care Certificate. The Care Certificate is considered best practice, setting out a set of standards that health and social care workers should adhere to in their daily working life.
- Training was provided in a range of mandatory subjects and specialist training given, if required, to meet the individual needs of people living at the service.
- Staff said the training was of a good standard and supported their learning and development.
- Experiential training was offered to family members, so they could experience how a diagnosis of dementia may affect a person. Support was offered to help relatives come to terms with the emotional impact that dementia has. One relative said, "They are really helpful, because [Name's] dementia has progressed, and we are going to a meeting to learn about how dementia affects them."
- Staff received ongoing support and monitoring through regular supervision, observations of practice and annual appraisals. Staff told us they felt well supported. A staff member said, "We have regular supervision. We can talk about anything we feel is lacking or anything we feel we need help with. The managers are helpful. I have had an appraisal. They are very fair."

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

- People received support with eating and drinking which met their needs and preferences.
- Snacks were available throughout the day and people were regularly provided with a range of hot and cold drinks which were left within reach.
- People were encouraged to drink to ensure they were hydrated and prevent urinary tract infections. A relative told us, "Teas and coffees are available all the times, it's nice they encourage mum to drink too."

● The food options available were comprehensive and considered people's spiritual and cultural needs, for example, offering vegan, vegetarian and Kosher meals.
● Where people were identified at risk, food and fluid charts were kept which recorded what people ate and drank. People at risk were regularly weighed and referrals were made to appropriate health professionals such as the dietician if required.
● The lunchtime dining experience was positive and relaxed. The food smelled appetising and portions were of a good size. People were sat together in groups and there was a good variety of food available. People were offered a good range of alternatives to the set meals if they wanted something different. Two people had vegetarian options and one had fish instead of the two meat based options. A person told us, "The food here's pretty good, can't complain at all, it's a mix of English and other types of food and they even bring refreshment around in the evenings about 8.30pm." A relative said, "The food is marvellous, what we like the most is that one course comes at a time."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with a range of health and social care professionals to ensure people received people received effective care and support.
● People's health conditions were identified and monitored, and people were supported to access health treatment and advice when needed. People's care records showed they had received input from a range of healthcare specialists. A relative told us, "The Chiropodist comes once a month and does [name's] toes" and "We've had the optician come in to look at [name] glasses; they had real trouble with their hearing aids but staff sorted them out now and even the audiologist comes here now so we don't have to disrupt [name] and take them out."
● The GP visited twice a week to run a surgery at the service. Any advice or treatment needed was shared with staff and care plans were updated to reflect any changes.
● People and their family members told us health professionals were quickly involved if this was needed and staff were good at updating them on people's health needs.
● People's oral health had been assessed and their needs were met. People could access a community dentist who visited the service if they were unable to leave the building.
● Care plans included guidance for staff about how to provide oral health to people. One staff member said, "We help people to brush their teeth. Most people just need the tooth brush to be loaded and then we prompt them."
● Staff had not yet received formal training in oral health care, but the registered manager told us this was planned.

Adapting service, design, decoration to meet people's needs
● The premises had been purpose built to meet the needs of the people who lived there.
● People's rooms were decorated to a good standard and were personalised to reflect their individual tastes and personalities.
● People were observed freely moving around the service and spending time where they wanted to. People could access the garden area's if they wanted to, which was wheelchair accessible and included raised flower beds.
● An excellent feature of the service was the thought and consideration given to the design and decoration of the two dementia units which had been fully updated since our previous inspection. The registered manager had referred to best practice guidance and had fully consulted with people, including them in the design process. For example, showing people pictures of many different scenes and asking them to choose what they would like to see. Consequently large colourful murals had been put up in various areas depicting different vistas such as a beach scene.

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, 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 service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- Staff had received training in the MCA and understood how to support people to make their own choices.
- People had given their consent to care and treatment and this information was recorded within their care plan.
- Staff consistently asked people's permission before providing care and support.

Good

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 Good.

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

- All of the people and relatives we spoke with felt staff were exceptionally caring and loving and staff were very well thought of. A relative told us, "Me and mum were just saying how kind and caring the staff here are and very approachable."
- People appeared relaxed and calm in the presence of staff and we saw staff giving people encouragement and offering reassurance throughout the day.
- Positive interactions between people and staff were observed. For example, one person was holding a doll which they nursed like a baby. Each staff member that interacted with this person included the baby, within the context of the conversation.
- We were provided with examples, where staff went the extra mile to provide kind and compassionate support, for example, where a person had decorated their room, staff made the person cushions and covers from fabric the person had purchased.
- One staff member explained how they supported someone who didn't have any relatives to help them by collecting their dry cleaning at the weekend and bringing it in for them outside of their normal working hours. A person told us, "Some staff go way and above. They are really helpful and so kind and happy. I'll take my hats off to the staff."

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

- People's communication needs had been assessed and staff knew how to support people to express their views.
- People and relatives told us they were included in care and support planning. We observed staff asking people what they would like to do and checking people were happy with the support provided. A person told us, "They do always ask me for consent before doing anything." A relative said, "It's really lovely here, we are very happy. The staff are lovely and they always ring me if there is a problem."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. A person said, "They [staff] definitely treat me with respect; they are nice staff."
- Staff demonstrated positive values, such as knocking before entering people's rooms, keeping doors and curtains closed when providing personal care and calling people by their preferred names.
- Care plans provided guidance for staff on people's strengths and abilities. Staff encouraged people to do what they could for themselves so people could be as independent as they could be.
- Visitors were made welcome at the service and could visit at any time. A person told us, "I do get visitors,

they can come whenever they like."

● People were supported to maintain relationships that were important to them. One person's relative lived overseas and they told us they felt supported to maintain that relationship via the internet.

● The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Good

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 now remained the same Good. 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

- Care plans were recorded electronically and were of a very good quality. They provided detailed personalised information about people, including people's life history, needs and strengths, likes, dislikes, routines and preferences. This information helped staff provide person-centred care. This means care tailored to meet each person's needs and preferences.
- The service employed a lifestyle co-ordinator who spent time with people on admission finding out about their hobbies, interests and aspirations. One person who liked to garden was supported to plant flowers at the front of the service. Another person who loved animals was supported to take care of the rabbits, feed them and clean their hutch. Some people liked to knit and were part of a 'knit and natter' group held weekly. A person told us, "I like doing the pots in the garden outside, staff set them up for me."
- People were designated as 'resident of the day' once a month at which time their care plan was reviewed. This ensured people's records were up to date and in line with their preferences, choice, and current needs.
- People and their representatives, if appropriate, were fully included in reviews. People were given a copy of their care plan to read with their relatives and any views or comments expressed were recorded on the care planning system as part of the review process.
- 'Resident of the day' was also used to promote a person-centred approach. The resident of the day was able to choose a special meal they would like. One person asked for a kebab and we saw this had been arranged.

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 registered manager had used best practice guidance to support people with opportunities for meaningful engagement and to promote social inclusion.
- Pet therapy was used by the registered manager who had arranged for animals to visit the service as well as purchasing rabbits. Research has shown contact with animals can prevent feelings of isolation and loneliness in older people. A person told us, "In the summer I like sitting outside and I like the rabbits." Another said, "They bring animals' into the home, we have our own rabbits and they even bought a horse in, it went up on the lift to see the people up-stairs it was wonderful."
- Best practice guidance had also been followed to support older people, including those with dementia, to have opportunities for meaningful engagement through the use of intergenerational activities. Research has shown Intergenerational interaction serves as a meaningful activity and improves quality of life for older adults. The registered manager had arranged for children to regularly visit from a local nursery to do activities with people, such as making biscuits. People were also supported to access the community and visit the children at the nursery to chat and read with them.

● An activities schedule was publicly displayed, and range of activities were available for people to enjoy. On the day of inspection an entertainer visited to sing with people. People on all units were supported to join in if they chose to. A relative told us, "The entertainment ladies do encourage [name] to get involved, I'm comparing it with [name] being alone in their bungalow so this is marvellous in my eyes."
● We did note for people who were unable or did not want to join in the group activity, there was no other activities made available for them. One relative said, "I feel there is lack of one to one activities or even just smaller group activities. [Name] used to be very active, but they can't be any more."
● Staff recognised the importance of giving people time and attention and some staff expressed concerns that they did not always have the time to spend with people one to one that they would like.
● We shared our findings with the registered manager. They told us the increase in staffing numbers would improve staff deployment and mean staff would have more time spend with people and organise alternative activities for people who did not wish to join in the planned group activity.

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 and sensory needs had been assessed and information was made available for people in a range of formats such as large font and 'easy-read' using pictures to support understanding.
● We were advised one person with a sight person had a phone with large buttons whilst another had access to audio books.
● We did note some information was not always very accessible, for example, the activity planner on the notice board which was written in a very small font, making it difficult for some people to read. We discussed this with the registered manager who told us they had a large print version available in the reception area and would use this version on the notice board in future.

Improving care quality in response to complaints or concerns
● The service had a complaints policy and information on how to make a complaint was publicly displayed. An easy read version was available to aid understanding.
● People told us they knew how to make a complaint. A relative said, "If I have any complaints I would go to the management."
● There were systems and processes in place to manage complaints. A complaints log was kept, and complaints were thoroughly investigated in an open and transparent way. Letters of apology were issued where failings made by the service were identified. A relative told us, "I was satisfied by the way they dealt with my concern – straight away."

End of life care and support
● As part of the care planning process. Conversations relating to people's end of life needs and preferences were held with people and their relatives. This ensured people's wishes were known and respected.
● The service had forged links with their local hospice which provided support and guidance for people, relatives and staff when required.
● All staff received basic end of life training whilst the deputy manager who was the designated lead for end of life care and had completed additional, advanced training. The deputy used their in depth knowledge and skills to support and guide staff as needed.
● At the time of inspection, the service was working towards Gold Standards Framework (GSF) accreditation for end of life care. The GSF enables care settings to provide a gold standard of care for people nearing the end of life.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good.

At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service which was caring and inclusive and promoted a person-centred approach where people were listened to, valued and included as partners in their care.
- The registered manager told us the vision and values of the service aimed to provide a caring environment where people were treated with dignity and respect. Our observations and feedback from people and relatives showed these values were shared and put into practice by the staff team.
- The registered manager and deputy were well thought of by people and their relatives. They were 'hands-on' at the service which meant they were visible and approachable. A person told us, "The manager is easy to access there is always someone about and their door is always open." A relative said, "The staff are very approachable, and the manager is easy to get hold of. The deputy manager is always about, they have been really helpful with [name]."
- Staff were also positive about the management team and enjoyed working at the service. A staff member said, "The manager is very approachable, firm but fair; I can go and talk to her about anything she always listens and will sort things out for you." Another said, "The deputy is really lovely, very approachable with good people skills, very caring, we all like her."
- The provider recognised the importance of ensuring staff retention which meant that people would benefit from continuity of care by a regular and stable staff team. A staff award scheme where staff were recognised and rewarded for good practice.

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 registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. Investigating incidents thoroughly, apologising where required and sharing and learning from areas requiring improvement. A relative told us, "Once the problem had been sorted out, we were well informed about what action had been taken."
- Throughout the inspection, we found the registered manager and provider to be very open and transparent. Requests for information were responded to positively and in a timely manner.

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

● There was a clear management structure in place and staff, the management team and provider understood their roles and responsibilities.
● Daily meetings with all heads of department took place to discuss all aspects of the service and identify any concerns. This meeting was recorded on an electronic system which was monitored by the provider to ensure robust oversight of the service.
● Regular audits were completed by managers and head of department with action plans in place to ensure all improvements were completed.
●The regional managers completed bi-monthly audits to monitor the quality and safety of the service at provider level.
● The management team completed daily walk around the service to identify any problems or concerns and also good practice.
● The local authority had recently completed their own audit of the service and had rated the service as good or excellent in all areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider engaged well with people and demonstrated a listening approach. They responded positively to feedback and actioned people's concerns. For example, where a person said they didn't like the coffee, the service purchased the person's preferred brand for their own personal use.
● The service actively encouraged feedback about the service. Residents and relative meetings were regularly arranged, and satisfaction surveys were sent out to people and relatives. The results were analysed and used to drive improvements. For example, comments had been made regarding areas of the garden being unkempt. Plans were in place to refurbish the garden areas.

Working in partnership with others;
● The service worked in partnership with a range of health and social care professionals for support and advice to ensure good outcomes for people.
● The service worked with the local authority implementing the 'Prosper' programme taking advantage of training opportunities available to improve care quality.
● Effort had been made to forge links with the local community and the service worked in partnership with a range of external agencies including local Churches and nurseries.

Continuous learning and improving care
● Since the last inspection the registered manager had made a number of improvements to the service. The top floor had been refurbished and provided an excellent environment for people living with dementia, providing lots of opportunities for exploration, stimulation, activity and reminiscence.
● The registered manager was committed to continuous learning and improving care, using a wealth of best practice guidance to inform and improve the service, particularly for people living with dementia.