

Care South

St Martins Grange

Inspection report

Fern Brook Lane
Gillingham
SP8 4QD

Tel: 01747834020

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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

St Martins Grange is a care home providing personal and nursing care for up to 75 people aged 65 and over. At the time of the inspection they were supporting 22 people. The service is split over two floors which were all accessible by stairs or a lift.

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

The management of the service had experienced a long period of instability. Since the last inspection this had improved with the appointment of a management team including an experienced and enthusiastic registered manager. There were now robust governance systems which provided improved oversight and confidence in the quality of care people received.

A new accidents and incidents process had been introduced which was helping to reduce the risk of people coming to harm. Thorough analysis was helping to identify causes and trends with learning then shared with staff and the people affected.

Improved auditing was taking place in a number of areas including care plans, call bells, health and safety and infection prevention and control. At the previous inspection we noted identified actions were not always followed up. Action was now taken consistently.

People, relatives and staff spoke positively about the changes at the home and felt there was a joyful atmosphere and improved staff morale. People and relatives said they felt listened to and involved. They expressed confidence in the registered manager and deputy manager. A relative said, "It's changed so much. It's a fantastic home."

Medicines were managed safely by staff who had received the necessary training and ongoing competency assessments. Where people's needs changed timely referral was made to health and social care professionals including GPs, community nurses and dentists.

There were enough staff on duty. The home regularly completed a dependency tool to help match staffing levels to people's needs. Staff received regular supervision and annual appraisals which were used as an opportunity to reflect on their practice, career aspirations and care industry developments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how it translated into the care they provided for people.

People told us the staff treated them with kindness, respect and compassion. Our observations confirmed this. Staff had got to know people well which supported mutually beneficial interactions. One person said,

"It's marvellous here. They [staff] couldn't do anything more for me."

The home had established and maintained good working partnerships with other agencies and community organisations such as GP surgeries, a local authority quality improvement team and a dementia charity. The latter link demonstrated the home's contribution to helping change society's perception of people living with dementia.

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 9 July 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

St Martins Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

St Martins Grange 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 now had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care

provided. We spoke with 11 members of staff including the operations manager, registered manager, deputy manager, senior carer, care team leader, care assistants, activities lead, assistant chef and housekeeping staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including supervision records, audits, accidents and incidents, 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 quality assurance records. We received written feedback from one professional and spoke with two more relatives by telephone.

Is the service safe?

Our findings

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

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

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Preventing and controlling infection

- Since the last inspection the home had introduced a new accident and incidents process. Accidents and incidents were now consistently recorded, reviewed and analysed to identify trends and any required follow up actions. All incident reports were reviewed and signed off by the registered manager. Any identified learning was shared with people and staff in handovers, team meetings and supervision.
- People told us they felt safe at the home. Relatives confirmed they felt confident their family members were supported to remain safe. One relative said, "[Name] is absolutely safe. St Martins Grange has had a few problems and we were not happy but [name] is safe and we are back to the good days now." Another relative expressed, "I feel [name] is safe at St Martins Grange, 110% I really do, it's changed so much. It's a fantastic home."
- The registered manager walked around the home a minimum of three times a day to help identify emerging risks, shortfalls in practice and to aid timely communication with staff, people and their relatives. The registered manager told us, "I believe in MBWF - management by walking the floor!"
- Staff understood the signs and symptoms that could indicate a person was being harmed or abused. They knew how to raise concerns internally and to external organisations such as the local authority safeguarding team or CQC.
- Staff said they would feel confident whistleblowing if they observed poor practice and felt they would be listened to and action taken by management if they raised concerns.
- People had personalised risk assessments to help reduce risks associated with areas of their lives such as mobility, diabetes, anxiety, vulnerable skin, repositioning and dietary intake. Staff were aware of these risks and how to help people minimise them.
- General environmental risk assessments had been completed to help ensure the safety of the home and equipment. These included: legionella risk assessment, water temperatures, gas safety, home security, lifting and electrical equipment.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. Fire alarm testing and practice drills took place. People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.
- The home was visibly clean throughout and odour free. Staff had received infection control training and understood their responsibilities in this area. Staff had access to personal protective equipment such as gloves and aprons. Staff used these appropriately. A relative said, "[The home] is spotlessly clean; the cleaners are brilliant."

Staffing and recruitment

- There were enough staff to meet people's needs. The home used a dependency tool to help ensure the numbers of staff on shift matched people's needs. A person stated, "I think there are enough staff." One relative said, "I haven't experienced any issues with staffing levels." Another relative commented, "Staffing levels are okay at the moment but I think when they fill up they will need some more staff." The registered manager told us they were recruiting additional staff to ensure there are enough when one of the refurbished upstairs wings re-opens in March 2020.
- People told us that staff responded in good time when they requested help either verbally or using their call bell. Our observations confirmed this.
- The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks. Risk assessments had been undertaken where required.

Using medicines safely

- Medicines were managed safely. People received their medicines on time and as prescribed from staff with the relevant training and competency checks. Medicine administration records were completed and legible.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent and appropriate way.
- Medicines were stored safely including those requiring additional security. Medicines room and fridge temperatures were recorded and were within safe ranges.
- Staff used an electronic system to administer and record medicines support. Alerts to staff handsets helped avoid missed medicines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had pre-admission assessments that supported their move to the home. A relative told us, "[Name of registered manager] came out to see us which was lovely." On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes. A relative said, "The care is the reason [name] is still here at 100 years old."
- People's outcomes and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, support with repositioning, nutritional needs and oral hygiene.
- Relatives expressed satisfaction with how staff worked with their family members to achieve a good quality of life. One relative said, "I would recommend anyone to go there." Another relative told us, "This is my first experience of a care home and it's definitely a positive experience." A person said, "It's marvellous here. They [staff] couldn't do anything more for me."

Staff support: induction, training, skills and experience

- New staff had an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff confirmed they had ongoing competency assessments to ensure they provided good quality care. Checks included: teamwork, attitude, initiative, timekeeping, quality of work and communication.
- Staff received training in areas such as equality and diversity, medicines, care plans, food hygiene, dementia awareness and moving and repositioning. A staff member said, "There has been a massive push on the training. I've done lots of paperwork training, behaviour support training and stepping into dementia training." A relative said, "I have total confidence in the staff."
- Staff received regular supervision. The home had a supervision matrix which ensured that staff did not miss out on this opportunity for support. Records showed supervision was used as an opportunity for staff to discuss concerns, reflect on their practice, consider their professional development and regulatory changes.
- Nursing staff were supported by the deputy manager to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

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

- People were supported to maintain a well-balanced diet and remain as independent as possible with their

meals. Meal times were calm and unrushed. Adapted cutlery and plates were available if required.

- Where people required support to eat, we observed staff providing this in a way that maintained people's dignity and enjoyment. Some people's relatives chose to visit their family members at meal times to support them and help make it a positive experience.
- The home had a four-week rolling menu with fresh ingredients sourced locally whenever possible. Menus were refreshed each season to ensure people had variety and matched foods they would typically prefer at that time of year.
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists. People with a low dietary intake were weighed weekly and referred to relevant healthcare professionals.
- People told us they liked the food and were given plenty of choice, including alternatives to the daily menu. One person told us, "The food is good and nourishing here." A relative said, "The food always smells lovely."

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

- The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from healthcare professionals including: district nurses, GPs, chiropodists and opticians.
- People's current and emerging care needs were discussed in daily handovers. Relatives advised us they were kept up to date when their family member's health changed. One relative commented, "They most definitely update me. If [name] is a bit poorly, or anything really, they call me. Communication is wonderful."
- Management encouraged staff to support people's oral health with this covered in detail within people's care plans. Staff understood the impact poor oral hygiene could have on people's health, dietary intake and dignity.

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

- Although at the time of the inspection only two wings of the home were being used, extensive refurbishment was taking place in the two upstairs wings. This included a new open plan nurses' station, spacious treatment room and corridors with rest areas, themed wallpaper and objects of interest. One of these wings was due to open in March 2020 alongside a name change for the home from St Martins Grange to Fern Brook Lodge. People, relatives, staff and the mayor had been invited to the relaunch.
- People lived in an environment that had been adapted to meet their needs. Signage helped people understand what each room around the home was used for.
- People had pictures on their doors which illustrated their interests or achievements. This gave a sense of personalisation and helped people find their rooms.
- People had access to a secure, level-access outside space. People on the ground floor could access this space from their rooms.

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.

- People had mental capacity assessments for each significant decision affecting their day to day lives. Best interest meetings involved input from people, relatives, relevant health and social care professionals and staff familiar with the person.
- People's mental capacity and ability to consent to living at the home had been checked as part of the pre-admission assessment process. We observed staff seeking people's consent before supporting them.
- Staff demonstrated a good understanding of the principles of the MCA and how this translated into the way they supported people.
- The home had applied to the local authority for people who required DoLS and kept a record of when these were due to expire. Two people had conditions attached to their DoLS. Records confirmed these conditions were being met.

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 supported by staff who consistently treated them in a kind and caring way. One person told us, "It's extremely nice here. They [staff] are very nice and patient." Another person said, "They are very kind to me."
- Relatives spoke positively about the staff approach towards their family members. Their comments included: "Staff are very kind and caring and definitely treat people with respect. I really cannot fault them. We are always talking and laughing with staff in the home" and "Staff really care, however busy they are there is always a kind word. Nothing is too much trouble. They work in a gentle and loving way but are professional. I truly believe people are genuinely loved."
- People could live their day to day lives as they chose. Some people preferred to be more private and this was respected. One person told us, "They know just how to treat me, they check on me but they also let me just do my own thing in my room."
- The service had started to keep a record of compliments. We reviewed this. People and relatives had feedback, 'All [name's] friends said that they thought that the staff were amazing and so happy' and 'Thank you for your kindness and for the compassion that you have shown to [name] and to us during the last few years of [name's] life.'

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

- People were supported to express their views about their care and makes decisions affecting their lives. One person told us, "It's been no problem choosing how I want to spend my day. The other day I chose to get up at 5am." Another person said, "They listen to me. If I feel tired and want to go to sleep they support me to do that."
- People's cultural and spiritual needs were acknowledged, respected and met. The home had a church service each Sunday which people were supported to attend if they wished.
- People had personalised their rooms with some of their own furniture and other items of sentimental value such as photos and ornaments. This had helped people to settle in.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their privacy. For example, staff spoke with people using their preferred name and discussed sensitive information with them discreetly so others could not overhear.
- Staff supported people to live their lives with as much independence as possible. A person's plan noted, '[Name] has a weaker left arm so support [name] with this arm when helping [name] put cardigan on.' One person said, "The staff are very reasonable in their approach. They support me where I need them to."

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; 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 received person-centred care. Their needs, abilities, background and preferences were documented, known and supported by staff. People's needs were regularly reviewed with support from their relatives, if they wanted them involved, or where they experienced difficulties communicating what was important to them.
- People were encouraged and supported to maintain contact with those important to them including family, friends, pets and other people living at the home. Relatives told us they were made to feel welcome and involved. A relative said, "I'm always made to feel welcomed and we bring the grandchildren in. We also face-time [name] every day."
- People spent uninterrupted time with relatives, friends and family pets in their rooms.
- People had the opportunity to participate in various group and 1:1 activities including: visits from local footballers, pampering sessions, arts and crafts, an interactive table for people living with dementia, men's club, visiting musicians, chair exercises and trips out in the provider's minibus. Activities meetings were held with people so they could help create the activities programme. A scheduled meeting took place during the inspection. Relative comments included, "There is always something happening" and "There are so many activities, they are helping [name] to attend activities."

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 support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.
- Staff knew and met people's individual communication needs. For example, one person used non-verbal communication. This was detailed in the person's plan and staff were aware of this. We observed staff supporting this person and others using their preferred communication methods.

Improving care quality in response to complaints or concerns

- The home had an up to date complaints policy with the procedure displayed in the home. The management logged, tracked and resolved complaints in line with the provider's policy.
- People and relatives told us that if they need to complain they would speak to the registered manager or care staff. One person said, "I think they'd listen if I complained. I have no complaints about the place at all."

A relative said, "I know who to speak to if I have concerns and am confident [name of registered manager] will sort it out. [Name of registered manager] said we must come and see [them] if we are not happy about anything." Another relative told us, "If I had concerns I would go straight to [name of registered manager] or [name of deputy manager]. If you have anything to say they act immediately."

End of life care and support

- Staff had received training in how to support people at this stage of their life. Staff also understood the importance of supporting people's relatives and friends at this sensitive and emotional time.
- People who had expressed a wish to discuss their end of life wishes had 'what I want for the future' advance care plans. These included details about choice of burial or cremation, funeral arrangements and the service. This meant a person's final wishes could be respected and followed. A relative told us, "We have done [name's] end of life care plan so that it is all in place for when the time comes."

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 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.

At our comprehensive inspection in December 2018 the provider had failed to establish and operate systems to assess, monitor and improve the service and mitigate risks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a wealth of experience. A staff member told us, "Things have improved over the past six months since [name of previous support manager and lead nurse] were [here] and now [name of registered manager and deputy manager] are here it's just getting better." A professional feedback to us, 'We met [name of registered manager] just after [name of registered manager] started, [name of registered manager] appears to be a passionate and professional manager, who is very keen to move St Martins Grange forward.'
- Auditing had improved since the last inspection. This was now more comprehensive with follow up actions taken when identified. Audits covered areas such as care plans, call bells, health and safety, infection prevention and control, weighing equipment calibration and accidents/incidents.
- The management and staff were clear about their roles and responsibilities. The registered manager said, "It's about creating a culture of care and empowering staff. Staff need a clarity of purpose and the freedom to act. I have a legal responsibility to ensure people are well cared for."
- All required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- Staff and their records confirmed they were encouraged and supported to develop professionally. One staff member told us, "I've finished my NVQ2 and am starting NVQ3. [Name of previous support manager] put me on it and [name of deputy manager] has carried this on."
- The registered manager was introducing a staff recognition scheme. This had been discussed at a recent team meeting. A panel was being created of people, relatives and staff who would nominate colleagues for 'team member of the month' and a financial reward for going 'above and beyond.'
- The registered manager understood the requirements of Duty of Candour. They told it was their responsibility to be, "Honest, open and transparent" when incidents happened and "Preferably have a face

to face meeting with the people affected."

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

- There was an improved atmosphere at the home. There was an open, friendly and supportive culture. Staff commented on this, "Previously there was lots of talk about the past but now staff are looking to the future. I feel staff are happier", "I think staff morale has improved. The registered manager brings joy to the home" and "The culture is changing a lot. I'm very positive about the home. We've all worked so hard." A relative told us, "The atmosphere is so much nicer now." Another relative said, "There has been a big change. The energy in the home is different. It gets you as soon as you walk in the front door, the changes." The deputy manager said, "I want to see the home glow, it's my mission. [Name of registered manager] feels the same."
- Staff got on well with each other. We observed staff providing timely support to their colleagues. One staff member said, "I love the staff here. We're a really close team. I moved from agency to be a permanent staff member and don't regret it a bit."
- The home now benefited from a registered manager who was seen as enthusiastic, accessible and supportive; as was the deputy manager. A relative said, "[Name of registered manager] is lovely, friendly, [their] door is always open and always speaks with us." This view was mirrored by staff who told us, "[Name of registered manager] is good fun, [their] door is always open", "The registered manager is on top of everything", [Name of deputy manager] really supports us. You can ask [deputy manager] anything. They make a good team" and "The deputy manager is amazing and puts everything into the job."
- Relatives and staff had confidence in the registered manager. One relative commented, "[Name of registered manager] has [their] eye on the ball 24/7, [name of registered manager] doesn't miss a trick. [Name of registered manager] is doing a great job, is positive and a strong leader and genuinely wants the best for his staff." A staff member said, "[Name of registered manager] is always very keen that everything revolves around the residents." The operations manager expressed, "[Name of registered manager] is an excellent manager. We have definitely made in-roads."

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

- Annual surveys were used as an opportunity to find out what the home was doing well and what could be improved. Although the November 2019 staff survey was not overall positive it came following a time of reconfiguration of the home, re-distribution of staffing within the home and a long period of management instability. The home now had stable management and a much happier staff team all striving to deliver and sustain an improved quality of care and pleasant working environment.
- The registered manager had introduced a newsletter which helped to keep people and their relatives informed of past and upcoming activities, home developments and celebrated people's interests and achievements.
- Resident and relatives' meetings were held regularly. A person told us, "I've been to a couple of the meetings. I said about the heat of the food and it improved." One relative said, "I went to a relatives and residents meeting in January, we got an invitation. We feel involved and they are involving the carers in the changes which is important as they know what changes are needed."
- Regular team meetings were held to share key information and ideas. Meetings were advertised around the home and held at times that enabled both day and night staff to attend. Minutes from February's meeting showed topics discussed included: elements of a caring culture, teamwork, a new future for the home, rotas, training and CQC's key lines of enquiry.

Working in partnership with others

- The home had established and maintained partnerships with other agencies to provide good care and treatment to people. The management and staff worked closely with local authority quality improvement team, surgeries, a community mindful café and commissioners.
- The home was set to host a community leg ulcer clinic and had secured sponsorship for the garden from a local dementia friends group.