

Derbyshire County Council

New Bassett House Care Home

Inspection report

Park Avenue
New Bassett House, Shirebrook
Mansfield
Nottinghamshire
NG20 8JW

Tel: 01629537117

Website: www.derbyshire.gov.uk

Date of inspection visit:
11 September 2018

Date of publication:
17 October 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 11 September 2018 and was unannounced.

New Bassett House 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 home has one floor with four wings containing bedrooms and bathrooms with communal spaces around the home, including a tea room for people and visitors to enjoy. There was a well-maintained garden with secure areas. The service was registered to provide accommodation for up to 40 people. At the time of our inspection 35 people were using the service.

New Bassett House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the home 25 & 27 January 2017. The home was rated as 'requires improvement' and we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff training was not up-to-date, and equipment used for the safe moving and handling of people had not been checked or serviced in a timely manner and in accordance with current health and safety recommendations.

Following the last inspection 25 & 27 January 2017 we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions of safe and effective from requires improvement to good. We found the provider had acted to ensure equipment had been serviced and maintained. Some staff refresher training record was still required however, measures were in place to address this. This meant the provider was no longer in breach of the regulations.

The registered manager felt well supported by the provider. The management team carried out a range of audits to check the support and care people received to continually monitor and improve the quality of the service. However, the provider had not consistently monitored and analysed information relating to falls occurring within the home and care plan audits had not always been completed.

The monitoring of staff training had improved however, some staff still required refresher training and this was being addressed by the registered manager and the providers' training department. Risks to people were assessed and plans implemented for staff to follow to reduce the risk. Although some assessments had not been updated, staff were still knowledgeable about people and the support they required.

Staff were knowledgeable about their role and put their learning into practice. People were supported to attend health care appointments to maintain their health and well-being and received support with food and drinks that took account of their preferences and dietary needs. People's health needs were regularly

monitored and they were referred to external healthcare professionals when a need was identified.

There were sufficient staff to meet people's needs and provide support when required. Medicines were stored, managed, and administered safely and people received their medicines on time.

People were supported to have choice and control about their care and the registered manager and staff team ensured people were cared for in an environment where they were supported to live their lives as they wished. People were encouraged and supported to pursue interests and hobbies, as well as maintaining relationships important to them.

The staff demonstrated they had a good understanding of the visions and values of the home which were to ensure people's independence was supported and they were well cared for. People told us they were encouraged and supported to maintain their independence. People were treated with respect and family members and friends were encouraged to visit as often as they wished.

Staff were caring, kind and supportive and ensured people's privacy and dignity needs were met. The management team and staff had a good understanding of people's individual needs and preferences.

People told us they felt safe at New Bassett House. The registered manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. Staff had a good understanding of risks associated with people's care needs and how to support them.

People and relatives knew how to make a formal complaint and told us they felt comfortable raising any concerns they had with the staff. The provider had systems in place to monitor formal and informal complaints so they could identify areas where improvements could be made.

Staff felt the management team were supportive and promoted an open culture within the home. Staff could discuss their own development and best practice during one to one supervision and team meetings.

People were encouraged to share their views about the quality of service provided through regular meetings and quality surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff to support people safely. Staff knew how to protect people from harm. Premises and equipment were maintained and safety measures were in place. Recruitment procedures reduced the risk of employing unsuitable staff. Risks related to people's health and welfare had been appropriately assessed. The home was clean, and staff understood the importance of infection control. Medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective

Staff put their learning into practice and were positive about the training. Some refresher training was still required but the provider was addressing this. People were supported with their choices. Where people were unable to make decisions appropriate assessments and decisions process were in place. The environment supported people's needs and assisted them finding their way around the home. People enjoyed the meals and appropriate referrals had been made to health care professionals to support people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness, compassion, dignity and respect. The registered manager encouraged staff to value equality and diversity of the people they supported. Visitors were welcomed at the home at any time of the day.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were responded to well, and they were

supported to be involved in activities that were meaningful to them. Complaints had been managed in line with the provider's policy and procedures. Staff were providing end of life care to people in the home with support from other healthcare professionals and people's wishes had been gathered.

Is the service well-led?

The service was not consistently well led.

Governance systems were not consistently in place to support and monitor the quality of the service and drive improvements. People's views had sought and considered. Staff felt supported by the manager and people and relatives spoke positively about the management team. Staff had a shared vision to provide high quality care for people.

Requires Improvement ●

New Bassett House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 September 2018 and was unannounced. Two inspectors conducted the inspection.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. For example, the PIR stated staff responded to people's needs and passed important information on to senior care workers and the registered manager. We observed this taking place during our inspection visit.

We reviewed the information we held about the service. We looked at information received from statutory notifications the manager had sent us and information received from members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with seven people who lived at the home and four relatives. We spoke with the registered manager, the director of care services manager and six staff including one senior care worker, two care workers, one agency worker, one member of domestic staff and the cook. We also spoke with two healthcare professionals who attended the home on the day of our inspection visit.

We reviewed five people's care plans to see how their support was planned and delivered. We reviewed a range of management records which included staff training, audits, staff meetings and falls data to assure people received a quality service and the providers service improvement plan. Following our inspection visit

we asked the registered manager to send us additional information regarding staff training. This was provided to us in a timely manner.

Is the service safe?

Our findings

At our last inspection in January 2018, we found the provider had not ensured that specialised equipment used to move and transfer people safely had been maintained regularly. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and equipment had been maintained regularly and the provider was no longer in breach of the regulations.

There was a system of checks and audits to ensure the environment and equipment was kept in good order to maintain people's safety. Fire safety training was carried out and regular maintenance checks made sure people were kept safe and risks to their health and welfare were minimised. There were individual safety plans in place for people in the event of an emergency such as a fire.

All the people we spoke with confirmed they felt safe living at New Bassett House and provided us with positive comments such as, "I used to live alone, but now I feel safe." And, "The staff are always around for me."

Staff understood their role in keeping people safe and how to protect them from abuse and had completed safeguarding training. Staff described to us the different types of abuse and knew what to do if they suspected someone was at risk of abuse and who to report their concerns to. Information was also displayed in the home's entrance advising how visitors could report any concerns and who to. The registered manager understood their responsibility to report any concerns to the local authority to ensure the safety and welfare of people, and had made appropriate referrals where necessary.

There was a system in place to identify risks and protect people from harm. Each person's care file had a number of risk assessments which related to their individual needs. For example, if they required equipment to help them to transfer. Where risks had been identified, staff had guidance and information that helped them to manage risk in areas such as manual handling, mobility, preventing sore skin and nutritional needs. Most risk assessments had been reviewed and updated by staff to make sure risks to people were minimised when their needs changed. However, a small number of records had not been updated but we found staff were knowledgeable about the current risks to people and how to manage them. Staff were updated about any changes to risks during shift handovers which meant they continued to provide the care, support and treatment people required to keep them safe.

Where people had behaviours that challenged which posed a risk to themselves and others, there were support plans in place for staff to follow. This identified the possible triggers of the persons behaviour and suggested solutions to reduce the persons anxiety. We observed staff used these techniques in line with their support plan to calm and reassure people effectively.

Everyone we spoke with said there were enough staff to meet people's individual needs. Staff carried individual pagers that alerted them when a person had pressed their call bell for assistance and we

observed they responded in a timely manner. The provider had used agency staff to support staffing numbers, to ensure consistency for people needing support regular agency staff were used. The agency staff we spoke with and observed, had a good knowledge of people and were able to support the established staff team. For example, one person was reluctant to drink enough fluids to maintain their health and well-being and staff were encouraging them to drink more. The agency worker was aware of this and we observed them supporting the person with their lunchtime juice. At the shift handover they discussed this with the new staff coming on duty and requested they monitor the person closely.

People's medicines were stored and managed well, and there were clear medicine policies and procedures in place to ensure people received their medicines safely. Staff who gave medicines had received training in medicine management and their competency was regularly assessed to ensure they continued to give medicines safely. There was guidance in place for when people needed 'as required' (PRN) medicines, such as pain relief and guidance for staff about when the medicine may be required. For example, one plan advised staff the person may rub their knees to indicate they were in pain. During the inspection visit we heard people being asked if they required any pain relief and people we spoke with told us staff responded promptly if they needed medicine. Regular audits were carried out to check medicine administration records were completed correctly.

Measures were in place to reduce the risk of infection to people and regular cleaning schedules were in place to maintain the cleanliness of the home. Domestic staff had received relevant training and understood the importance of maintaining a clean environment to reduce the risk of possible infections. Staff used aprons and gloves when providing personal care to people and handling food and the registered manager conducted regular audits to monitor the standards of hygiene within the home.

Staff understood their responsibilities to report incidents of concern and where there were identified 'lessons to be learnt' the registered manager and provider shared this information with staff through team, and one to one, meetings and staff handover sessions. For example, it had been identified some food and fluid charts to maintain people's health and well-being were not consistently being completed at night time. Staff were reminded of the importance of this at team meetings.

Is the service effective?

Our findings

At our last inspection in January 2017 we found records relating to staff training were not always up-to-date. We saw some staff had not received training in key areas such as, first aid and fire training and the provider was in breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection visit we found the provider's staff training records had improved and the provider was no longer in breach of the regulation. However, some staff still required refresher training in areas such as first aid and safeguarding. The registered manager was addressing this and dates for staff to attend the required training had been booked. During our inspection visit, we observed staff putting their training into practice, for example we saw people being moved and handled safely and staff were knowledgeable about the importance of good nutrition and how to keep people safe from the risk of falls and managing behaviours that challenged.

Staff new to the home received an induction to ensure they understood their role and responsibilities and had the knowledge to support people effectively. Staff spoke positively about the training they had received. One member of staff told us, "It's good to know how to use new equipment and new skills." A care staff member had reflected on their training, saying, "It's good as it takes you out of the home and enables you to reflect on your practice."

Staff told us they could discuss their training and developmental opportunities during one to one meetings with the management team. People and their relatives told us they felt staff were competent in carrying out their roles, one relative told us, "I think the staff are very good at their jobs, they seem knowledgeable."

People told us they were given choices about the care they received and we observed people's views being respected, for example what food they would like to eat and their personal choice of clothes to wear. Some people chose to have their pyjamas on after their afternoon bath or shower and relaxed until they decided what time they went to bed. Daily logs and care plans showed that some people chose to rise early in the morning and they were supported with this choice. One person told us, "I choose what I want to do."

People were supported to maintain a nutritious diet that met their preferences. People told us they enjoyed the meals and they had a choice of food daily. We observed the lunchtime meal. One person had received their meal, but then told staff they no longer wanted it, care staff asked the person what they would like instead and they chose poached egg on toast. The cook was informed and this was prepared for the person who ate their new meal with support from the staff.

We spoke with the cook who was aware of people's dietary requirements and had made sugar free puddings so that people living with diabetes could enjoy the same meal as everyone else. People were able to access food and drinks throughout the day. There was good communication between the cook and staff regarding specific diets people required, for example, some people required soft diets as they had difficulty in swallowing. Written information about people's requirements was provided to the kitchen staff by the care

staff, so they could refer to it when needed.

The cook spoke with people about the meals on offer at the resident meetings and had taken on board people's request for alternative choices. For example, replacing lasagne with mince and onion pie. People's weights had been monitored to maintain their health and well-being and where concerns were identified appropriate referrals were made to healthcare professionals.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

The registered manager had a good understanding of the MCA and DoLS legislation. They had undertaken capacity assessments to determine which decisions each person could make themselves and when decisions were required these were made in the person's best interests. Staff had a good understanding of the principles of the MCA and how this affected their practice. For example, at the staff handover we observed staff discussing one person's capacity to make decisions about their diet. Their discussion demonstrated their understanding of people's right to make decisions about the care and support they required. Where people might be restricted the registered manager knew to make a referral to the local authority for a DoLS. At the time of our inspection visit there was no one being restricted in this way; however, the registered manager was reviewing this for some people.

Care workers understood the importance of obtaining people's consent prior to providing care and support. Staff told us they would always ask people for their consent prior to undertaking care tasks. One staff member said, "We always ask people how they would like to receive their care and if we can assist them." We observed throughout our inspection visit that staff gained people's consent before providing support, for example, asking if they would like help cutting their food up at lunchtime. When people declined support, staff respected their wishes.

The provider worked in partnership with other health care professionals to support people's needs. Healthcare professionals we spoke with said staff were very responsive to people's needs and followed any guidance that was given. For example, to monitor food or fluid intake to support people's health and well-being. We observed these were recorded however some of the charts we looked were difficult to read as staff were having to write information in small boxes. We discussed this with the registered manager who acknowledged our comments and told us they would devise a clearer chart for staff to use.

The provider had made improvements to the home and the corridors were themed to assist people living with dementia in finding their way around the home. For example, one corridor had a theme of the seaside and was decorated with pictures and swimming costumes hanging on the wall. There were clear signs to support people to find their way around the home, for example toilets and bathrooms were painted a different colour to make them easily identifiable which supported people in being able to remain independent. Each room had a small blackboard hanging on the wall outside showing the person's name and some had photos of themselves and family. People had been able to personalise their room with photographs, personal items and televisions.

Is the service caring?

Our findings

People and their relative's, we spoke with described the level of care people received from staff as very good and praised the caring attitude and nature of staff. One person said, "The staff are brilliant, they really do care." Another told us, "You just can't fault them." A relative told us, "The staff are absolutely lovely here."

During our inspection visit we saw people were treated kindly by staff and it was clear there were positive relationships between them. We observed staff putting their arm around people and holding their hands and people appeared to respond positively to the contact. We heard friendly banter and laughing during the day and several people, including relatives, spoke of feeling cared for by the staff and listened to. One relative commented, "Staff always put the needs of people as first and foremost."

The registered manager encouraged staff to spend time with people and build relationships. Interactions between staff and people appeared to be positive, caring and respectful. People and relatives seemed happy and at ease when engaging with staff.

Staff we spoke with told us they enjoyed caring for people, one commented, "If I can make someone smile and laugh that's great." The registered manager told us staff shared the vision that, "This is people's home." One staff member told us, "It feels like a family in a way, I think about how I would want someone to care for my father and treat people here the same way."

Staff showed sensitivity and were respectful to people, for example at lunchtime we observed some people were having difficulty cutting up their food. We saw one staff member moving around each table and discreetly whispering into people's ears asking if they would like some help. This ensured other people in the room could not hear the conversation and avoided the person they were speaking with becoming embarrassed.

Relatives told us they could visit at any time during the day or night and staff were always welcoming. One told us, "You always feel welcomed and the staff are always pleasant."

Staff ensured people were given choice on how they liked to receive their care and support, one person told us, "I choose if I would like to have a bath or shower." People chose where they would like to sit and there were several areas around the home they could choose from. The registered manager and staff had created a tea room in a separate room and we saw people enjoying using this space for private time with their families.

We observed throughout the day that staff knocked on people's doors before entering and all the people we spoke with told us staff were respectful of their privacy. One person commented, "Staff always knock before entering my room. When I need personal care, staff make sure the curtain is closed." During the day one person had uncovered their legs, we saw staff were attentive and quickly covered them up again to preserve their dignity. The registered manager told us respecting people's privacy and dignity was important and the provider had awarded the staff with an internal achievement award for their work in this area. Where staff needed to talk about personal care with people we heard they carried this out discreetly to maintain

confidentiality and people's records were secured safely.

People told us they were supported to remain independent and this was important to them. Where people were attempting to mobilise, we observed staff offer support to ensure the person was safe in standing and would then accompany them in moving about the home and provided reassurance. We spoke to several people who told us staff would offer assistance, but recognised when it was important to the person that they completed a task alone. For example, one person told us, "I do as much as I can and I like that they allow me." Staff told us they always supported people to carry out as much of their personal care as possible, for example washing and dressing themselves.

To make sure staff shared important information about people with each other, there was a handover meeting at the start of each shift. We observed the afternoon handover and saw staff communicated well about people, changes in their conditions and the support they required. All the staff we spoke with told us there was good communication amongst the team and through the inspection visit we heard staff passing on useful information. For example, if a member of staff needed to leave a room they requested another member of staff take over so people could be observed and assisted with any support they required.

Is the service responsive?

Our findings

Staff were available to support people whenever they needed their assistance. One person, "The staff get to people quickly when they need help." We observed this throughout our inspection visit.

People were supported in accessing interests and hobbies that met their needs. On the day of our inspection visit we saw people enjoying knitting, using art colouring books and playing dominoes. One member of staff we spoke with told us they had learnt how to knit so they could support people with knitting and spend meaningful time with them. We saw another member of staff assisting a person having difficulty with their knitting. They helped the person saying, "Let me do a row of knitting to get you back on track." In the afternoon staff organised a singing session with people and reminiscence songs were sung. All the group joined in and people clearly enjoyed the experience.

The registered manager showed us photographs from a 1940's themed party to remember world war two, that had recently been held at the home, and people spoke fondly of the event. They had been involved planning the party and making suggestions for food and games reminiscent of the war period. For example, dripping and jam sandwiches. Staff had dressed in Land Army clothing and everyone we spoke with told us how much they had enjoyed themselves. People had also been involved in making poppies from various materials and these were displayed on the walls in the home. Families were encouraged to take part in activities and some supported the home with a weekly bingo session.

Each person had a care plan that was reviewed regularly with a member of staff assigned to support them called a link worker. Where possible, people were involved in how their care was planned and delivered. Some of the records we looked at did not fully reflect the care people received and information was sometimes difficult to find. However, all the staff we spoke with were very knowledgeable about people and their care needs and were able to discuss the care they required in detail. The registered manager told us care records were stored both electronically and printed versions. However, acknowledged that the printed versions were not always up to date, they planned to review how they could improve this process.

People's unique and personal preferences were recorded in their plans and information about the person and their lives was informative and detailed. For example, people's family members of importance, their previous occupations and places of interest they used to visit. We saw good examples of how staff used this information to engage with people. A staff member told us about one person living at the home who sometimes showed signs of agitation. To calm the person the staff member would talk with them about an area of the country that the person used to visit and enjoyed when they were younger. They commented, "That works really well."

People with disability or sensory loss were supported with accessible information within the home which included a hearing loop system and large print documents, for example feedback questionnaires. People's spiritual needs were supported. A local vicar attended the home regularly to provide a service and support and the Salvation Army were due to visit following our inspection visit.

The registered manager and staff recognised the importance of caring for people with end of life care, and we saw people's wishes were supported on how they wished to receive their care and their final requests, for example where they would like to be buried. District nursing teams and community matrons were also involved in the support of people nearing the end of their life.

People and their relatives told us they knew how to make a complaint and were confident that any concerns would be acted on, the complaints procedure was on display in the main foyer of the home. There had not been any formal written complaints made in the previous 12 months however, informal complaints were recorded and outcomes monitored by the provider to identify any trends.

Is the service well-led?

Our findings

At our previous inspection in January 2017 we found the provider had breached two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager and provider had taken appropriate action in relation to the maintenance of equipment used to move and handle people and staff training and were no longer in breach.

Although some staff refresher training was still required the registered manager had been open and transparent regarding this and was actively working to make improvements alongside the provider's training department. We could see future dates had been identified for staff to receive their training and sessions booked.

There was a registered manager in post. We saw they completed monthly audits to assess the quality of the service. They monitored and analysed accidents and incidents to identify themes and trends to reduce the likelihood of them re occurring. However, we could not see analysis of falls recording taking place within the home, for example where and when people fell which might indicate a trend. We discussed this with the registered manager who acknowledged further examination of the information was required and they would address this.

We did not see that audits of care plans had been completed and we found one person's specific dietary needs had not been shared with the cook, the registered manager told us they would address this immediately.

There was a clear management structure in place to support people and staff at New Bassett House. Staff told us there was a strong team spirit and they prided themselves in working together to support people and each other. People and their relatives confirmed staff were very supportive of them and everyone we spoke with knew who the registered manager was and told us they were always available to speak with. One person said, "I sit with the manager and I am happy to tell her anything." Another person said, "The manager is very pleasant and approachable." The registered manager told us they had an 'open door policy' and encouraged people and their relatives to visit at any time to speak with them.

People were asked to give feedback about the service. The provider ran yearly quality assurance questionnaires and we saw the results of the most recent one. There were positive comments, for example, about the standard of care people received, how they were treated by staff and that people's needs had been responded to in a timely manner.

We had positive comments from staff when we asked if they felt able to raise issues with the management team. One told us, "The senior care staff are so supportive." Agency staff we spoke with told us they felt well supported by the registered manager when they first started working at the home and the staff welcomed them and made them feel part of the team. They went on to say they had been supported by experienced staff to become familiar with people and the routine of the home and the registered manager had given them time to read people's care plans to understand their individual needs.

Staff told us they were supervised using a system of supervision meetings and observations. Regular individual meetings provided an opportunity for staff to discuss personal development and training requirements to keep their skills up to date. Regular staff meetings were held, some topics discussed were staff rotas, ensuring the home was kept clean and tidy and the importance of accurately recording what people had to eat and drink to maintain their health and well-being.

Staff told us they found staff meetings useful and a good way to share important information about the home. One commented, "You can get things off your chest and the manager lets us know what we should be doing." Staff we spoke with were clear about their roles and responsibilities and the team appeared well organised. Staff told us they could speak with a member of the management when they needed to and there was an on-call system available 24 hour a day if additional support from a manager was required.

The director of care services told us regular audits were carried out and on the day of our visit they were visiting the home to carry out a medication audit. Results of audits were analysed by the provider's quality and compliance team to see if improvements needed to be made to the service provided.

The registered manager felt well supported by the provider and the director of care services manager spoke highly of the manager and staff. They told us, "I think the environment here is very happy. The manager is very dedicated and the staff are too." The registered manager met regularly with the providers other managers to share important information and areas of good practice.

The provider had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us to monitor the service provided to people.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.

The registered manager was working with community groups and businesses in the local area to raise the profile of the home and encourage visitors. For example, relationships with the local school had been established and their brass band had been organised to visit the home and play for people, the tea room was available to members of the community to use, for example to hold meetings.