

Ourris Residential Homes Limited

Anastasia Lodge Care Home

Inspection report

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Date of inspection visit:
26 November 2019
27 November 2019

Date of publication:
02 January 2020

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

Anastasia Lodge is a residential care home providing accommodation and personal care to 28 people at the time of the inspection. The service can support up to 29 people. The service supports older people, primarily of Greek origin, some of whom were living with dementia.

The care home is two houses joined together and has been adapted to meet people's needs. The home offers single occupancy and shared occupancy bedrooms.

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

People told us that they were happy living at Anastasia Lodge and felt safe with the care and support that they received from care staff.

People knew care staff well and staff also knew people, their likes and dislikes and how they wished to be supported. Some care staff spoke in people's native language which enabled effective and responsive communication.

Care staff knew how to recognise possible abuse and explained the steps they would take to report their concerns and protect people from potential abuse.

People told us that staff were kind and caring and supported them in ways which respected their privacy and dignity but also promoted their independence.

Care plans were person centred, detailed and listed people's support needs and how they wished to be cared for in response to those needs.

Risks associated with people's health and care needs were assessed, giving guidance to staff on how to manage and minimise risks to keep people safe from harm.

Medicines were administered and managed safely, ensuring people received their medicines on time and as prescribed.

There were sufficient numbers of staff available at the home to ensure people's safety and that care needs were appropriately met.

Recruitment processes followed by the service ensured that only those staff assessed as safe to work with vulnerable adults were employed.

People were seen to eat and drink well. People always had access to drinks and snacks. Where required, people received appropriate support and assistance with their meals.

People's healthcare needs were monitored and were supported to access health and care services where specific needs and concerns had been identified.

Staff had access to training, further development and appropriate support to enable them to deliver care and support to people effectively.

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.

People and relatives knew who to speak with if they had any concerns or complaints and were confident these would be addressed immediately.

The registered manager and senior managers regularly monitored the quality of care people received and where issues were identified actions were taken to make the required improvements and promote learning to prevent re-occurrence.

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 (published 22 June 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 ●

Anastasia Lodge 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

The inspection was carried out by one inspector 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. One Expert by Experience visited the home to speak with people and visiting relatives. The second Expert by Experience made telephone calls to relatives to obtain their feedback.

Service and service type

Anastasia Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, we reviewed information we had received about the service since the last inspection which included notifications affecting the safety and well-being of people who used the service that is required to be sent to us by law. We also reviewed information, the provider sent us in the Provider Information Return. Providers are required to send us 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 nine people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the operations director, operations manager, the registered manager, the deputy manager, senior care workers, care workers, the activity coordinator and the chef. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at four 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 also reviewed.

After the inspection

We spoke with eight relatives following the inspection to obtain further feedback. We also continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and that care staff cared for them appropriately. One person told us, "You are looked after very well. There is no problem at all."
- Staff were able to describe the what they would look for to recognise possible signs of abuse and the actions they would take to protect people. One staff member explained, "We know our residents, if they are not eating or talking, they are crying a lot, we know something is wrong. I will report it to the managers, I will go to the all the managers."
- The provider had policies and procedures in place to guide staff on how to safeguard people from the risk of abuse and whistleblowing.
- The registered manager and the senior management team understood their responsibilities around reporting any concerns or allegations to the appropriate authorities.

Assessing risk, safety monitoring and management

- Care plans detailed risks identified with people's health and care needs. Assessments included information about the identified risk, how the risk affected the person and the actions for staff to take to keep people safe from those known risks.
- Risk assessments were reviewed monthly or sooner especially where change had been noted.
- Some identified risks required regular monitoring such as food and fluid intake monitoring where people were at risk of malnutrition or re-positioning charts where people were at risk of pressure sores. We saw records had been completed fully to manage the person's risk and maintain their wellbeing.
- Routine health and safety checks were completed to ensure people' safety within the home. These included checks and tests of equipment and systems such as fire alarms, fire evacuation plans, emergency lighting, gas and electrical safety, lifts and hoisting equipment.

Staffing and recruitment

- Throughout the inspection we observed there to be enough numbers of staff to safely and appropriately meet people's needs. Relatives confirmed that they always saw staff available around the home whenever they visited. One relative told us, "I go at various times and there seems to be enough staff to cover."
- Senior manager monitored people's dependency levels regularly to review and determine their needs and ensure staffing levels were set and where required adjusted accordingly to keep people safe.
- Recruitment processes and systems followed by the provider ensured that only those staff assessed as safe to work with vulnerable adults were employed.

Using medicines safely

- Policies and processes in place enabled the service to ensure people received their medicines safely and as prescribed.
- Medicines were stored securely. Medicine administration records were complete and there were no identified gaps in recording.
- Staff had received appropriate training followed by an assessment of knowledge to confirm their competency when managing and administering medicines.
- Where people had specialist directions and requirements on how to receive their medicines safely, these had been clearly documented within the person's care plan with multi-disciplinary agreements in place to ensure decisions had been made in the person's best interests.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers.
- Systems were in place to monitor and check medicine stocks to ensure people were receiving their medicines as prescribed.

Preventing and controlling infection

- People were protected from the spread of infection. Control measures were in place to support this.
- Staff received training on infection control and had access to personal protective equipment which included gloves and aprons.
- Throughout the inspection the home was observed to be clean and free from mal-odours.

Learning lessons when things go wrong

- All accidents and incidents were recorded, reviewed and analysed so that issues could be addressed, and further learning implemented to improve practices and prevent further re-occurrences.
- The registered manager and staff team discussed each incident and accident at handovers and team meetings to share and review practices and improvements. The registered manager told us, "We have a protocol after every accident and incident we have to change something to improve."

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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 requires improvement. At this inspection this key question has now improved. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found minor concerns in relation to the Mental Capacity Act 2005 and that consideration had not been given to people's lack of capacity and best interest decision around the locking of people's bedrooms. At this inspection we found that the service had addressed these concerns.

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.

- Where people had been assessed as lacking capacity, the service had ensured this was incorporated into people's care plans detailing decisions that had to be made in people's best interest and how this was to be achieved safely.
- Records confirmed that relatives and where required health care professionals had been involved in the assessment process to ensure people's best interests had been considered.
- Applications of DoLS authorisations for people, where this applied, had been submitted to the local authority and these were reviewed as required.
- All staff understood the key principles of the MCA and demonstrated ways in which people should be supported in line with these principles.

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

At our last inspection we observed concerns in the ways in which people were supported with their meals. The interactions observed did not promote person centred care. At this inspection we found that the service had made the required improvements.

- People were observed to eat and drink well. Snacks and drinks were available and accessible to people at any time. Food was cooked freshly and well presented. We observed people eating well.
- People were offered choice and alternatives of meals. Photographs of meals offered on the menu were on display in the main dining room so that people could make a visual choice of what they wanted to eat. During the inspection we discussed with managers the possibility of offering actual meals served on plates so that people could make a choice. This was considered and on the second day of the inspection we observed that the chef prepared plates with both options of meals available and showed people so that they could choose what they wanted to eat.
- Where people had specialist needs or cultural requirements, staff and the chef knew of these and supported people accordingly. This included people who required pureed diets of specific religious requirements such as halaal meat.
- Care plans recorded people's specialist needs as well as their likes and dislikes in relation to food and drink.
- People and relatives were complimentary of the food. One person told us, "The food is very good." Relatives feedback included, "She [person] has a good appetite. The food seems to be healthy" and "The food is good, but she [person] doesn't eat very much. They [staff] give her a drink that contains vitamins."

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

- People's needs and choices were assessed prior to their admission to Anastasia Lodge so that the service could determine whether they were able to meet the person's needs effectively.
- The operations manager explained that as part of the assessment process, they encouraged the person and their family to visit Anastasia Lodge so that they also had the opportunity to decide whether Anastasia Lodge was the right place for them.
- Once the placement was agreed and based on the information gathered at assessment, the registered manager compiled a care plan which detailed people's needs, choices and wishes on how they wished to be supported.

Staff support: induction, training, skills and experience

- All staff received appropriate training and support required to carry out their role effectively.
- Relatives told us that from what they observed, they felt staff were skilled and knowledgeable in their role. One relative stated, "They [staff] understand her condition and manage it well."
- All staff on commencement of employment, went through an induction and a period of working alongside a more qualified member of staff before being assessed as competent to work with people. Alongside the induction staff were required to attend training in a range of care related topics. All training was refreshed periodically. Records confirmed this.
- Staff told us that the provider was very focussed on ensuring all staff members had access to a wide range of training and career development opportunities. One staff member explained, "Even now we have a lot of training. They are helping us to improve things and get better and feel comfortable with what we are doing."

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

- Staff worked effectively with a variety of health and social care agencies to ensure people received appropriate and timely care.
- One visiting healthcare professional told us, "When they need help they are quick to pick up and call us."

- Staff knew people well and were able to recognise and report any concerns or changes in health so that the appropriate care and support could be requested. One relative told us, "I can't praise the staff enough. They handle her [relative] very well. I would get calls when she was really bad; the carer would call me so that mum could speak to me."
- Where issues or concerns were identified, we saw records confirming that referrals had been made to relevant services to access the specialist support and assistance required and records were updated following professional input.
- People were supported with their oral hygiene. Support needs in this area were documented in people's care plans and included information such as the management of dentures. Care staff had received training on oral hygiene.

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

- People were able to access all areas of the home including the garden and outdoor spaces.
- Appropriate signs were available throughout the home to enable people to find their way around and locate their bedrooms and toilet facilities.
- There were two lounges available within the home which people were able to access. The focus of one lounge was towards people who communicated in Greek and the other lounge was for people who spoke English. However, people had the choice to sit where they felt most comfortable.
- People were able to decorate and personalise their bedrooms as they wished.
- Further attention could be given towards additional enhancements within the home to assist people living with dementia. For example, use of colour, photographs, sensory items, personal memorabilia, memory boxes all of which can aid and assist people's dementia journey.

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 told us that they were treated well and with dignity and respect. One person told us, "Oh yes I do think the carers care."
- We asked relatives whether they found carers to be kind and caring. Responses were overwhelmingly positive. Feedback included, "Mum's always being cuddled and they love her", "[Caring] very much so. I see how they stroke her hair and kiss her" and "I think they [staff] are [caring]. I've seen them with other people and I see them sit with the patient and feed them, talk to them. For what they have to do, I think they're amazing."
- People knew all staff really well and vice versa. We saw that people did not hesitate in approaching staff and did so with confidence. We saw kind and caring relationships had been developed between people and staff and staff responded to people's needs instinctively without any need for prompts. Staff knew of people's likes and dislikes and how they wished to be supported with these.
- Care plans detailed people's needs and wishes about their religion, disabilities and their culture. Regular religious ceremonies were held in the home and where people followed a different faith, appropriate arrangements were made for a representative from that faith to attend the home and support the person accordingly.
- Staff understood the importance of equality and diversity and explained how people should be treated with respect irrespective of their religion, disability or sexual orientation. One staff member told us, "It makes no difference, it doesn't matter what culture you are. We treat people as individuals and with respect."

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

- Throughout the inspection we observed that people were able to express their views and were involved in making decisions on how they received their care and support.
- Relatives we spoke with confirmed that they were also involved in all aspects of care planning and were able to give their views and ideas about the care and support that their relative received. One relative said, "They don't make decisions without calling me first. Whenever I call, there's always someone available to talk to me."
- We saw records confirming monthly care plan reviews. Where relatives were not able to attend, the registered manager ensured that upon the relatives next visit, they were given a copy of the care plan to review and sign confirming their involvement. One relative stated, "I get to see the care plan every month and I am asked to sign it. I think that is very important."
- People and relatives were also involved in regular residents and relatives meetings where they had an opportunity to share their views and give ideas about how they received care and support.

- Topics discussed in the meetings included activities, menu planning, feedback about care, staffing and recruitment. Relatives told us, "We are able to make suggestions. We talk about different things each time, as things change daily" and "The only suggestion I made was the activity side of things could be improved, and I think it has been."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always promoted and upheld. Throughout the inspection we observed this in practice and saw that staff always knocked on people's bedroom doors before entering and spoke to people with respect.
- People and relatives told us that they and their relatives were always treated with dignity and respect. One person told us, "Yes they do respect me." Relatives feedback included, "Yes, 100%" and "Always 100% as my [relative] always gives me feedback. She is always asked what clothes she wants to wear, which trousers, which tops, which cardigans every day. She gets to choose."
- Staff understood the importance of respecting people's privacy and dignity and gave us various examples of how they did this. One staff member told us, "If they are in their room, before I enter I knock, I explain what I am doing, close the curtains, close the door."
- People were supported to be as independent as possible. We observed staff encouraging people to do things for themselves where possible and only assisted where required. One staff member explained, "We have to help them if they need, be with and make sure they are safe, but if they want to do things we have to let them, it's good for them to try to do things."

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

- Care plans were detailed and person centred. Clear information and guidance was available to care staff on how people wished to be supported and what was important to them.
- People and involved relatives together with the service had created life history booklets that provided information about the person, their life events, important relationships and their interests and hobbies. This enabled care staff to deliver support and engage with people in a way which was responsive to their needs.
- Care plans were reviewed monthly or sooner where significant change had been noted.
- Relatives and where possible people had been involved in the regular review of their care plan.

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 needs were clearly documented within their care plan. This included information about their hearing, eyesight, languages they spoke and other specific information that would support people with their communication.
- Many people living at Anastasia Lodge spoke in Greek, which was their first language. Care staff who did not speak Greek, had over time, learnt the language, so that they were able to effectively communicate with people.
- The service ensured relevant documents were translated into Greek and other easy read formats so that people were able to access information especially procedures on how to complain and newsletters about the home.

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

- We observed throughout the inspection that people had established positive relationships and friendships with each other and with all the staff that supported them at Anastasia Lodge.
- Relatives and friends were able to visit Anastasia Lodge at any time. There were no restrictions on visiting times and visitors were always welcome.
- Where people's relatives lived abroad, the service had electronic devices available so that people could call their relatives through video and telephone calls.
- Staff organised and delivered a variety of activities for people to participate and be involved in. Activity charts were visible around the home that listed activities such as ball games, board games, exercise

sessions, entertainers and arts and craft.

- We also saw photos of outings that people had participated in and included visits to local areas of interest and outdoor garden areas.
- During the inspection we observed people playing with a bat and balloon, singing and dancing. We also saw people involved in making flower arrangements and baking biscuits.
- Since the last inspection, the service told us about the range of activities that had been organised which took into consideration people's religious and cultural beliefs as well as social interests. We saw photos of visits from local religious communities, celebrations of the international day of older persons, grandparent's day, African day and a variety of musical entertainers.
- Feedback from people about the activities included, "I play ball games and cycle with my feet" and "I like to look at pictures and papers." One relative told us, "[Relative] dances with the carers; they have activities which [relative] enjoys. They also have cuddly toys."

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they had any concerns or complaints to raise and were confident that their concerns would be appropriately addressed. One relative told us, "I would speak to the manager and my concerns would be taken seriously."
- The complaints policy and procedure were displayed in the main reception area, which detailed how to make a complaint and complaints would be dealt with.
- Where complaints had been received, we saw records detailing the nature of the complaint, the investigation into the complaint, the outcome and any learning to be taken forward.

End of life care and support

- People had been given the opportunity to express their wishes around the care they would like to receive when approaching their end of life. People's wishes were recorded in their care plan.
- Staff had received training on end of life care.
- We saw compliments and thank you cards from relatives of people who had passed away. We also spoke to one relative whose relative had recently passed away who told us, "Everything that they [service] did was amazing and caring, from making sure she [relative] looked good, making sure her food was always there and clothes were always clean. All the carers loved [relative], the way she responded to them and the way she reacted to the carers, how her face would light up and smile at them when they came into the room in her own way which meant that she valued them."

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

- The provider and all staff at Anastasia Lodge continuously worked towards creating a positive culture which was open, inclusive and achieved good outcomes for people. Following the inspection, we were informed by the service that they had been presented with the award for being the best person-centred specialist care provider in London.
- People recognised all staff including senior managers and we saw people approaching and speaking with them with confidence. Relatives spoke positively about the home and the management and felt able to approach them at any time. Relatives feedback included, "Every time that I have needed to speak to [registered manager], she's always available. I would say she's caring and compassionate" and "Very approachable; she's [registered manager] there if I need her to be."
- Staff were very complimentary of the management and the provider stating that they felt very supported in their role and were always encouraged to excel in their role. One staff member told us, "They are really good managers, personally I feel open and ready to talk to them."

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 and the management team understood the importance of being open, honest and transparent with people, relatives, health care professionals and member of the community especially where something had gone wrong so that where required learning and required improvements could be implemented.
- Relatives told us that communication was good and that staff always informed them of any concerns relating to their relative. One relative told us, "If ever there's a problems they let me know."
- The registered manager and the management team understood their statutory responsibilities around notifying the CQC and the local authority of significant events, when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and the management team were clear about their roles and demonstrated a good understanding of regulatory requirements.
- A range of checks and audits were completed to monitor and oversee the quality of care people received. These included medicine checks and audits, health and safety checks, observations of care delivery and care plan reviews.

- Where issues were identified, action plans had been compiled detailing the nature of the issue and the timeframe within which the issue would be addressed.
- Learning and improving people's experiences of the care and support that they received was a key focus for the provider and the management team. All accidents, incidents, safeguarding's and complaints were analysed, reviewed and discussed with the staff team so that where required improvements could be made and learning outcomes could be taken forward.
- Throughout the inspection we gave feedback to the registered manager and the management team, which was received positively, and clarification was sought where necessary.

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

- People and their relatives were involved with the planning, delivery and review of their care and support package and plan. This was done through monthly care plan reviews and key worker sessions.
- People and relatives were also encouraged to engage with the service through the completion of satisfaction surveys every six months. This gave people and relatives the opportunity to give feedback about the quality of care they received and if they had any ideas or suggestions to make about improvements and changes that could be complemented.
- The most recent completed satisfaction survey was overall positive. Feedback from surveys with an analysis of results was then presented at resident and relatives meetings.
- The service produced quarterly newsletters for people and relatives which contained a calendar of forthcoming events, relevant updates and showcased through photographs organised events and activities that had taken place.
- Staff clearly understood the management structure in place. However, all staff were involved in all aspects of the management of the home and were encouraged to participate in regular staff meetings and forums. Staff told us that they were appropriately supported and given the opportunity to share experiences, give ideas and suggestions for learning and improvements and that these were listened to.
- The provider also placed importance on staff wellbeing and welfare and organised team events and social activities to boost and motivate staff morale and value their contributions to the running of the service.

Working in partnership with others

- The provider and Anastasia Lodge were well known within the community and had established links with local area facilities and service such as the local church, schools and shops.
- The provider offered day care services to people living in the community who could attend Anastasia Lodge for the day to socialise and participate in the activities organised within the home.
- Recently, the provider organised a four mile sponsored walk from Anastasia Lodge to Autumn Gardens, the providers second registered nursing home. People living at both homes, relatives, staff, senior managers, the provider and members of the community all participated and raised money for a national dementia charity.
- The service also worked in partnership with a variety of other agencies and health care professionals to support people's care and wellbeing. This included healthcare professionals, the local authority, local care homes, mental health professionals and district nurses.