Mr & Mrs L Leavy

Oldfield Bank Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 18, 19 and 20 October 2016. The inspection was unannounced and carried out by one inspector.

We last visited the service on 14 August 2013 where they met all the regulations we inspected.

Oldfield Bank is a residential care home registered to care for 28 people, some of whom have a dementia related condition. Accommodation is spread over four floors and there is lift access to all levels.

The provider is a husband and wife partnership, Mr and Mrs Leavy. Mrs Leavy was also the 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. The registered manager was supported by the home manager and the administration manager.

People told us that they felt safe at the service. There were no ongoing safeguarding concerns. Medicines were administered safely. We found the storage of controlled drugs, which require stricter controls, did not meet legal requirements. This was rectified immediately after our inspection.

Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service check [DBS]. We saw that staff carried out their duties in a calm unhurried manner and were available to provide emotional support to people.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe such as electrical and gas safety tests. We noted that the electrical installations certificate stated that installations were unsatisfactory and an electrician was currently addressing the deficits at the time of our inspection.

Staff told us and records confirmed that training, was available. An induction programme was in place. This did not demonstrate how staff were assessed as achieving acceptable levels of competence in all areas of their job role. We have made a recommendation about this.

There was a supervision system in place. Appraisals were not undertaken. The home manager told us that appraisals were undertaken as part of the supervision process. She told us that she would implement a separate appraisal system to ensure that support systems for staff were fully in place.

Staff followed the principles of the Mental Capacity Act 2005. Further improvements were required however, to ensure there was documentary evidence to demonstrate how the requirements of the MCA were met. We have made a recommendation regarding this.

People's nutritional needs were met and they had access to a range of healthcare services.

Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate care and support.

An activities programme was in place to help meet people's social needs. Several people told us that they would like to go out into the local community more frequently. The registered manager told us that this would be addressed.

There was a complaints procedure in place. None of the people or relatives with whom we spoke raised any complaints about the service.

People, relatives, health and social care professionals and staff were complimentary about the management of the service. One health and social care professional stated, "I would recommend this home to anyone looking for a residential home."

A number of audits and checks were undertaken. We found however, that the service's quality assurance system did not highlight the issues which we had identified such as the storage of controlled drugs, the positioning of bed rails, induction training and mental capacity assessments. We have made a recommendation about this.

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were safeguarding procedures in place. We had not been notified of one safeguarding allegation.

Medicines were administered safely. The storage of controlled medicines did not meet legal requirements. The provider took immediate action to address this issue.

The premises were clean and there were no malodours. Checks and tests had been carried out to ensure that the premises were safe. The electrical installations certificate stated that installations were unsatisfactory. An electrician was currently addressing the deficits at the time of our inspection and informed us the installations were safe.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff told us and records confirmed that training, was available. An induction programme was in place. This did not demonstrate how staff were assessed as achieving acceptable levels of competence in all areas of their job role. There was a supervision system in place. Appraisals were undertaken as part of the supervision process.

Staff followed the principles of the Mental Capacity Act 2005 in their work. Further improvements were required however, to ensure there was documentary evidence to demonstrate how the requirements of the MCA were met.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which detailed the individual care and support to be provided to people.

An activities programme was employed to help meet people's social needs.

There was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well led.

We found that the service's quality assurance system was not comprehensive and did not highlight the issues which we had identified. It was also unclear how the registered manager oversaw and monitored the service since the home manager and administration manager carried out all the checks.

Staff told us that morale was good and they enjoyed working at the service.

Oldfield Bank Residential 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.

The inspection took place on 18, 19 and 20 October 2016. The inspection was unannounced and carried out by one inspector.

Prior to the inspection, we contacted the local authority commissioning and safeguarding adults teams. We also checked all the information which we had received about the service including notifications which the provider had sent us. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.

The provider completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We spoke with the provider - Mr and Mrs Leavy, Mrs Leavy was also the registered manager. We also spoke with the home manager, administration manager, deputy manager, two senior care workers, two care workers, the cook and a member of the domestic team/maintenance. We spoke with 10 people and three relatives to obtain their views of the service.

We contacted four doctors, the district nursing team, a solicitor who represented several people who lived at the home and a senior ear care nurse who all responded to our requests for information.

We examined three people's care plans, staff recruitment files and training information. We also looked at records relating to the management of the service such as audits and health and safety checks.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I was nervous at home. I feel very very safe here." Comments from relatives included, "I never worry that she is not safe here" and "She is safe here – everyone is so lovely." Health and social care professionals told us that they considered that people were safe. One professional stated, "I would advise that I have never encountered any situation at this home that would give me reason to believe my clients were ever unsafe or neglected. Obviously if I did have any such concern I would look to move my clients to an alternative home immediately."

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. One staff member said, "I would report anything straight away." This meant that there were systems in place to help protect people from the risk of abuse. There were no ongoing safeguarding concerns. The provider had not notified us of one safeguarding allegation. The registered manager and home manager told us that because the allegation had been unfounded, they had not realised they needed to inform the Commission of the initial allegation.

We checked staffing levels at the service. Relatives and health and social care professionals told us that there were sufficient staff deployed to meet people's needs. Two people told us that more staff would be appreciated. Throughout both days of our inspection, we observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support to people.

We spent time checking the premises. People and relatives were complimentary about the premises. Comments included, "The upkeep of the property is lovely" and "It's lovely, I'm very happy with my room." All areas of the home were clean. Comments from people and relatives included, "There's no smell – it's good" and "It's clean." Mr Leavy showed us the sluice room that they were building for the effective disposal of waste and decontamination of incontinence equipment.

Checks and tests had been carried out to ensure that the premises were safe, such as electrical and gas safety tests. We noted that the electrical installations certificate stated that installations were unsatisfactory and an electrician was currently addressing the deficits at the time of our inspection. Following our inspection, the administration manager sent us an email from the electrical company who confirmed that the electrical installations were safe.

There were assessments in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included falls, moving and handling, malnutrition, pressure ulcers and bed rails. We checked bed rails and found that some of these were not correctly fitted. The provider addressed this at the time of the inspection and made sure that gaps we identified between the head board and bed rails were reduced to lessen the risk of entrapment and subsequent injury.

We examined the management of medicines. People told us that they received their medicines as prescribed. One person said, "I have my medicines given to me – they never forget." We looked at people's

medicines administration records and noted that these were completed accurately. There was a system in place for the receipt, administration and disposal of medicines. We checked the management of controlled drugs. These are medicines which require stricter controls because they are liable to misuse. We noted that the storage of these medicines did not meet with legal requirements. Following our inspection, the provider sent us evidence that they had purchased a new controlled drugs cabinet from their pharmacy suppliers.

Staff told us that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service (DBS) checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received for each newly appointed staff member. This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs.

Accidents and incidents were recorded. People were monitored for 24 or 48 hours after all accidents so that any concerns could be identified in a timely manner and medical attention sought. The home manager analysed all accidents and incidents to ascertain if there were any trends or themes. No trends or themes had been identified.

Requires Improvement

Is the service effective?

Our findings

People, relatives and health and social care professionals told us that staff effectively met people's needs. Comments included, "The staff looking after him have been competent and caring"; "The staff know what they are doing, they are very good" and "Staff are well trained and all very nice and kind."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. Comments included, "There's a lot more training here than anywhere else I have worked. [Name of registered manager] is all for the training because she knows that will benefit you and the quality of care the residents get" and "I have done a diabetic course and end of life and dementia."

The registered manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who used the service, such as dementia care. We observed however, that staff did not always follow suitable moving and handling procedures. We spoke with the home manager and registered manager about this issue who told us that this would be addressed. On the third day of our inspection, we saw that moving and handling procedures had improved.

Staff told us that they went through a period of induction which involved shadowing an experienced member of staff. We found however, that the documented induction record concentrated on health and safety and policies and procedures. It was not clear how staff were assessed as achieving acceptable levels of competence in other areas of their job role such as communication, person centred care, privacy and dignity and nutrition.

We recommend the provider implements an effective induction programme which is based on best practice guidelines.

All staff told us that they felt supported in their roles. One staff member said, "They [managers] are very supportive and approachable." Staff received support to understand their roles and responsibilities through supervision. The home manager and registered manager told us that staff appraisals were included as part of the supervision process and specific appraisals were not undertaken. They told us that they would implement a specific appraisal system to ensure that all areas of staff support were covered. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. The manager had assessed whether people's plan of care amounted to a deprivation and had submitted Deprivation of Liberty Safeguarding (DoLS) applications to the local authority in line with legal requirements.

We found that staff acted in people's best interests and there was evidence of best interests decisions for the use of bed rails. We noted however, that records did not always clearly evidence that people's capacity had been assessed with regards to specific decisions such as the use of a covert camera and bed sensors. The registered manager and home manager told us that this would be addressed.

We recommend that records evidence that care and treatment is always sought in line with the Mental Capacity Act 2005.

We checked how people's dietary needs were met. People and relatives were complimentary about the meals at the home. Comments included, "The food is good, it's the most important thing for the elderly," "The food is fine," "She has never complained about the quality of the food – it is excellent, three course meals" and "The meals are okay, if I want something different they will get it for me. I like the occasional curry and they get me a curry in."

We spent time speaking with the cook who was knowledgeable about people's diet and nutritional needs. She told us she received information about people's likes and dislikes and any special diets required. This meant there was good communication between care and catering staff to support people's nutritional well-being.

We looked around the kitchen and saw there was an emphasis on home baking. There was a selection of fresh fruit and vegetables and foods were available to fortify meals such as cream, butter, full fat milk and cheese. People's nutritional needs and preferences were recorded in their care plans. We read one person's care plan which stated, "[Name of person] does not eat green vegetables, chocolate and coffee." One person enjoyed a bottle of beer at night which the home provided. This information helped ensure that staff were aware of people's dietary requirements.

We observed the lunch and tea time meals and saw that staff were aware of people's needs. We heard staff ask people, "Do you want me to help you cut this up?" "Would you like a drink?" and "Would you like some more dinner?" We observed that people were monitored, encouraged and supported to have a nutritious diet.

People told us that staff contacted health and social care professionals to meet their needs. One person said, "If you are not well, they soon get the doctor. They are marvellous like that." We heard a member of staff say to an individual, "I have a doctor coming to assess your chest." A person said, "Listen to that – they look after you here." We saw evidence that staff had worked with various agencies and made sure people accessed other services in emergencies, or when people's needs had changed, for example consultants, GP's, speech and language therapist, dietitian, the chiropodist and dentist.

Health and social care professionals were positive about the home and the timely action which staff took if concerns about people's health were identified. Comments from health and social care professionals included, "They are well organised and contact us without delay when a patient is unwell" and "They have a good relationship with us here at [name of GP practice] and they seek medical reviews appropriately." This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. Comments included, "Everyone is lovely," "When you are old, all you need is comfort and kindness," "Everyone is very kind," "She's not just a number here," "The staff are lovely, the boss is a lovely person," "I love it, the staff are lovely – really nice," "You just feel at home here," "I can tell she is happy," "They are very very caring" and "I am very happy with the care here. They keep you informed with what is going on." We read a comment from a relative which had been received via the suggestions box. This stated, "She is so happy with you all. I can't say how much it means to me that she is loved. It does really feel like a big happy family."

Health and social care professionals were also complimentary about the caring nature of staff. Comments included, "I have no problems with the care at Oldfield Bank, my patient is very happy there and well looked after," "I have always been impressed with the caring attitude of the staff," "I have no concerns to offer regarding Oldfield Bank and I would commend them for their caring attitude," "The residents always appear clean and well kept," "It feels like someone's home, it doesn't feel institutionalised" and "Oldfield Bank Residential Care Home is a well-run home with competent staff providing effective patient care with compassion, kindness and dignity."

We observed that people appeared happy and looked well presented. One health and social care professional said, "They have perfect personal hygiene, everyone is just so coordinated." We heard one care worker say to an individual, "I like you in red, it matches your lipstick."

We saw staff chatting with individuals on a one to one basis and responding to any questions with understanding and compassion. One member of staff was sitting looking through a magazine with an individual. The staff member asked the person, "Do you know who this is?" The person replied, "It looks like [name of registered manager]." The staff member smiled and said, "[Name of registered manager] will be pleased, it's actually Princess Kate. Later the registered manager thanked the person and said, "I must be looking younger!"

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments from staff included, "I love it here, every person is treated as an individual with their own personality and I feel I know people well enough to know their likes and dislikes," "I would hope I look after everyone as well as I would look after my mum and dad and nana," "I like to find out about people's likes, you can't just do the same for everyone – it's their choice" and "Everything is their choice, [name of person] likes things just so. [Name of person] likes to go to bed late."

Staff were kind and considerate and were aware of people's wellbeing. A staff member said to one person, "I have put an extra cushion on your chair because you may be sitting a while when you get your hair done." We heard one person inform a staff member, "My trousers feel tight." The staff member replied, "Should we stand you up and pull them down a little?" We also heard a staff member say, "Can I pop this hair clip in your hair, because your hair is getting in your eyes." One person got anxious and a staff member knelt beside her and gave her a hug and said, "There is no need to worry, I'm here now."

Staff actions promoted people's privacy and dignity. This was confirmed by people, relatives and health and social care professionals. One person said, "They are good with privacy – but I don't like to be swamped in too many towels [to cover me]." Staff were able to give examples of how they promoted people's privacy and dignity. Comments included, "It's important to make sure people are covered, I would hate it if I was uncovered and someone walked in on me getting washed and dressed. Also, it's important not to speak over people, you always include them" and "[Name of person] was upset, so I had a chat with her, it wasn't a chat that I felt should be held in front of everyone, so I took her to one side to talk with her in private."

We observed care staff assisted people when required and care interventions were discreet when they needed to be. One staff member adjusted a person's blanket which had slipped off her knee. The staff member said, "It's just for your privacy." A district nurse came to give one person their insulin injection. A member of staff said to the person, "We'll just help you out of the lounge so the nurse can see you in private." A health and social care professional said, "During my visits and those made by my colleagues, we have always had a member of staff to accompany us and reassure the resident. The carers have always found an area in which treatments can be carried out in quiet and privacy."

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. Each person's care needs were diverse and individual to them. Some people attended the local church and for those who were unable to access church, a church representative brought people Holy Communion. One person told us, "I am a Roman Catholic and have Holy Communion brought in for me." Another person said, "I go to church every Sunday." We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People and relatives told us that they felt involved in people's care. One person told us, "I have a care plan and they ask me what I like." A relative said, "They keep you informed."

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs which was confirmed by relatives with whom we spoke. Comments from people included, "They have looked after me as well as I could have been looked after anywhere" and "They give me a wash, give me good food, talk to me – what more could I want." A relative said, "They [staff] are always receptive to what is going on."

Health and social care professionals were complimentary about the responsiveness of the service. Comments included, "The home respond quickly if a resident's needs change and ring us in a timely manner if our input is needed. They seek advice if required and are pro-active with regard to end of life care. My staff report that if they require assistance with residents when they are in there, someone will always help them" and "It's my favourite, if anyone has a problem they immediately contact me."

We read three people's care plans and noted that these were detailed and person centred. Person centred is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life. Care plans were regularly reviewed with people and were up to date.

People told us they could choose how they wanted to spend their day. We spoke with a member of night staff to find out how care was delivered at night. She said, "They can get up and go to bed whenever they like." This was confirmed by people. Comments included, "Everything I do is my choice," "You can have a bath or shower whenever you like," "I can get up when I like and go to bed when I like." A relative told us, "They encourage people to get up, not from an operational point of view, but from a wellbeing point of view." One person told us however, that they would like more baths. We spoke with the registered manager about this feedback. She told us that this individual had chosen to reduce the number of baths they had. The registered manager told us that she would speak with the individual again about this issue. She explained that it would not be a problem if the person wanted more baths since people could have as many baths as they wanted.

We checked how people's social needs were met. Most people told us that there were enough activities at the service to keep them occupied. Comments included, "We have Elvis come in and do songs, entertainers do come in," "We have activities twice a week where we do exercises," "They do have some activities which I don't join in." However, one person commented, "There doesn't seem to be the entertainment that there was." A health and social care professional said, "There appears to be limited activities to keep the residents stimulated throughout the day."

We spoke with the home manager about this feedback. She told us and our own observations confirmed that two activities coordinators visited the service two afternoons a week. They were not employed by the provider, but sourced on a sessional basis. We spoke with one of the activities coordinators who told us that she had completed the "Healthy hips and hearts" training and said, "I'm doing a sing along today with

reminiscence." We also heard that they undertook exercises and arts and crafts. The home manager told us that at other times, staff provided activities as activities were "everyone's business."

One health and social care professional said, "The staff appear to spend time with the residents rather than with each other," This was confirmed by our own observations. We saw that staff engaged with people throughout the day and spent time talking with them. One person said, "All you want is nice conversations, sleep, television and good food and we get that here."

Two people said that they would like to go out more into the local community. We spoke with the registered manager about this feedback. We heard her speak with one individual and said, "If you want to go out to Altrincham we can arrange this?" The person replied, "Oh that would be lovely." The registered manager then commented, "You pick a date and if it's a nice day we can walk in."

There was a complaints procedure in place. No recent complaints had been received. None of the relatives or people we spoke with raised any complaints. One person said, "Nothing needs improving."

Requires Improvement

Is the service well-led?

Our findings

Oldfield Bank had been owned and run by Mr and Mrs Leavy since 1987. Mrs Leavy was also the registered manager.

People, relatives, health and social care professionals and staff were very complimentary about the management of the service. Comments included, "Oldfield bank appears to be a well-led establishment and I have no concerns regarding the care they provide for our patients," "It's very well run," "It's run kindly and efficiently," "I think it is well led. [Name of home manager] is good and [name of senior care worker] is just fabulous," "I can ask the boss [registered manager] about anything – she is very nice," I can advise that I have an exceptional working relationship with the management of the home and in particular with [name of administration manager] who I often work closely with," "[Name of registered manager] is a good lot of fun. I'm so glad I know her," "[Name of registered manager] has a good sense of humour," "The boss is lovely" "[Name of registered manager] is here a lot, she oversees it all" and "I am the care worker I am today because of [name of registered manager]."

People, relatives and staff told us that the registered manager was very "hands on" which was confirmed by our own observation. She interacted with people throughout our visits and we observed that people appreciated talking with her.

A number of audits and checks were undertaken. Health and safety "walk around" checks were carried out together with audits in infection control and medicines management. Care plan audits were not completed. We found that the service's quality assurance system did not highlight the issues which we had identified such as the storage of CD's, the positioning of bed rails, induction training and mental capacity assessments.

We recommend that the provider reviews its assurance and auditing system to ensure that it effectively assesses and monitors the quality and safety of the service provided.

It was unclear how the registered manager oversaw and monitored the service since the home manager and administration manager carried out all the checks. We spoke with the registered manager about this issue. She told us, "I am on the floor; [names of home and administration managers] do all the checks." She told us that she was in constant contact with the home manager and administration manager and was aware of any issues or concerns raised during the checks. She said, "[Name of home manager] is absolutely brilliant… We have a chat about everything."

Staff rotas did not evidence when the registered manager was on duty to demonstrate that she was in day to day charge of the service in line with legal requirements. She told us that with the exception of small period of leave, she was at the home daily which was confirmed by people, relatives and staff. She told us that this would be addressed immediately and she would document her hours on the staff rota.

People and relatives told us that they felt involved in the running of the service. The registered manager told

us that they had previously tried to hold meetings for people and relatives, but these were not well attended. She said the service was small and she and the home manager were always available to listen to any feedback and update people and relatives on events at the home. This was confirmed by people and relatives. One person said, "Mr and Mrs Leavy and [name of home manager] always come around and talk to me." There was a comments box available. We read one relative's comments. She had written, "Saw the comments box and thought what a good idea, it gives me an opportunity to say how very grateful I am for all the wonderful care you have given to my mother."

The provider had notified the Commission about the outcome of DoLS applications and deaths in line with legal requirements. We found however, that they had not notified the Commission of a safeguarding allegation. The registered manager and home manager told us that because the allegation had been unfounded, they had not realised they needed to inform the Commission of the initial allegation. The registered manager informed us that they were aware of their responsibilities and would ensure that notifications would be submitted in a timely manner in the future. This issue is being dealt with outside of the inspection process.

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the home. Comments included, "They [provider] are brilliant, very good to work for," "I could go to anyone of them with any issue," "I love my job," "I could cry, they are all so nice here" and "This home is the best I've worked for." We observed that this positivity was reflected in the care and support which staff provided.