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Magdalene House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced inspection of Magdalene House on 13 and 14 December 2017.

Magdalene 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 is registered to provide accommodation and nursing care for up to a maximum of 52 people. At the time of the inspection there were 48 people accommodated in the home.

At the last inspection in July 2015, we rated the service as good. At this inspection, we found the service remained good.

People living in the home told us they felt safe and staff treated them well. People were supported by enough skilled staff. The registered manager monitored staffing levels to ensure people's needs were met. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People's medicines were managed appropriately.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. People were supported to make decisions about their care and staff sought people's consent before they provided support. The registered manager planned to further embed the principles of the Mental Capacity Act 2005 within the care planning process. There were appropriate arrangements in place to support people to have a healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. Some people living in the home had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the care plans were reviewed and updated regularly.

The service was responsive to people's individual needs and preferences. People were given the opportunity to participate in social activities both inside and outside the home. People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard

of care.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Magdalene House

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 checked 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.

We visited Magdalene House on 13 and 14 December 2017. The inspection was carried out by one adult social care inspector, a specialist professional advisor in nursing care and an expert by experience on the first day and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's quality assurance team.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 14 people living in the home, six relatives, six members of staff, the cook, the registered manager and the joint provider.

We had a tour of the premises and looked at a range of documents and written records including seven people's care records, two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People spoken with told us they felt safe and secure in the home. For example, one person said, "I could not be in a better place. I am safe and comfortable. The staff are lovely" and another person commented, "My room is my own and my things are safe and locked up". Similarly, relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "I have no problem with this home. [Family member] is safe and cared for."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. We found there was an appropriate policy and procedure in place, which included the relevant contact number for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also completed additional training courses to help ensure people's safety, which included fire safety, moving and handling and infection control. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

Staff had access to equality and diversity policies and procedures and people's individual needs were recorded as part of the care planning process.

The registered manager continued to maintain effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. We found individual risks assessments had been recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. Records showed the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff were provided with up-to-date information about how to manage and minimise risks.

Environmental risk assessments had been undertaken and recorded in areas such as slips, trips and falls, the use of equipment and hazardous substances. All risk assessments included control measures to manage any identified risks. The assessments were updated on an annual basis unless there was a change of circumstances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, equipment and water temperatures. Emergency plans were in place including information on the support people would need in the event of a fire. We also saw the gas safety certificate, the five year electrical certificate and other safety certificates were all within date.

A handyman was employed four days a week to carry out routine maintenance and repairs. There was a system in place to alert the handyman to any new tasks. Since the last inspection, the provider had

refurbished the laundry and installed new industrial appliances, new carpets had been fitted in corridors and hallway on the ground floor, two new fridges had been purchased for the kitchen and new boilers had been installed in the cellar.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again. The management team had made referrals as appropriate for example to the falls team. An analysis of accidents was carried out on a monthly basis in order to identify any patterns or trends. Any learning points from accidents and incidents were disseminated and discussed with the staff team.

The care home was clean and odour free and the provider had effective systems of infection prevention and control. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these being used appropriately during the visit. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure and had completed relevant training. We saw the registered manager completed a detailed infection control audit every six months.

We looked at how the provider managed staffing levels and recruitment. People told us there were usually sufficient staff on duty. However, whilst two people and a relative praised the approach of staff they told us they felt the staff were sometimes rushed. For instance, one person said, "You can't fault the staff, but they are sometimes rushed trying to get everything done." We discussed this issue with the registered manager who agreed to investigate further. We saw there was a rota in place, which was updated and changed in response to staff absence. The staffing rota confirmed staffing levels were consistent across the week. We observed there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible and were planned in line with people's changing needs and circumstances.

In addition to the nursing and care staff, the provider also employed an administrator, a housekeeper, cooks and kitchen staff, a handyman, cleaning staff and laundry staff. The registered manager provided hands-on support alongside staff as necessary.

We looked at the recruitment records of two members of staff and spoke with a member of staff about their recruitment experiences. The recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also noted two written references and an enhanced criminal records check had been sought before staff commenced work in the home. The application form and recruitment and selection procedure were updated during the inspection to reflect the requirements of the current regulations.

We reviewed the arrangements for the storage, administration and disposal of people's medicines. We found the storage of medicines was well organised and containers were clearly marked. However, on the first day of the inspection, we noted the prescription label had been ripped off one tin of thickening powder, which meant it was not possible to determine who the powder had been prescribed for. We observed staff used the powder to thicken a person's drinks. We also found two tins of prescribed powder could not be located. We discussed this situation with the registered manager and an investigation was carried out

overnight. We found the issue had been resolved by the second day of the inspection. New stock had been obtained which was clearly labelled and one person's powder had been found in the kitchen on the second floor.

People's medicine records were clearly presented and included a photograph and details of any allergies. All records seen were complete and up to date. We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.

Staff designated responsibility for the administration of medicines had completed appropriate training and had access to a set of policies and procedures. We noted protocols had been devised to guide staff in the administration of variable dose medicines or medicines prescribed "as necessary."

Good

Is the service effective?

Our findings

People told us they felt cared for by the staff and they were consulted about how they wished to spend their time. For example one person told us, "I do get choice in what I do in the day. Sometimes I have a walk around the garden or just sit in the lounge." We also noted the provider stated in the provider information return, "Our care workers are trained in giving choice to patients and in ways in which to facilitate users to make decisions, for example, what to wear."

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 authorisation procedures for this in care homes and hospitals are 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 were being met. We found the staff had a basic understanding of the purpose and principles of the MCA 2005 and had received training. The registered manager explained further training had been booked for the week following the inspection. We saw the staff had access to appropriate policies and procedures in relation to the MCA and DoLS.

The registered manager understood when an application for a DoLS should be made to the supervisory body and how to submit one. At the time of the inspection, the registered manager had submitted 12 applications to the local authority for consideration. This ensured that people were not unlawfully restricted. We saw the registered manager had a central register of the applications and checked progress with the local authority on a regular basis.

Whilst staff told us they supported people to make decisions about their care, we found assessments had not been carried out to determine people's mental capacity. This is important to enable people to have maximum control over their lives. The registered manager sourced an assessment tool during the inspection and assured us she intended to carry out and record appropriate assessments.

Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance.

Before a person moved into the home, a representative from the management team undertook a pre admission assessment to ensure their needs could be met. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. We were assured people were encouraged

and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

We looked at how people living in the home were supported with eating and drinking. People told us they mostly enjoyed the food provided by the home. For instance, one person said, "I find the food quite good." Whilst people were offered an alternative to the main menu, people were not routinely offered a choice. All people spoken with told us they would appreciate a choice at mealtimes, for example, one person said, "I would really like some choice." We discussed people's comments with the registered manager, who offered to discuss this issue at the next residents' meeting, with the view of offering all people a choice of meals.

People had been consulted about their likes and dislikes and the menu had been devised following consultation with people living in the home. We noted that weekly menus were planned and rotated every four weeks. We observed the lunch time arrangements and saw that the dining tables were set with place settings and condiments. The meal looked appetising and the portions were ample. All meals were prepared daily from fresh ingredients. We saw staff supporting people sensitively with their meals.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Food and fluid charts had been maintained where a nutritional and hydration risk had been identified. Special diets were fully catered for by the kitchen staff.

We looked at how people were supported to maintain good health. Where there were concerns, people were referred to appropriate health professionals. Records looked at showed us people were registered with a GP and received care and support from other professionals, such as chiropodists, speech and language therapists occupational therapists, tissue viability nurses and the district nursing team as necessary. People's healthcare needs were considered within the care planning process. From our discussions and review of records we found the registered manager and staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Information was prepared and shared in the event a person was admitted to hospital.

We reviewed how are people's individual needs were met by the adaptation, design and decoration of premises. We noted the environment was well maintained and people's names were displayed on bedroom doors. We saw adaptations had been made to support people's mobility for instance the installation of handrails, ramps and grab rails. We considered how the service used technology and equipment to enhance the delivery of effective care and support. We noted where people were at risk of falls they were supported by the use of sensor mats and noise activation alarms. The home also had Wi-Fi available throughout the building and staff had access to a tele medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link.

Staff received training that enabled them to support people in a safe and effective way. Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their individual supervision meetings with their line manager and annual appraisals. Individual staff training records and an overview of staff training was maintained to ensure staff received regular training updates.

Staff told us they had completed a variety of courses relevant to the people they were supporting including moving and handling, infection control, safeguarding including the MCA 2005 and DoLS, fire safety, nutrition and hydration and first aid. Care staff also undertook specialist training which included dementia

awareness and diabetes. Staff took part in training days arranged by Blackburn with Darwen Social Services and the Local Health Authority training courses. We saw nursing staff were supported with their continuous professional development as part of the revalidation process with the Nursing and Midwifery Council.

New members of staff participated in a structured induction programme, which included a period of shadowing experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation to the service, the provider's mandatory training and where necessary the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff spoken with told us the management team carried out regular supervisions of their work practice. The supervision sessions covered all aspects of each member of staff's role and also provided an opportunity to discuss their training and development needs. We saw records to demonstrate the staff had an appraisal of their work performance, which was reviewed at six monthly intervals.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. For instance, one person told us, "It's a nice place to live. The staff are very good" and another person commented, "The staff are kind and do what they can to help." Relatives also gave us positive feedback about the service. One relative said, "I am happy with the staff."

People were supported to maintain contact with relatives and friends. We observed many relatives visiting throughout the days of our inspection and noted they were offered refreshments. Relatives spoken with told us they were made welcome in the home.

We observed staff interacted in a caring and respectful manner with people living in the home. For example, support offered at meal times was carried out discreetly and at a pace that suited each person. Where staff provided one to one support, they sat and interacted politely with the person. Staff also acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. We observed appropriate humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm and peaceful.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I really enjoy working here. I like caring for the residents and making sure they are happy." Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat.

We saw some people were involved in developing and reviewing their care plans and their views were listened to and respected. The process of reviewing support plans helped people to express their views and be involved in decisions about their care. People were also able to express their views by means of daily conversations, residents' meetings and satisfaction surveys.

People's privacy and dignity was respected. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user's guide. People were provided with a personal copy of the guide on admission to the home. The guide provided an overview of the services and facilities available in the home.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity. One person told us they had their room decorated

according to their personal preferences.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For example, people were supported to maintain their mobility skills. One person told us, "I like to be independent and the staff support me." The registered manager also explained some people were supported with an intensive programme of rehabilitation following a stroke. She described how a mirror had been lowered in one person's room to enable them to apply personal cosmetics.

Compliments received by the home highlighted the caring approach taken by staff. We saw several messages of thanks from people or their families. For instance, one relative had written, "Thank you for everything you did for [family member]. We know how much care and kindness you constantly gave them and it meant a lot to us."

Good

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. For instance, one person told us, "When I need help, the staff are there for me" and another person said, "The staff do their best to help." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative commented, "They sort everything for [family member]."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined seven people's care files and other associated documentation. We noted all people had an individual care plan, which, was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need based on the activities for daily living. Information was recorded in a bullet point format. Whilst this made information readily accessible, we found some aspects of people's plans to be brief and lacking in detail. For instance, one person was provided with specific equipment to support their dietary requirements; however, this information was not incorporated into their nutritional care plan to ensure all staff were aware of this information to support individualised needs. We discussed these findings with the registered manager who assured us further work was planned to develop people's care plans. She showed us a detailed personal profile document she intended to implement for all people using the service.

We saw each person had completed a "This is me" form. This provided staff with information about people's life experiences, preferred routines and family circumstances. There was evidence to demonstrate some people were involved in the care planning and review process. This meant people had input into the delivery of their care. There were arrangements in place to review people's care plans and risk assessment documentation on a monthly basis or more frequently if people's needs or circumstances changed.

We saw charts were completed as appropriate for people who required any aspect of their care monitoring, for example, personal hygiene, nutrition and hydration and pressure relief. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care, which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms. Staff told us they discussed people's well-being and any concerns during their handover meetings. This meant there were systems in place to ensure the staff were responsive to people's changing needs.

People had access to various activities and told us there were things to do to occupy their time. The housekeeper and senior staff facilitated activities on a daily basis, both inside and outside the home. Activities inside the home included quizzes, bingo, games and an arts and crafts club once a fortnight. There was also an active gardening club. People were given the opportunity to go on regular trips to places of interest, for instance Blackpool, Lytham and Samlesbury Hall.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must

make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and service user guide were available in different font sizes to help people with visual impairments. We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs. We also noted a large television monitor situated on the second floor was used to enlarge print on documents for people with sensory impairment. This meant people were able to read their own letters and documents.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. One relative told us, "I have raised concerns in the past and they have been dealt with." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was information about the procedure in the service user guide. We looked at the complaints records and noted the registered manager had received two complaints during the last 12 months. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and outcome letters had been sent. This meant people could be confident in raising concerns and having these acknowledged and addressed.

People's end of life wishes and preferences were recorded and reviewed as part of the advanced care planning process. The registered manager worked closely with the GP, palliative care team and the local hospice to ensure people had rapid access to support, equipment and medicines as necessary.

Good

Is the service well-led?

Our findings

People and relatives spoken with made positive comments about the leadership and management of the home. One person told us, "The manager is marvellous and very good at her job" and another person said, "I can talk to the manager if I am worried and she will help me if she can". A relative also commented, "The manager is very approachable and good with [family member]."

There was a manager in post who had been registered with the commission since January 2011. 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 had responsibility for the day to day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all our questions about the care provided to people showing that she had a good overview of people's needs and preferences.

The registered manager told us she was committed to the on-going improvement of the home. At the time of the inspection, she described her achievements over the last 12 months as supporting the nursing staff through their revalidation with the Nursing and Midwifery Council, enhancing the environment and participating in the Vanguard UK meetings organised by the local Clinical Commissioning Group. The Vanguard UK meetings were designed to share best practice in nursing homes and improve pathways across health and social care. The registered manager also described her development plans over the next 12 months, which included embedding the principles of the Mental Capacity Act within the care planning system, further development of the care planning processes and making improvements to the garden. This demonstrated the registered manager had a good understanding of the service and how it could be improved.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties, for instance staff were allocated specific duties. This meant they were aware of their tasks for the day. Staff spoken with were aware of the lines of responsibility and told us communication with the registered manager was good. They said they felt supported to carry out their roles in caring for people and felt confident in carrying out their duties. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a member of staff on duty with designated responsibilities.

The registered manager and management team used various ways to monitor the quality of the service. This included a schedule of audits of the medicines systems, health and safety arrangements, incidents and accidents, staff training and staff supervisions, complaints and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards. We noted the

audits included action plans where any shortfalls had been identified and the actions were monitored and reviewed to ensure they were completed.

People were asked for their views on the service. This was achieved by means of daily conversations, meetings and bi-annual satisfaction surveys. The last satisfaction questionnaire had been distributed in July 2017. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. At the time of inspection, residents' meetings were held approximately every six months, however, the registered manager assured us the frequency of the meetings would be increased. This meant people would have more opportunities to have input into the development of the home.

We looked at how the service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including local authorities, the health authorities and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams.

The home had links with the local community including the nearby Hindu Centre. People also had the opportunity to participate in community meetings organised by a local church. Representatives from various religious faiths visited the home on a regular basis to enable people to practice their spiritual beliefs. The mobile library visited the home once a month.