

Cygnet Learning Disabilities Midlands Limited

Walkern Lodge

Inspection report

14A Walkern Road
Stevenage
Hertfordshire
SG1 3QX

Tel: 01438749301
Website: www.cygnethealth.co.uk

Date of inspection visit:
28 June 2022
11 July 2022

Date of publication:
25 July 2022

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Walkern Lodge is a residential care home providing accommodation and personal care to three people at the time of the inspection. The service can support up to four people. Each person's accommodation included a self-contained lounge, kitchen, bedroom and bathroom as well as a shared garden area and summer house.

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

Right support

People were supported in a safe environment. Staff supported people in a safe way. Staff followed safe practice to reduce the risk of COVID-19 spreading within the service.

Staff encouraged people to live full lives and meet their goals which included learning new skills. People were supported by staff to do things they enjoyed and to get out and about.

The provider, management and staff team developed the service in way that ensured they had the resources and knowledge to support people when they experienced periods of distress. Restrictions were minimised and people had the freedom and choice how to live their lives.

Staff received the right training for their role, and this included training for specific complex needs people had. Staff received training in the use of restraint and positive behaviour support. At the time of our inspection, they had no needed to use physical restraint but knew if it was needed it was as a last resort and for the shortest time possible.

People were supported to communicate their needs, views and choices. Communication plans and tools were personalised to enable this. People were supported to personalise their rooms.

People were supported to access the community and to join in with activities and days out in their local area. People were supported by staff to live healthy lifestyles and access health and social care support. This helped improve people's wellbeing. Medicines were managed safely and regularly reviewed.

Right care

People received support and care that was kind, compassionate and reflected people's own culture and

preferences. Staff promoted people's equality and diversity, supporting and responding to their individual needs. People's care plans were an accurate reflection of the support they needed and what people could do independently. They included strategies and plans to help people reach their aspirations and goals.

Staff had received training on safeguarding people from the risk of harm and abuse. Staff knew how to recognise and report abuse. There were enough appropriately skilled staff to meet people's needs and keep them safe. The service rarely used agency staff.

People were supported by staff who had a good understanding of people's needs, how people communicated and what their preferences were. Staff listened to people. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Right culture

The provider, manager and staff monitored the quality of service provided to people. People, their relatives, staff and professionals were involved in the process.

People were supported by staff who had a good understanding of best practice and how to implement this into their roles. Staff put people's wishes, needs and rights at the heart of everything they did.

People and their relatives were involved in planning their care. People also had the support and involvement of an advocate. This helped to ensure that people had a service that was tailored to them. Staff respected people and their views. People had been put at the forefront of all they did. The risk of a closed culture was minimised as people received care and support in line with their wishes, and staff were open and inclusive.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Rating at last inspection

This service was rated requires improvement (published 28 June 2019). At the last inspection, the service was not rated (published 24 March 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Walkern Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Walkern Lodge is a 'care home' without nursing care. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. is a care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The current manager had applied to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from a health and social care providers. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service location on 28 June 2022, and again in the evening on 11 July 2022. We spoke with two people and received feedback from two relatives and friends. We also spoke with five staff including the manager, regional manager and support workers. We received feedback from two health and social care professionals.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

What we did after the inspection

We sought assurance about records involving people's care and support needs and preferences.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were unable to tell us if they felt safe. However, we observed people in the home and interacting with staff. People were relaxed, engaging with staff and going about their day.
- Staff had received training on recognising and reporting abuse. Staff were able to tell us what they would do in the event of concerns relating to abuse.
- The provider had information displayed, including in easy read format, about what to do if there were safeguarding concerns. We found that the provider had reported and investigated any concerns appropriately. We noted that the team were aware of potential external safeguarding risks to people.

Assessing risk, safety monitoring and management

- People had their individual risks assessed and there were care plans in place to support people to take risks.
- People were supported by staff who knew them well, and what might pose a risk to their welfare. We observed staff working safely with people in line with professional guidance and strategies. There were times when staff intervention or restraint may be needed. However, staff were able to identify triggers which may cause people distress. Due to this and support plans in place, they had not needed to use any physical intervention to promote people's safety.
- Staff had received the appropriate training and followed guidance from professionals and their colleagues to promote people's safety. Techniques and strategies were in place and reviewed regularly if a person was experiencing times of distress, to reduce the possibility of it escalating and to ensure people's welfare.
- A professional who supports people living at the service said, "From my experiences and observations, people are supported safely. I have been made aware of an instance of one resident having a 'fall' in their room. This was raised during a review meeting and the matter of the 'least restrictive' option (relating to observations in the bedroom) for the resident was discussed with community team and a family member."

Staffing and recruitment

- People were supported by the appropriate number of staff. This meant they were able to live the way that they chose, which included going out and about as often as they liked. People living in the home had one to one, or two to one care provision to promote their safety.
- The manager told us they had not needed to use agency staff since people's care needs had reduced due to effective staff support. They told us the home had no vacancies and the staff team were committed to the service provided.
- We saw staff were available when people needed and responded promptly.
- A robust recruitment process was in place to help ensure that staff employed were suitable for the role.

This included references, criminal record checks and interview questions.

Using medicines safely

- People were supported to take their medicines in accordance with the prescriber's' instructions.
- The manager was a STOMP (Stop over medication of people with a learning disability, autism or both) champion. This helped to ensure that people only received anti-psychotic or sedative medicines when absolutely needed and only for the shortest time possible. Staff were aware of this and information was displayed.
- People had regular medicine reviews. We noted that medicines prescribed on an as needed basis to help people manage their anxiety had not been routinely administered. This indicated that staff were working in accordance with STOMP.
- Medicines were stored safely, and records were completed accurately. We counted a random sample of medicines and found that they tallied with records held.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. However, all staff needed to ensure that when in the office, if the door is open and people and colleagues were in and out, a mask must be worn.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Visitors were able to come to the home freely and there were no restrictions. Controls were in place in accordance with government guidance to help reduce the risk of infection.

Learning lessons when things go wrong

- The provider sent a monthly lesson's learned action plan to all services. This included information from events within their services and the wider community.
- Staff were made aware of any events or incidents during team meetings.
- The management team had taken learning from previous inspections and implemented actions to improve the service. For example, they had ensured systems in place to respond to incidents, obtain people's view and monitor the service had been implemented, embedded and were working well.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to moving into the home to help ensure they could be supported in their preferred way. This included a robust transition period which met the complex needs of people moving into the home. Due to a thorough and effective process, people's needs reduced, and abilities increased after settling into the home.
- The assessment process continued when a person lived in the home. For example, for one person a staff communication system was in place to make notes on when they learned something new or found a way of supporting the person better.
- The management team ensured they were kept up to date with guidance and legislation to ensure that people received the right support and best possible care.

Staff support, training, skills and experience

- Staff received the appropriate training for their roles. This included positive behaviour support, using positive language, Epilepsy awareness, supporting Autistic people and people with a learning disability. One staff member said, "Since I've been here, I've had training in things that my other (workplaces) didn't provide. It's really good." A professional who supports people living at the service said, "From my experience, staff have good skills and knowledge when supporting the residents."
- Staff told us they felt well equipped to support people safely and correctly. One staff member said, "We have just been trained how use (piece of equipment) just so we are ready if [person] starts to need to use it."
- We observed staff use skills and knowledge to support people in the home. One person was starting to show signs of distress. Staff swiftly and effectively de-escalated the situation and the person quickly become more relaxed. We also found that staff had received training to support a person with a complex health condition. The manager told us, "This has involved ongoing monitoring of the person's physical health."
- Staff told us they felt very well supported and had regular supervisions. One staff member said, "We get to say how we are, and they give us feedback."

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

- People were supported to eat well. People were encouraged to get involved with shopping lists and planning meals. We saw a staff member assist someone to go through their fridge to help them decide what they wanted to buy.
- Staff supported people to make healthy choices. A person who was going out for the day suggested getting fish and chips afterwards. A staff member asked them about if they felt it was a better to make something at home and take it as they had a takeaway the previous day. The person agreed and was then

encouraged to help the staff member prepare the food.

- Care plans supported healthy eating and detailed likes and dislikes and how to support each person maintain a balanced diet. Staff knew each person's preferences or dietary and religious needs and supported them appropriately with these.
- Relatives were involved in menu planning where needed. For example, for one person who needed a specific cultural diet, the family members helped identify preferences when the person was not able to communicate this. Feedback from one relative stated, "I can see the difference in [person's] health and they have started look like they are slowly putting their weight back on."

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

- The service was set up as three individual flats. All had a bedroom, kitchenette, dining and living room. One person showed us round their flat and it was comfortable and personalised. Another person had been supported to display artwork that reflected their religion. The individual spaces meant people could have space to be on their own and the other people living there did not go into other people's spaces. This meant that some triggers for distress were minimised.
- People's spaces were set up to promote safety. This included shatterproof TV cabinets for those who were assessed as benefitting from this.
- Communal areas included a sitting area outside the office, a garden with ample seating and a summer house. These areas were decorated in a homely way and were well maintained.
- Areas were accessible with ramps where needed and there was appropriate signage displayed. The office was open which meant people could see the manager when they were in there.

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

- People had regular access to health and social care professionals. Staff supported people to appointments. Where people did not wish to attend the appointments, this was documented, and a follow up appointment scheduled.
- Communication about healthcare was communicated in a way that suited people's individual needs. Oral care assessments were completed to help support people with dental care.
- Staff worked with health professionals to help promote healthy lifestyles and promote people's wellbeing. Professionals were positive about the support provided for people at the service.

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 MCA 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 Mental Capacity Act 2005 (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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. People with an authorised DoLS were being supported in their best interests and in the least restrictive manner.

- Care plans had clear information about all decision making. There were assessments and processes followed which demonstrated how people had been supported to make a decision or understand the decision. These were signed off by a senior manager of the provider's management team.
- Where people had not been able to make a decision due to their ability to understand the information, best interest decisions were made and recorded appropriately, with the relevant advocates, professionals or family members involved.
- Staff were very clear about ensuring people were involved in the decision making process and respecting their choices.

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 our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not able to express their views verbally about the care and support they received. However, we observed how they lived and how staff supported them. Our observations found that people felt at home and comfortable with the staff team.
- Relatives were positive about the care and support provided. One relative told us, "Although there are, of course, times when [person] can be difficult to manage I believe the staff have a very good understanding of them and have built positive relationships with them, managing those difficult times with care and understanding."
- Professionals were positive about how staff treated people. One professional said, "I feel that the people at Walkern Lodge are supported well, and in a way that suits them."
- Staff knew people well and had developed positive relationships which enabled them to support people well. People were supported to celebrate religious events.
- Staff were supporting people in a way that demonstrated respect and equality. One staff member said, "People here live their lives like you and me, why wouldn't they, they are human beings. They have the right to a full and normal life." They went on to say that working in this service, compared to previous job roles in care, had been very positive and "refreshing".

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

- People were involved in decisions about their care. We observed staff explaining things, choices and plans to people to get them involved in their daily decisions. Staff encouraged this by using open questions and repeating back where needed. All interaction was done so patiently and in a way that worked for the person they were supporting.
- People's care plans showed easy read records which were in place to capture people's preferences and views about their care. We saw that people had participated and their views were reflected. Relatives and people's advocates said care was being provided as agreed. Care plans were amended as needed and staff were made aware of these as they occurred.

Respecting and promoting people's privacy, dignity and independence

- People were supported to live fulfilling lives. Staff enabled them to do things they wanted and in their own time. Staff were friendly and respectful and gave people time on their own when they wanted it.
- People were supported to maintain and increase their independence. Staff discreetly encouraged people to get involved and did this in a way that was supportive. One person took us to their room to show us how they were now able to complete a household task. Another person was encouraged to mobilise themselves

as much as they could, even though it took longer, staff waited for them so they could retain this ability as much as possible.

- Staff respected people's privacy and dignity. They knew their routines to ensure privacy was not disturbed. We saw staff knocked on doors and asked permission before entering their space. We also saw that people's flats which faced the garden, had some frosting on the windows to give privacy from other people and staff sitting in the garden.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People were not able to share their views verbally with us. However, we observed them in their home and how they interacted with staff. Our observations showed they were with happy with the care they received. We reviewed their care plans and saw they were supported in their chosen way. A relative said of a difficult time a person experienced, "I believe the staff have offered them exceptional support."
- Care plans were detailed and gave information to staff so they could support people safely and appropriately. People had goals and aspirations noted and these were reviewed appropriately. This included developing skills tailored to each person.
- We found that staff were fully aware of people's abilities and choices in relation to learning these skills and completing different tasks. One person had developed a new skill which had previously not been possible in other care settings. This was only possible due to support from the staff team.
- Staff knew people well and how to meet their needs in a way that promoted their preferences, lifestyles and choices. A professional who supported people living at the home said, "I feel like the care and treatment provided to the people at Walkern Lodge is person centred and that staff facilitate requests/wishes of the residents."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- When the care plan was developed at the start of supporting a person, they discussed any specific need or preference in which they communicate. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- Relatives and professionals told us that staff communicated well and in a way that met their needs. We saw that the parts of people's care plans which needed people's involvement were in pictorial format to help ensure people's views were captured.
- Plans included communication assessments and tools to ensure the most effective way of communication was used. The management said, "Our residents have varying communication needs and we have ensured that we meet their individual communication needs by helping them to express themselves in their own pace by knowing and respecting individual communication styles. We also use accessible and easy read tools for all residents to help them understand and to be involved in their care."

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.

- Relatives felt the staff and service provided everything that was needed and ensured they were able to continue with what was important to them. One relative said, "The staff are proactive in ensuring that [person] is occupied with appropriate activities and show a genuine understanding of their needs."
- People were also supported to maintain contact with family and friends. Feedback from one relative stated, "It was really heart-warming to receive the birthday card and present from [person]. Your effort is much appreciated." Another relative said, "Members of staff call me appropriately if [person] wants to talk to me or wants to know when they will see me next."
- We saw that the staff supported people to carry out tasks and activities. For example, planning what they were doing that day and keeping in touch with family and friends.
- People attended day centres, went for walks and played football, went on holiday and also enjoyed time at home playing video games. How people spent their days was down to daily choices by the person and not dictated by staffing levels or how staff thought the day should be spent. We heard people tell staff what they wanted to do, and staff said ok and helped them prepare for it. On our second visit people had just arrived home from the seaside which they told me was very much enjoyed.

Improving care quality in response to complaints or concerns

- Relatives told us they had not had any complaints but said they would be confident to do so if the need arose.
- The provider had a system in place to record and monitor complaints. This was to ensure they could identify any reoccurring issues so they could be resolved. However, no complaints had been received in relation to the care received. There was a complaint from someone who does not visit the service. The regional manager told us, "A face to face meeting had been completed with neighbour with action plans. Noise level was during the morning and evening handover was high as this caused on person to be anxious. This had been discussed with staff and new strategies have been implemented and this is working well. Also there was also additional work has been planned for the service- installing new sound proof double glazing windows to contain the noise level."

End of life care and support

- At the time of our inspection no person was in receipt of end of life care and for some people living at the service, relatives had not wished to discuss it. However, the provider had an end of life care policy and records were in place, such as for resuscitation.
- Staff had received training in end of life care. The manager and staff team understood when it might be necessary to involve other health professionals.
- The staff were aware of any religious needs that would need to be respected should a person reach the end of their life while living at the service.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had been employed at the service in different roles and had been acting as manager for a number of months. This meant they knew people, staff and the provider's systems well. They had recently applied to be registered.
- Our observations showed that people were familiar with the manager and able to speak freely with them. Staff were positive about their leadership. One staff member said, "[Manager] is so supportive, it's so much better here than where I have worked before."
- The manager was clear about what was required of them. They had systems in place to monitor the service and address any shortfalls. They were also invested in making sure people had good experiences and lived the way they chose.
- A professional who supported people living at the service said, "There have been some management changes since I've been visiting Walkern Lodge, however I feel that each manager has been well placed and has good relationships with the residents. Overall, my experience at Walkern Lodge is positive. The residents appear happy and well-looked after and the team have a good relationship with each resident."
- Audits and quality checks were completed and signed off. The provider's senior management team also provided oversight and checked the staff team were working in accordance with regulations and their standards. One staff member said, "[Manager] is very good, [they] really care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and communicated about events and incidents in the service with people, relatives and professionals.
- A record of communication with relatives and professionals was maintained.

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

- Relatives were positive about how the service engaged with them and they felt their views were listened to. One relative said, "[Person] appears to have built good relationships with the staff."
- People's feedback was sought through regular meetings and surveys. These were carried out in a format that met people's communication needs. The feedback was collated so any actions could be developed.
- Staff had regular meetings and surveys where they were encouraged to share their views.

- The provider had groups and systems in place to help people and staff feel involved. These included a multicultural network champion who supported staff from minority ethnic group to promote Inclusion. The manager said, "At Walkern Lodge we promote an open culture at all times. Staff and residents are listened to. We have a Freedom to Speak up Champion who liaises with the Cygnet Freedom to speak up Guardian. Staff have different forums to speak up including surveys, HR drop-in clinics which promotes an open culture of care."

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further develop the service. The manager told us, "We are commencing a Quality Improvement project to support a culture of resident inclusion and access to community activities post the COVID -19 lockdowns. Whilst we have commenced a lot of community access , we are working with Quality Improvement lead to follow the QI process and to monitor and evidence outcomes and positive impact on our residents lives."

Working in partnership with others

- There was joined up working between the team at Walkern Lodge and health and social care professionals. This approach helped to ensure better outcomes for people.
- A healthcare professional told us they had worked well with the service to help a person with their transition period. They said, "We were able to work closely with staff there during transition making this discharge a huge success. Patient's family and commissioners visited the place before discharge who were happy as well."