

Bondcare (Ambassador) Limited

# Elton Hall Care Home

## Inspection report

Elton Village  
Stockton On Tees  
TS21 1AG

Tel: 01642570200  
Website: [www.bondcare.co.uk](http://www.bondcare.co.uk)

Date of inspection visit:  
27 April 2017

Date of publication:  
19 May 2017

### 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

This inspection took place on 27 April 2017. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

The service was last inspected in February 2016 and at that time met the requirements of the regulations we inspected against.

At this inspection we found that medicines were now administered safely and all counts were correct. We also found the dining experience had improved.

Elton Hall provides care and accommodation for up to 70 older people, people with dementia and people with mental health needs. Accommodation is provided over two floors and includes communal lounges and dining areas. Bedrooms are single occupancy and have en suite facilities which consist of a toilet and wash hand basin.

There was manager in place who was going through the registration process with the Care Quality Commission. The manager had worked as a registered manager at another Bondcare home and came to Elton Hall in September 2016. 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.

Risks to people arising from their health and support needs and the premises were assessed, and plans were in place to minimise them. Risk assessments were regularly reviewed to ensure they met people's current needs. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began working at the service. Staff were given effective supervision and a yearly appraisal.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

Staff received training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training. Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training and clearly understood the requirements of the Act. This meant they were working within the law to support people who may have lacked capacity to make their own decisions. The manager understood their responsibilities in relation to DoLS.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food and everyone enjoyed what was on offer.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, district nurses and other professionals.

We found the interactions between people and staff were cheerful and supportive. Staff were kind and respectful; we saw that staff were aware of how to respect people's privacy and dignity. People and their relatives spoke highly of the care they received. People had access to a wide range of activities, which they enjoyed.

Procedures were in place to support people to access advocacy services should the need arise. The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's personal preferences. However, although staff could tell us about people's life history's not all of it was documented in the care plans.

The manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. Feedback was sought from people, relatives, external professionals and staff to assist in this. The service had quality assurance systems in place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received their medicines as prescribed.

Risks to people were updated to reflect current needs.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

There was enough staff on duty and the manager carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

### Is the service effective?

Good ●

The service was effective.

Staff received training to ensure that they could appropriately support people. They were supported through supervisions and appraisals.

Staff had an understanding of promoting choice and gaining consent. The manager and staff knew their responsibilities under the Mental Capacity Act.

There were good systems in place to support people to maintain their health and people had a balanced diet provided.

The service worked with external professionals to support and maintain people's health.

### Is the service caring?

Good ●

The service remained caring

### Is the service responsive?

Good ●

The service remained responsive

### Is the service well-led?

Good ●

The service remained well led

# Elton Hall Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 27 April 2017. At the time of our inspection 30 people were using the service.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider was asked to complete a provider information return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR in a timely manner. We used this information when planning this inspection.

We contacted external healthcare professionals to gain their views of the service provided at the service. The feedback was there were no concerns.

During the inspection we spoke with eight people who lived at the service and three relatives. We looked at three care plans, and Medicine Administration Records (MARs). We spoke with 9 members of staff, including the manager, the deputy manager, two team leaders, care staff, activity coordinator and the cook. We looked at three staff files, including recruitment records.

We also completed observations around the service.

# Is the service safe?

## Our findings

People we spoke to said they felt safe living at the service. Comments included, "Yes just wonderful here the staff are wonderful and I feel safe now and happy," "Safe and sound never had a problem from day one staff are gentle and kind," and "Good friendly house and I can go into the garden anytime as long as I tell them so they know to check and see I am safe." One person said, "Staff always pop in to my room before I drift off I look forward to that gentle tap on the door and they say its okay we are here, just have a good sleep."

At the last inspection we found that medicines were not always managed safely. Medicine counts did not balance and handwritten Medication Administration Records (MARs) did not have two signatures. We recommended the registered provider consulted national guidance on medicines.

At this inspection we found the registered provider had followed national guidance and medicines were now managed and administered safely. Counts of medicines were correct and handwritten MARs now had two signatures in place.

People told us they received their medicines at the correct time. One person said, "I get my medicines at regular times I don't worry about that don't think anyone else does either to be honest. We get it and that's all that matters."

Medicines were stored securely. There was a record of daily checks of the temperature of the room and the refrigerator where medicines were stored both; temperatures were within safe limits. Staff knew the required procedures for managing controlled drugs. Controlled drugs are drugs that are liable to misuse. We saw that controlled drugs were appropriately stored and signed for when they were administered. Controlled drugs were audited weekly by the manager.

We observed a teatime medicine administration round. The staff member asked people if they wanted their medicines before administering them and could also explain signs when people were in pain. The MAR file contained information about how each person preferred to take their medicines. For example on a spoon, one by one or a preferred drink. This meant that people received their medicines how they wanted to.

The manager said, "All our senior staff have achieved or working towards Level 3 HSC3047 (using medication in social care settings) as part of their ongoing personal development plan, this ensures good practice is maintained and give staff further knowledge of medicines."

Risks to people were assessed and plans were put in place to minimise them. People were assessed in areas such as falls, behaviours that challenge others and moving and handling. Where particular risks arose, these were also assessed. For example, one person was at risk of seizures and the risk assessment described the signs of a seizure, what staff were to do in the event of the person having a seizure and how to position the person. Risk assessments were reviewed on a monthly basis or more frequently if needed to ensure they reflected people's current needs.

We saw evidence of positive risk taking. Although one person had a certain history they were still able to access the community independently. Risk assessments were in place along with good communication methods. This person said they now felt settled and supported at Elton Hall.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks were carried out of emergency lighting, fire doors, water temperatures and control of substances hazardous to health (COSHH). A Personal Emergency Evacuation Plan (PEEP) was in place documenting evacuation plans for people who may require support to leave the premises in the event of an emergency. This showed that the registered provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire that forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

A record was kept of accidents that occurred at the service, which included details of when and where they happened and any injuries sustained. The registered manager said they reviewed this for any trends, and would take any necessary remedial action needed. The accidents and incidents were too low to find any trends. However when one person had a number of incidents walking into doors an investigation took place. External teams were involved and recommended the registered provider painted the door frames a different colour to aid contrast for people with dementia. We saw the door frames were now bright red and staff reported that this had reduced the incidents.

Staff we spoke to had a good understanding about safeguarding. One staff member said, "We are here to keep people safe and support them." Staff had access to safeguarding and whistleblowing [telling someone] policies.

Staff we spoke with said, "There is enough staff on duty," and "Yes there are plenty of staff." One person who used the service said, "There are lots of staff and never have to wait if I press the buzzer always enough staff to sort us all out."

The manager said, "We have increased staffing levels within the home to ensure the needs of the residents are met and that everybody is supported and needs are met to a high standard."

On the day of inspection there were two unit managers, a senior care worker and six care workers plus ancillary staff for 30 people. There was also the manager and deputy manager on duty. We observed that staff had time to sit with people and chat and no one was hurried. One person who used the service said, "There are quite a lot of staff here and no agency nurses so we know the staff and they know us, it's a win win all round."

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Applicants were also invited to meet the people who used the service prior to interview. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk

of unsuitable people from working with children and vulnerable adults.

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. There was personal protective equipment (PPE) available when required such as gloves and aprons. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques.



# Is the service effective?

## Our findings

At our last inspection in February 2016 we found the dining experience for people was not dignified. For example one staff member was walking around the dining room and would stop to put some food in a person's mouth then continue to walk around.

During this inspection we found the dining experience had improved. People had choice where they ate their food. One person said, "I want to have my meal on my own and that is okay, I am not forced to into the dining room, I used to be and hated it." The dining experience was calm but with lots of friendly laughter and chatter. Relatives joined in or sat with their loved one during mealtimes if they wanted. One person said, "The food here is really good and the size of the meal not too much. Relatives can book to join us and staff can have a meal if there is anything left-often there isn't." One relative said, "When we dine with them it is like going for a meal with them."

People were supported to maintain a healthy diet. People were regularly weighed to monitor their nutritional health. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team.

Staff knew people's dietary requirements and preferences well. For example one person preferred to eat their food when it went cold. Staff knew this and provided time for that person. Another person only ate finger food and the food provided supported this.

Staff supported people discreetly where needed, cutting food up and offering people tabards the same as the staff were wearing to cover their clothes. Staff were very attentive, constantly talking to people and encouraging them to eat as well as offering plenty of drinks. Drinks, biscuits and fruit were on offer throughout the day. This meant that the service was ensuring people's health through promoting nutrition and hydration.

People were complimentary about the food. Comments included, "The food is wonderful and the deserts heavenly. I like the old fashioned meals but I think they are going to try us on some European food," and "The food is very good."

The cook said, "I am hoping to introduce taster evenings so that people can vote on different types of food to vary things for them whilst not losing the old favourites."

The manager said, "All the catering staff are working towards or completed training called Apprenticeship level 2 Food Production. Our head cook has a Level 2 Diploma in Culinary skills."

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 application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals are looked after in a way that does not inappropriately restrict their freedom.

The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection there were 19 people subject to a DoLS authorisation.

We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning. One staff member said, "If a person lacks capacity to make formal decisions for themselves, they are very vulnerable. DoLS authorisations provide us with the power to act or speak out for them in their best interests."

We asked people and their relatives if they thought staff had received the relevant training. One person we spoke with said, "The staff here care well for me and they are well trained and very professional and it shows." One relative said, "Oh the staff know what to do."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. We confirmed from our review of records that staff had completed training which included safeguarding vulnerable adults, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), fire safety, food safety and moving and handling. Training was planned in May 2017 for diabetes, stroke, arthritis, delirium, sepsis and first aid. Staff also received competency checks in medicine administration.

The manager said, "We do a lot of training at Teesside University and provide transport for the staff."

One staff member said, "Best thing about working here is all the training is at the University or colleges it is "proper" not just online all the time. I want to go as far as I can and I know the manager will support and guide me. I am seriously very lucky to work here."

New staff undertook a twelve week induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. All new staff completed three to six weeks shadowing with a buddy, more if needed, before being included onto the rota. One staff member said, "My induction was brilliant." Another staff member said, "The support I received when I first came here was lovely and stopped me feeling like a newbie."

The manager said, "All staff who have been here years are re doing the induction using the Care Certificate, to address training needs and keep them up to date and refreshed." We saw evidence of this in staff files.

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by

which an organisation provides guidance and support to staff. Staff also received group supervisions on certain topics such as Parkinson's, duty of candour and skin integrity. Staff from the ambulance service also attended group supervisions to talk about falls and were returning to talk about choking and cuts. One staff member said, "I find the supervisions very useful."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist, dentists and opticians.

The service had a refurbishment plan in place. At the time of inspection the driveway was being re surfaced and at least 20 bedrooms had been redecorated. The manager was planning to decorate all the bedrooms and the communal areas. A full wall mural of a kitchen scene was in the dining room and a fire place mural in the lounge which made the atmosphere homely.

# Is the service caring?

## Our findings

People and their relatives told us they were very happy and the staff were extremely kind and caring. One person said, "The care here is really something and I hope everyone in other places feels the same way I do about Elton Hall because I am so lucky." Another person said, "This place is amazing and they allow me to do just enough to tire me out and then I have a snooze, perfect." And another person said, "Staff are incredible."

One relative we spoke with said, "I am really happy with the care [relatives name] receives."

We saw that staff were courteous towards people who lived at the service, knocking on bedroom doors prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. People we spoke with said, "They [staff] always check before entering my room and if I am in the shower they always ask if they can come in, that is really nice." Another person said, "The care here is good, consistent and not intrusive."

One staff member said, "We are encouraged to treat everyone with respect and dignity and make sure that every day is as good as it can be." Another staff member said, "We are one big happy family-I even come in on days off because I miss the residents and my friends-actually they are one and the same."

Staff encouraged people to maintain their independence. for example one person enjoyed going out for runs and another went into the local community. One staff member said, "We always encourage them [people who used the service] to do what they can do and reassure them whilst they are doing it."

One staff member we spoke with said, "We always encourage independence and choice, such as what do they [people] want to eat or what do they want to wear."

Throughout the inspection we observed staff interacting with people in a kind and caring manner. As staff moved around the service they made an effort to stop and talk with people. Staff clearly knew people well, which meant they could have conversations with people that the person enjoyed. We observed staff offering cushions for behind people's backs. Staff also took time to sit with people for a chat or to listen or just for company. We also observed staff singing, laughing and having a joke with people."

At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Information on how people could access an advocate and what an advocate does was on display in the reception.

At the time of our inspection no one was on end of life care. However staff had received training on this subject. We also saw some detailed advanced care plans or an explanation if the person did not want to discuss this subject or they were waiting for family input.

# Is the service responsive?

## Our findings

During our visit we reviewed the care records of three people. Records showed people had their needs assessed before they moved into the service. During this assessment people checked on their mobility, medical history, communication and what support they needed on a daily basis. A pre admission draft care plan was made up so information was available to all staff before admission. This ensured the service was able to meet the needs of people they were planning to admit to the service and to meet the needs of a person directly on admission.

Each person had an assessment following admission, which highlighted their needs. Following assessment, permanent care plans had been developed. Care plans we looked at were person centred. Person centred care is care that is centred on the person's own needs, preferences and wishes. Care plans contained information about the person's likes, dislikes and personal choices. Care plans provided guidance to staff about people's varied needs and how best to support them. For example, the behaviour care plan for one person documented what staff should do to keep the person calm and settled signs of the person showing anxiety and staff actions if the person was to become anxious or aggressive. For another person it was important for them to wear jewellery to match their outfits and to wear makeup and perfume. This was detailed in their personal care plan as a reminder to staff.

We found staff knew people's personal life histories really well but not all were documented in people's care plans. The manager was also aware of this and had arranged for some staff to be supernumerary to get care plans fully updated with life histories. One staff member said, "I have been working on the care plans, it can be a continuous process as you can learn something new about someone every day, we are getting there documenting all the information."

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Reviews included the person, family members and relevant health care professionals such as occupational therapists and social workers. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

Care plans contained a 'service user profile' which detailed all information about the person, what is important to them, important things about their life and what they enjoyed doing. Each person also had a 'this is my life' book, which documented more about what had been important to them in the past and what was still important to them now. For example, one person had run in numerous marathons and still enjoyed running. Staff explained how they run in the grounds each day.

Staff showed good knowledge and understanding of people's care, support needs and routines. They could describe to us each person's care needs. It was clear they knew people and their needs well.

We could see people and/or their relatives had been involved in planning their care. People we spoke with said, "I really haven't a clue about care plans but my relative has and if they say its fine that's okay by me. I probably should take more notice and they do ask but, well no to be honest." Another person said, "I am

involved in my care to the extent that I like to know what's happening but the heavy stuff I leave to my relative. They [staff] always explain anyway what they are doing."

People said they were happy with the activities on offer and had choice of whether to join in or not.

Comments from people included, "I get involved with what [activity coordinators name] is doing, I am getting old but I am still useful and to raise money for good causes at my age makes me feel really good." Another person said, "I don't want to get involved in activities but I do help to fund raise which is enjoyable." We were told the activity coordinator does lots of fundraising for Elton Hall and had raised £235 from the Christmas fete.

We saw numerous books and daily papers available to people. We also saw that staff had cameras to capture special moments with people (with their permission) and we saw these being used a lot to make new memories.

Several people attended the local church or spent time in the grounds. One person said, "I can do what I want but must tell someone if I go and listen to the birds outside, which makes sense." Another person said, "I would go out more but taxis are expensive, that's the drawback for living somewhere so nice rather than nearer to town. I am okay with that because I like being here." And another person said, "I can go out to town and they get me a taxi and they are always texting to make sure I am ok."

On the day of inspection people and some relatives came in to continue building a train set called Elton Junction. Elton Junction is a model railway and a recent trip to a railway museum had stimulated and created this interest. The service had received some money from the lottery fund to support this and a relative was project managing this. We observed this activity and we saw everyone was having great fun.

The manager said, "We have been successful in gaining funds of ten thousand pounds from the Lottery Fund which has assisted in us being able to encourage our residents to choose a project. The funds are managed through partnership with Hen Power (Hen power engages people in arts activities). Our residents are currently involved in the "Elton Hall Junction" project which is a miniature railway line, which is being developed. This was the idea of one of our residents who used to be a 'project Manager.' This resident has advanced Parkinson's with dementia. Their skills have been used to assist in the development of the group and made an excellent contribution to the start of the project. The residents have recently visited Shildon Railway Museum for inspiration and for ideas for their project, which was enjoyed by all. The Lottery fund also provides us with entertainment for our residents, trips out to places of interests of our residents."

The activity coordinator had also developed a newsletter. This included news and pictures of the home and activities which had taken place.

There was a clear and comprehensive policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. The service had received one complaint so far this year and we could see this had been fully investigated with an outcome for the complainant and the date it was resolved.

## Is the service well-led?

### Our findings

The service had a manager in place that was going through the registration process with the Care Quality Commission. This manager had been employed as a registered manager at another home belonging to the registered provider.

The manager and the deputy manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the operation of the service. The system was aimed at ensuring they provided people with a good service and met appropriate quality standards and legal obligations. The manager and deputy manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and falls analyses. An action plan was developed after each audit with accountability and timescales of when the actions would be completed by.

We saw the manager interacted well with people, sitting and chatting to them and knew all the people and their relatives by their names.

People and their relatives were very complimentary about the manager. We were told by people and their relatives that the team ethic as very strong and they attributed this to the new manager. People added that the manager was a welcome, visible presence and all appreciated how much they had changed things. People who used the service said, "I feel so much better since [managers name] came, I feel safer and now all is good." Another person said, "To be honest, before [managers name] came things were quite bad and I considered moving, but now, no way."

We asked staff what they thought of the registered manager. Staff we spoke with said, "The support here is so good I never want to leave." Another staff member said, "We have a good manager who is always there for you. Even when I am off duty if I have a problem I need to chat through (manager's name) will listen. We also support each other in a way I haven't experienced before." And another staff member said, "The manager is very supportive, they are good and any problem is concluded."

All the staff we spoke with said they were really happy working at the service. Comments included, "I am very passionate about my job, people [who used the service] make my day," "I love it, It's fair to say we are all dedicated and want residents treated the way we would like to be treated and that is what we deliver," and "We are proud of the standards we are achieving and will continue to raise the bar."

Feedback was sought from people and their relatives through annual questionnaires. The last survey took place at the end of March 2017. Comments included, "I am happy in my home," "Staff are always very helpful," and "Very pleased and satisfied."

Meetings took place every month for staff and people who used the service. For the people who used the service's meeting topics discussed were refurbishment, Elton Hall Junction [train set], food and people's thoughts.

For staff meetings the topics discussed were staffing, training, dignity and respect, redecorating and upcoming events.

The service had strong links with the community including the local parish council, local pub, local schools and hen power. Hen power engages people in arts activities.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked staff what they thought the culture of the service was. One staff member said, "The culture is a nice atmosphere, open and honest and nothing is hidden." And "Our values are to provide the best care we can give."

The manager had many plans for developing the service which included 'time to think beds,' a specialist supported living model, step down beds and a day care facility.