

Mr & Mrs J R Mansell

Needwood House Nursing Home

Inspection report

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Tel: 01543275688

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 March 2016 and was unannounced. Our last inspection took place on 19 August 2014 when we found the service was meeting the legal requirements we inspected.

Needwood House provides accommodation, personal and nursing care for up to 33 people some of whom are living with advanced dementia. At the time of the inspection, 33 people were using the service. There was a registered manager at the service. 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.

People received their medicines when they needed them but some improvements were required to ensure medicines were recorded and managed effectively. Improvements were needed to ensure the registered manager's quality monitoring checks covered all areas of the service to identify shortfalls and make improvements where necessary.

People felt safe living at the home and their relatives were confident they were well cared for. If they had any concerns, they felt able to raise them with the staff and management team. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to protect people from the risk of abuse. People's care was regularly reviewed to ensure it continued to meet their needs. There were sufficient, suitably recruited staff to keep people safe and promote their wellbeing. Staff received training so they had the skills and knowledge to provide the support people needed.

Staff gained people's consent before providing care and support and understood their responsibilities to support people to make their own decisions. Where people were restricted of their liberty in their best interests, for example to keep them safe, this was authorised in accordance with the legal requirements.

Staff knew people well and encouraged them to have choice over how they spent their day. Staff had caring relationships with people and promoted people's privacy and dignity and encouraged them to maintain their independence. People were supported and encouraged to eat and drink enough to maintain a healthy diet. People were able to access the support of other health professionals to maintain their day to day health needs.

People received personalised care and were offered opportunities to join in social and leisure activities. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes. People's care was reviewed to ensure it remained relevant and relatives were invited to be involved.

There was an open and inclusive atmosphere at the home. People and their relatives were asked for their views on the service and this was acted on where possible. Staff felt supported by the provider and

management team and were encouraged to give their views on the service to improve people's experience 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?

Good ●

The service was safe.

Risks to people's safety were assessed and managed and staff knew how to keep people safe. There were sufficient staff and the provider followed recruitment procedures to ensure they were suitable to work with people. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities to support people to make their own decisions and where people were being deprived of their liberty in their best interests, the correct authorisations had been applied for. Staff received the training and support they needed to care for people. People received sufficient amounts to eat and drink and had their health needs met.

Is the service caring?

Good ●

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People were able to make decisions about their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends who felt involved and were kept informed of any changes.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who knew their needs and preferences. People were supported to take part in activities and follow their interests. People's care was reviewed to ensure it remained relevant and relatives were invited to attend reviews. People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. People and their relatives were encouraged to give their feedback on the service and where possible this was used to make improvements. Staff felt valued and supported in their role.

Requires Improvement 

Needwood House Nursing 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 14 March 2016 and was unannounced. The inspection was carried out by two inspectors and an 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 the information we held about the service and provider including notifications they had sent to us about significant events at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service, six relatives, 11 members of the care staff, the nurse, the general manager, the registered manager and the provider. We did this to gain views about the care and to ensure that the required standards were being met. We spent time observing care in the communal areas to see how the staff interacted with the people who used the service. Most of the people living in the home were unable to speak with us about the care and support they received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, their experience of care. We also received feedback from two relatives following the inspection visit.

We looked at the care records for seven people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks, staff recruitment and training records and staff rotas.

Is the service safe?

Our findings

People who were able to give us their views told us they felt safe and liked living at the home. One person told us, "It's a nice place this, I love it here". Another said, "The staff look after everyone". Relatives we spoke with told us they had no concerns about their relations and felt they were happy and well cared for. One relative told us, "We don't worry, it's put out minds at rest and we can relax knowing [Name of person] is here". Another said, [Name of person] has settled very well and I'm relieved that they don't ask to come home". Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse and what action they would take if they suspected someone was at risk of being abused. One member of staff told us, "If I saw something wrong I would report it to the manager straight away". All the staff we spoke with were confident that any concerns they raised were acted on but told us they had the information they needed to escalate their concerns if necessary. One member of staff said, "I would keep raising concerns to higher authorities if nobody did anything". Our records confirmed we received notifications from the registered manager when safeguarding concerns were raised at the home. This showed the registered manager and staff understood their responsibilities to keep people safe from harm.

Risks to people's safety were identified and assessed and care plans we looked at had risk management plans in place for all aspects of people's care. We saw that where people needed support to mobilise safely, plans were in place to guide staff on the way they should be assisted. We observed staff followed the plans to keep people safe, for example when moving people using equipment. Where people were at risk of developing damaged skin due to pressure, we saw they had pressure relieving equipment in place and staff repositioned them at regular intervals in line with their documented requirements. A relative told us, "I see the staff repositioning people to make sure their skin doesn't become sore". Personal evacuation plans were also in place, setting out the support and level of assistance people needed to leave the building in the event of an emergency, such as a fire.

People were supported appropriately when they presented with behaviour which challenged the safety of themselves and others. Care plans contained information specifying the best way for staff to support people when they were unsettled and we saw that staff followed the guidance. We saw staff used distraction techniques to prevent a situation escalating. For example, one person was offered a drink and a snack when they became unsettled. A relative told us, "They really look after [Name of person]. They can be difficult and hit out but the staff handle it all very well". Staff told us and records confirmed that incidents associated with challenging behaviour were documented, investigated and monitored by the registered manager. People's support plans were updated and staff signed to say they had read the investigation notes and the update plans. This demonstrated the manager and staff sought to understand what triggered people's behaviour to ensure they continued to keep them safe from avoidable harm.

We saw there were sufficient staff on duty to meet people's individual needs and keep them safe. All the relatives we spoke with told us there were enough staff. One relative said, "There's always enough staff. I like the fact that a lot of residents at Needwood are on one-to-one support. Even though [Name of person] isn't, if there was ever an emergency, there are always plenty of staff about to help". Another told us, "It's the right environment for [Name of person] because there are lots of staff". We saw that people did not have to wait

when they asked for support. We saw that where people were unable to vocalise their need for support, staff anticipated people's needs by picking up on their body language and behaviour. For example, one member of staff told us that a person became agitated when they wanted to go to the bathroom. We saw that staff providing one-to-one support to people were assisted by other members of the staff team who would bring things they needed to ensure people were not left unsupported.

The staff team was made up of a mix of permanent and agency staff. The registered manager told us this enabled them to remain flexible and meet the needs of people being supported on a one-to-one basis. The registered manager told us and permanent staff confirmed that some of the agency staff had worked at the home for a number of years and knew people very well. Relatives we spoke with had no concerns about the use of agency staff. One relative told us, "There are agency staff but a lot of them are regular. The staff team does change but I don't think there's inconsistency". Another relative told us, "The home tries really hard to use regular agency staff. This is really good because the agency staff know who they are working with and it is more reassuring for the residents. We saw that there was a staffing structure in place to ensure there was an appropriate mix of skills to meet people's needs and staffing rotas confirmed that this was maintained on each shift. The registered manager told us staffing numbers were kept under constant review to ensure there were sufficient staff to meet people's needs at all times.

Staff told us and records confirmed that the provider carried out recruitment checks for both permanent and agency staff which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager had checks in place to ensure that nurses were registered with the Nursing and Midwifery Council. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people's safety.

We observed a medicines administration round and saw that people received their medicines as prescribed. We saw that the nurse explained what the medicine was for and checked to ensure the person had taken it. Relatives we spoke with told us, "They keep us informed about the medicines [name of person] is on, we've never had any issues". Staff we spoke with had received medicines training and had their competence to do so checked by the registered manager. We saw that some people were receiving covert administration of medicines. This may take place when a person regularly refuses their medicine but they are assessed as lacking the capacity to understand why they need to take the medicine. We saw that the necessary permissions, risk assessments and guidance for staff were in place to ensure people taking medicine without their knowledge were supported appropriately. We saw that medicines, including controlled drugs, were stored securely and disposed of in accordance with legislation.

Is the service effective?

Our findings

Relatives we spoke with told us the staff met their relation's needs and provided good care. One relative told us, "The staff are good; they understand [Name of person's] needs. Another said, "I can't fault the staff". A third told us, "I spend a lot of time at the home and am always watching what's going on around me. The staff work very efficiently, for example I regularly see them helping people to stand up and move around. There is always training going on for staff". Staff we spoke with told us they had access to a range of training, which included skills deemed mandatory by the provider, such as safe moving and handling. We saw from training records that staff had received training in a range of skills that were relevant to the needs of people living in the home. Some of the staff acted as assistants to the nurses and had received training in more advanced skills such as taking blood pressures and the prevention of skin damage caused by pressure. We saw that these staff were knowledgeable about people's individual needs and staff sought them out for advice when they had concerns. Staff told us and we saw the provider carried out competency checks which identified any gaps in the staff's knowledge and skills, for example in areas such as nutritional needs and infection prevention and control. This was addressed with further training and support from senior staff and ensured staff maintained the skills and knowledge to meet people's needs.

There was an induction programme in place for newly appointed staff. One member of staff told us, "I've had training in skills such as how to use the hoist and managing behaviour that challenges. I also spent time shadowing other staff and reading care plans to get to know people's needs". Staff told us they had been assigned a mentor and got feedback on their performance at regular intervals. They told us, "We get observed to check we're doing things right, for example using the hoist, and I've met with the manager on a monthly basis for feedback on how I'm doing". Staff told us and records confirmed they completed worksheets to check what they had learnt and how they would apply this knowledge in practice. One member of staff told us, "This makes sure we understand what we have been taught". We saw that the induction followed the Care Certificate, which is a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social care. One member of staff told us, "I've completed six standards so far, the general manager has checked them off". Staff told us they felt supported to fulfil their role by senior staff and the registered manager. Staff received regular supervision and an annual appraisal which gave them the opportunity to raise any concerns, discuss their performance and agree any training needs. These arrangements ensured staff had the skills and knowledge they needed to support people effectively.

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 people 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 under the DoLS. We saw that people's mental capacity had been assessed to reflect their ability to make decisions for themselves and where decisions were being made in people's best interests, these were documented. For example, best interest decisions were in place for administering people's medicines. Staff we spoke with told us they had received training in the MCA and

Deprivation of Liberty Safeguards (DoLS) and demonstrated their understanding of the legislation. One member of staff told us, "Many of the people who live here have things in place to make them safe in their best interest but it is a restriction and so a DoLS application has been made". Staff recognised their responsibilities to support people to make decisions where they were able. One member of staff told us, "[Name of person] can decide day to day activities and what they would like to do but does not understand why it is not safe to leave". We observed staff asking people for their consent before they provided care, for example we heard one member of staff say, "I've brought you an apron, is it okay if I put it on". A relative told us, "'Even though [Name of person] finds it difficult to comprehend anymore, staff always explain what they are going to do and go at [Name of person's] pace".

We saw that the registered manager made applications for people who were being restricted of their liberty in their best interests and approvals were in place for 30 people and assessments were awaited for two others. This showed the registered manager and staff were working within the principles of the legislation.

People were provided with meals that met their dietary needs and preferences. We saw that people were offered a choice and staff brought the different meals to the table to help them choose and alternatives were provided if required. People were assisted to eat their meals when required and we observed staff talking with people and involving them whilst they sat with them. Staff did not rush people and checked they were ready before offering more food. People's nutritional needs had been assessed and where appropriate specialist diets were provided, for example soft diets for people with swallowing difficulties. A relative told us, "[Name of person] is on pulped food, but it is always pulped separately so it looks as appealing as it can". Staff knew about people's individual needs and followed the guidance in people's care plans to minimise the identified risks. We saw that people's weight was monitored and they were referred to the speech and language therapist if any concerns were identified. A relative told us, "Staff record what [Name of person] eats and drinks and they've regained some of the weight they lost in hospital". This showed people were supported to eat and drink sufficient to maintain a healthy lifestyle.

Relatives we spoke with told us their relations were referred to other health professionals when needed. One told us, "Staff are very proactive. [Name of person] had a slight rash on their hip and the doctor was called immediately". Another said, "Staff liaise with the GP when needed and keep me informed about any changes". We saw that visits from professionals were recorded and people's care plans were updated when specific advice was received, for example changes to people's medicines. This showed people were supported to maintain their day to day health needs.

Is the service caring?

Our findings

People who were able to give us their views told us they liked living at the home and that the staff looked after them well. Comments included, "I like it here, I like everything and, "I like living here, the staff are all my friends", and "I'm happy here, I am". All the relatives we spoke with told us the staff had caring relationships with their relations and treated them with respect. One relative told us, "I can see by how they are with [Name of person] that they care". Another said, "Many of the staff, particularly ones who have been at the home as long as [Name of person] think a lot of them. A member of staff visited her in hospital when she was ill". Another said, "It's so refreshing to see staff that are genuinely caring and haven't lost sight that people are individuals". We saw staff members greeted people when they came into a room and people responded positively. Staff showed concern for people's wellbeing and responded to their needs quickly by offering people reassurance and support. A relative told us, "The staff are very good at noticing things such as the residents looking uncomfortable, and putting it right". Staff knew people well and chatted with them about things they had been doing over the weekend and about their families. Staff told us it was important to them that people had good care. One member of staff told us, "I treat people the way I would like my family to be treated". Another said, "All the staff here are good and caring".

We saw that when staff offered care the person's dignity was promoted. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their rooms to support them with personal care. A relative told us, "Staff are discreet, they whisper in the person's ear". Another said, "[Name of person] is always taken to the bathroom when they need assistance". People were encouraged to maintain their appearance. Staff offered people aprons when they were eating and helped them to wipe their mouths after they'd finished their meal. One person told us, "I get my hair done every day". A relative told us, "[Name of person] regularly has a shower and is always clean. I know this because her hair is always lovely and clean. She is always well presented". We saw that people's privacy was respected because staff knocked on people's doors and waited to be asked in.

We saw staff offered people choice about their daily routine, for example what they wanted to eat and who they sat with. One person told us, "I choose my own things, I make the odd mistake but I love it here". Staff encouraged people to be as independent as possible, for example we saw staff encouraged people to walk with support or to eat their meal independently where appropriate.

We found that people's relatives were involved in helping them to make decisions about their care and treatment appropriately. Relatives we spoke with told us they felt involved and were kept informed about changes in their relation's care and treatment. One relative told us, "I've been involved in assessments about [Name of person's] care and get all the relevant information I need". Another told us, "I'm involved in ongoing discussions about [Name of person's] care and I'm always consulted if there are any decisions to be made. If there are any changes, staff feed back to me, or if I have any concerns I speak to them. It's a very two-way thing".

People were encouraged to maintain important relationships. Visitors were encouraged to come in whenever they wanted and we saw staff welcomed people's relatives and engaged them in conversation.

Relatives told us people's birthdays were celebrated and if a resident passed away, an album of photographs and memories was passed on to the family. Two relative told us how happy they were with the support they'd received from the registered manager and staff during their recent bereavement. They told us, "The staff have been very supportive and have rung us and kept in touch. We've received a photo book, laminated and everything. There were pictures of [Name of person] and underneath there were comments from the carers about the things they did with him. We know they meant a lot to them too".

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One relative told us, "We visit daily and [Name of person] always gets the one to one support they need, I would say something if they didn't". Another relative told us their relation's bed had been unsuitable after a stay in hospital because they were at risk of falling out. They said, "The manager carried out an assessment and [Name of person] had a new bed the same day". Relatives told us they were asked to provide information on people's interests and staff used the information to engage with people. One relative told us, "Staff have asked me to explain the background to some of the topics of discussion which [Name of person] engages them in. They take a genuine interest in [Name of person] as an individual and what makes them tick". Another relative said, "Staff know what [Name of person] likes, for example I know they talk about ballroom dancing". We saw that care plans included information about people's life history and important relationships. Where people were supported on a one to one basis, staff had a book to refer to called "About me" which provided detailed information on how to engage the person whilst supporting them, for example information about their likes and dislikes. We read that one person liked to have their hands and feet massaged and we saw a member of staff supporting them in this way.

People's needs were assessed prior to moving into the home and their care was regularly reviewed to ensure it continued to meet their needs. Staff told us and records confirmed that they recorded the care people received on a daily basis and any concerns that other staff should be aware of. This was discussed during the shift handover which ensured incoming staff were kept up to date about people's needs.

People were supported by activities co-ordinators to take part in activities that met their individual needs and preferences. We saw that sensory items were available to provide stimulation for people living with dementia, for example we saw a person with a board containing locks and switches and another person had a game with shaped beads. We saw that staff members sat with people reading the newspaper, looking at books and playing games. We saw another member of staff dancing with a person. People were offered a choice of activity, for example we heard one member of staff asking, "Shall we do a puzzle or would you like to play the bead game". Relatives we spoke with told us the activity co-ordinators worked hard to engage their relations. One relative told us, "The activities co-ordinators are fantastic. One has started a singing club and [Name of person] absolutely loves singing. One day when we were visiting, people were all up and singing. It was lovely to see". Another relative said, "[Name of person] isn't able to join in with activities independently any more but enjoys watching what's going on around them and is always seated where this is possible". Some of the relatives we spoke with told us their relations enjoyed using the sensory room at the home which helped them to relax. A relative said, "They like the lights and the quiet".

The environment at the home was decorated to promote the wellbeing of people living with dementia. Doors were painted in bright colours and pictures with nostalgic themes were on display throughout the home. The registered manager told us they had recently sourced some coloured plates which provided contrast to help people to see their food better and adapted cutlery to promote people's independence. They told us, "We are trying them out at the moment and we are always looking for things that support people living with dementia.

People and their relatives told us they would feel comfortable approaching the staff if they had any concerns. A relative told us, "We've had no complaints but would speak to the staff member in charge of the shift if we needed to". Another said, "You can talk to any of the staff or the manager is always telling us we can ring them anytime". We saw that staff responded to people's concerns, for example one person complained that their bed was uncomfortable. A member of staff spoke with the person about the problem in detail and recorded the information in the person's care plan. We saw that a request had been made for the maintenance team to examine the bed. There was a complaints procedure in place and we saw that complaints were investigated and responded to promptly. A relative told us they had raised a concern with the manager who had dealt with immediately and the issue had been resolved to their satisfaction.

Is the service well-led?

Our findings

There were some systems in place to assess and monitor the quality of the service but these were not always effective in identifying shortfalls and driving improvement. We saw that the nurses carried out monthly audits of medicines. The audits were not monitored by the registered manager and they had not identified that medicines were not always recorded effectively. Most of the medicine in the home was dispensed using a monitored dosage system, which meant medicines were supplied to the home in monthly blister packs, with pre-printed medicine administration records (MAR). However, where new items of medicine had been booked in by handwriting the MAR, staff had not had this checked by a colleague to ensure this was accurate, in accordance with good practice. We found the recording of medicine stock was not well managed. The amount of medicine in stock had not been carried over from the last month and added to the MAR which meant the registered manager could not tell us how much medicine they had in the home for each person. The registered manager told us they had recognised the medicine audit system needed to be reviewed and had arranged for the pharmacy to carry out a formal audit to highlight where improvements were needed.

There was no system in place to monitor the care plans to check they were accurately written and provided an up to date record of people's care. The registered manager told us they carried out some checks but there was no formalised system to monitor any shortfalls found to ensure improvements were made where needed. The registered manager told us they would introduce a system and we will follow this up at our next inspection.

We saw the registered manager monitored accidents and incidents, including falls which occurred in the home on a six monthly basis. When any trends were identified, action was taken to reduce the risk of reoccurrence, for example referrals were made to the occupational therapist for specialist advice. We saw that risk assessments were updated and discussed during staff meetings to ensure that staff were aware of changes to people's care.

Relatives we spoke with told us about the positive culture and supportive attitude of the staff and management at the home. One relative told us, "This is a caring, friendly and cheerful environment with excellent staff that appear to genuinely enjoy their job". Another said, "I knew as soon as I came here that it was right, it was the way I was greeted and the atmosphere". Another said, "The management are excellent. They know the residents and are very hands on. They are all very approachable and very supportive". Our records showed that the registered manager notified us of any important incidents that occurred in the service in accordance with the requirements of their registration, which meant we could check that appropriate action had been taken.

Staff were clear about their roles and responsibilities and told us they felt supported by the provider and management team. A member of staff told us said, "The managers are brilliant at communicating with staff". Another said, "I love working here, I wouldn't change anything. Relatives we spoke with told us the staff worked as a team to ensure people got the care they needed. One relative said, "I spend a lot of time at the home and am always watching what's going on around me. I think the team leader system works well

and I can always identify who the team leaders are; they all work very efficiently and direct the other staff really well". Staff told us they had staff meetings and felt able to raise any concerns. Staff were aware of the whistleblowing procedures at the home and said they would have no hesitation in using them if they needed to. The provider sought the opinions of staff on the quality of service and shared the results of the recent annual staff survey with us. The majority of comments were positive, such as "Don't feel they need to change anything" and "Managers very supportive, always listen to what you are saying". The general manager shared with us the plan to improve staff meetings to ensure the domestic staff were also included and able to give their views on the service. We saw that each month, the provider recognised staff achievement by inviting people, their relatives and staff to give their comments and vote for the 'staff member of the month'. A relative told us, "You can put your comments in and vote for a member of staff who has been good". A photograph of the current winner was on display in the reception area.

The provider and management team had an open door policy and people and their relatives were provided with opportunities to express their views about the care and the running of the home. We saw that feedback from a satisfaction survey had been acted on, for example the doors had been painted in bright colours in response to requests for more visual stimulation for people. The latest survey had been undertaken in January 2016. We read the survey responses and saw that feedback was positive with no concerns recorded. Comments included, "All the staff are kind and very helpful" and "Everything is wonderful, I feel happy with the pleasant atmosphere and care and attention given". One relative told us, "I have been asked to fill in questionnaires but if I had any concerns, I'd go and see the manager straight away, I wouldn't wait for the forms". Relatives told us they had seen improvements at the service such as improved décor and the role of the activity co-ordinator. One relative told us, "We couldn't have asked for a better place".