

Shinfield Lodge Care Limited

Shinfield View Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 and 5 April 2017 and was unannounced. This was the first inspection since the service registered in April 2016.

Shinfield View Care Home is a care home without nursing that provides a service to up to 66 people, some of whom may be living with dementia. They are also able to provide a service to people with physical disabilities and/or a sensory impairment. The accommodation is arranged over two floors, with lift access to each floor. At the time of our inspection there were 41 people living at the service.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was not available during this inspection. The nominated individual, operations manager, deputy manager and administrator assisted us during this inspection.

People felt safe living at the service and were protected from risks relating to their care and welfare. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk. Some concerns were raised with the service and local safeguarding team in February 2017. The provider took prompt and appropriate action to address the concerns and implemented new systems to reduce the risk of recurrence.

Premises risk assessments and health and safety audits were carried out and issues identified were dealt with quickly. Furniture and fixtures were of good quality and well maintained.

People were protected by the provider's recruitment processes. Safe recruitment practices were followed before staff were employed to work with people. Required checks were made to ensure staff were of good character and suitable for their role.

People received care and support from staff who knew them well. Staff training was up to date and staff felt they received the training they needed to carry out their work safely and effectively. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans were reviewed monthly or as changes occurred.

People received effective health care and support. Medicines were stored and handled correctly and safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Meals were nutritious and varied. People told us they enjoyed the meals at the service and confirmed they were given choices. People told us how they appreciated the quality and choice of food as well as the

number and variety of activities available to them.

People were treated with care and kindness. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People were aware of how to make a complaint. They told us they could approach management and staff with any concerns and felt they would listen and take action. They benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work.

People living at the service felt there was a good atmosphere and thought they were provided with a comfortable and homely environment to live in. Staff felt the service was well-managed. They told us the management team were open with them and communicated what was happening at the service and with the people living there.

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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

When concerns regarding people's safety were raised with the home, actions to deal with the concerns had been taken promptly. Measures had then been put in place to learn from the concerns and prevent a recurrence.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications when applicable.

People were supported to eat and drink enough and staff took action to ensure their health and social care needs were met. The premises were bright and homely. The environment was designed and laid out to enable people to mobilise around the service independently where possible.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were

compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was reviewed and adapted in response to people's changing needs.

The staff helped people maintain relationships with those important to them. People were able to enjoy a number of activities, based on their known likes and preferences.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the management team and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Shinfield View Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 4 and 5 April 2017 and was unannounced. The inspection team included one inspector on both days and an expert by experience on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 22 people who use the service, eight of them in depth. We spoke with the nominated individual, the operations manager, deputy manager and administrator. We spoke with 11 care staff, the chef and the maintenance person. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing activities and lunch in the dining room. As part of the inspection we requested feedback from 12 health and social care professionals and received responses from six.

We looked at six people's care plans, monitoring records and medication sheets, six staff recruitment files and the staff training log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, utilities safety check certificates, equipment service records, the legionella risk assessment, the fire risk assessment, staff meeting minutes, monthly audits of the service and the complaints and incidents records.

Is the service safe?

Our findings

Staff knew how to recognise the signs of abuse. They knew what actions to take if they felt people were at risk and were aware of the local safeguarding procedure. All staff told us they would report any concerns to their manager, in line with the provider's policy, and were confident safeguarding concerns would be taken seriously by the management team. Staff were aware of the provider's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report concerns and felt they would be supported by the management team. People felt safe living at the service. One person said, "I am in the right place, I know." another said, "Absolutely." and another commented, "I feel completely safe."

A number of concerns were raised with the service and local safeguarding team in February 2017. In one case concerns were raised that a request for medical input had not been sought early enough. Staff training had taken place to ensure staff recognised when medical assistance should be sought without delay. Other concerns related to: staff not always following the provider's procedures; staff training in person specific needs not always provided (for example catheter care); moving and handling risk assessments not always accurately reflecting a person's needs and essential moving and handling equipment not always in place before someone moved into the service.

On being made aware of the concerns the service worked with the local safeguarding team and took prompt action to address the issues raised. In addition to carrying out the immediate work, the provider took steps to prevent a recurrence in future. For example, a new process for admissions was introduced so that, in future, any equipment or staff training was identified and provided prior to the person moving to the service. This process set out that where concerns regarding moving and handling were identified at preadmission assessment, an occupational therapist report must be sought prior to the admission. This was to ensure all equipment was in place on the day of admission. A new system was introduced requiring the registered manager and deputy manager to check each other's preadmission assessments to ensure all areas of the planning for an admission was completed. Meetings were held with the senior care staff to discuss and share learning from the incidents and further training and support was provided to staff where needed. The "management weekly report" was amended to include reporting on people needing hoists for transfers and any specialised equipment, so that specific monitoring could more easily take place.

We received updates from the safeguarding team to say the safeguarding concerns had been closed, apart from one, as they were satisfied with the actions taken by the service. Regarding the remaining open concern, the safeguarding team were satisfied with the actions taken by the service to date. There was one piece of equipment that had been ordered for this person. The safeguarding team were waiting for that piece of equipment to be delivered before closing this final safeguarding concern.

People were protected from risks relating to their care and welfare. Care plans included risk assessments connected to all areas of their care and support. Where a risk was identified, reduction measures had been incorporated into their care plans with clear instructions for staff to follow to reduce or remove the risk. For example, risks related to the potential for skin breakdown, risks of inadequate food intake and risks of falls. Health and social care professionals felt the service, and risks to individuals, were managed so that people

were protected. One professional told us, "It has been my experience that the home have acted appropriately when faced with an incident. They have put the client's safety first and I have been informed by the home at the first opportunity. They have been very quick in putting a risk management plan in place for the resident." Another professional commented, "I have never had reason to think that the people I have assessed at Shinfield View have not been supported to stay safe. I have found the staff have had a good understanding of maintaining safety whilst protecting people's right to be as independent as possible."

There were sufficient numbers of staff deployed to ensure people's needs were met. The care staff team included the registered manager, deputy manager, five senior care workers and 38 care workers. Additional staff included an administrator, reception staff, three events coordinators, one maintenance person/chauffeur, a head chef, a second chef and kitchen assistants. Housekeeping and laundry staff worked seven days a week and hospitality staff such as waitresses and bar staff were also employed, for the dining rooms and bar bistro.

People told us staff were always available when they needed them and didn't rush them when providing support. Staff said there were enough staff on duty to enable them to do their job safely and efficiently. Professionals said the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. One professional commented, "On my visits to this home, I have been able to speak to the appropriate member of staff and been given the appropriate information." another professional told us, "I am aware there has been an increase in staff since there has been an increase in residents."

At lunchtime on both days of our inspection we saw there were ample staff available to assist people eating their meal, where needed, in the dining rooms and bar bistro. There were also sufficient staff available at other times. Call bells were answered quickly and staff had time to sit and chat with people as well as providing their care.

Accidents and incidents were reported and analysed for patterns. Records were clear and included the outcomes of any investigation and actions taken to reduce any risk. People were protected against environmental risks to their safety and welfare. Staff monitored general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. The maintenance staff monitored other risks and we saw up to date equipment servicing records, fire safety checks and checks of the hot and cold water systems for legionella. As the service only opened a year ago the equipment, fixtures and fittings were all new and had been tested on installation. Emergency plans were in place, for example evacuation plans in case of emergencies.

People were protected by the provider's recruitment processes. Staff files included the recruitment information required of the regulations. For example, full employment histories, proof of identity, criminal record checks, and evidence of their conduct in previous employments. This ensured, as far as possible, that people were protected from staff being employed who were not suitable.

People's medicines were stored and administered safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff had received medicines training to ensure the right people received the right drug at the correct dosage at the right time. This was confirmed by the staff we spoke with and documented in their training records. Medicines administration record sheets were up to date and had been completed by the member of staff administering the medicines.

Is the service effective?

Our findings

People received effective care and support from staff who knew them well and were well trained. Health and social care professionals felt the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional said, "Extra and ongoing training appears to be provided to staff." another told us, "With the three patients [living with dementia] that have been under my care, I can honestly say that once they moved to Shinfield View they all showed immediate signs of improvement. They also settled well at Shinfield View. If the staff did not have the knowledge and skills, they would not have been able to manage my patients as well as they have done."

The service used the care certificate framework as their induction tool for staff who were new to care. The care certificate is a set of 15 standards that care workers are expected to follow in their daily working life and should be covered during their induction period. People felt staff had the skills they needed when supporting them. One person told us staff were, "...absolutely excellent, they must be hand-picked."

Ongoing staff training was monitored. We saw staff were up to date in the training the provider deemed as mandatory. The mandatory training included: fire awareness, first aid, moving and handling, infection control, administration of medicines and safeguarding vulnerable adults. Staff were also provided with training specific to the people they supported. For example, dementia and epilepsy. The provider had arranged a visit to the service of the mobile Virtual Dementia Tour (VDT) and staff had been able to take part in the experiential training. The VDT is a sensitivity training program, designed to give individuals, staff and organisations a greater understanding of what it is like to live with dementia. The provider had added stoma care and catheter care to their training after the recent safeguarding concerns to ensure staff were knowledgeable, competent and confident when caring for people with those needs. A new system had been put in place to ensure that, if anyone had any specialised needs, training requirements would be identified and provided before the person moved into the service. Staff felt they had been provided with training they needed to deliver good quality care and support to the people living at the service.

Staff were supported to obtain additional qualifications. Of the 45 staff in the care team, eight held a National Vocational Qualification (NVQ) level 2 in care and five held an NVQ level 3. Two were studying for the health and social care diploma, nine were studying for the NVQ (or equivalent) level 2 and four were studying for the level 3. A number of non-care staff also had NVQ qualifications relevant to their roles.

People benefitted from staff who were well supervised. Staff had one to one meetings (supervision) with their line manager to discuss their work six times a year. Staff felt they were well supported by the management and those who had been employed for over one year had completed a yearly performance appraisal of their work with their manager.

People told us staff asked their consent before providing any care or support. During our inspection we saw staff asking consent from people before offering any help or support. People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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. Staff had a good understanding of the MCA and were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

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 in care homes are called the Deprivation of Liberty Safeguards (DoLS). The requirements of the DoLS were being met. The registered manager had assessed people living at the service and, where applicable, had made a DoLS application to the local authorising body appropriately.

People received effective health care and support. People confirmed they could see their GP and other health professionals such as dentists and opticians when needed. One person said how they appreciated being taken to a recent hospital appointment by the home's chauffeur. Three other people also commented on how much they appreciated the service providing a chauffeur to take them to a GP or other health appointments. Care plans and daily notes showed that specialist health professionals were consulted as necessary and that any advice given was followed. Staff recorded in the care plans where issues had been identified, for example by recording on body map pictures the location of bruises or grazes. Staff weighed people every month and used a malnutrition screening tool to identify people at risk. Where problems had been identified, people were weighed more frequently and staff kept records of what people had eaten and drunk, providing fortified meals when needed. Referrals to a dietitian were made via a GP if required.

People told us they enjoyed the meals at the service and confirmed they were given choices. Comments received included, "I enjoy every meal.", "I couldn't have had a better breakfast at a hotel." and "I have my own choice of supper [sardines]." People were very complimentary about the chef. People said he was always visible at meal times and clearly enjoyed his job. One person said, "He has a pride in his job." We saw snacks were available throughout the day if wanted.

People told us how much they enjoyed being able to choose where to eat. The choices included their own rooms, the lounges or two dining rooms. They could also eat in the bar bistro area where they had a choice from the main menu or the bar snack menu. During our visit people were sitting round eating their meals in small groups with many friends and visitors joining them. Care staff were available to help people if needed. Waitresses were employed to serve the food, make sure people got their choices and had everything they needed. We were told the service found having the waitresses helped to enhance people's dining experience. People also had the choice of a "fine dining experience" where they could book the private dining room for a family meal or special occasion. The private dining room seated 10 people easily and had its own menu with waitress service provided.

The premises were clean and bright and furnishings and fittings were of a good quality. The majority of people living at the service were able to mobilise independently or with the aid of walking frames. People were able to mobilise with ease around the communal areas and their rooms, and the outdoor areas were also accessible and safe for them to use. People felt the service was kept clean and that there was a high standard of housekeeping. One person added, "They keep it clean, nice and spotless."

Is the service caring?

Our findings

People were treated with care and kindness. Comments made by people when asked if staff were caring included, "They [the staff] have confidence and put their heart into their job.", "Nothing is too much trouble for them." and "They are all so friendly, which is very important." Health and social care professionals told us they felt the service was successful in developing caring relationships with people living at the service. One professional commented, "I believe the staff are selected to be caring, kind and empathetic." Another said, "In all the interactions I have witnessed between the staff and residents, the staff have displayed an appropriate professional caring relationship, this is shown with the positive reactions from the residents and families towards the staff." while another told us, "From my visits to the home I have noted the staff are very knowledgeable of the residents' needs and how those needs should be met. I have found the staff to be very caring towards those people I have assessed."

During our inspection the atmosphere at the service was inclusive, happy and informal. Throughout the two days of our inspection we saw staff spending time with people chatting and laughing or joining in activities. One afternoon there was a musical activity and staff and people were singing and dancing together. People felt staff listened to them and acted on what they said. They also told us staff knew how they liked things done and did them that way.

People were involved in the day to day life of the service and information was available so people knew what was happening. The notice board contained information for people. For example, the activity schedule for that week and upcoming events.

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Staff were quick to react if anyone needed help or support. Staff were aware of people's abilities and their care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and support people's independence. People felt staff encouraged them to be as independent as possible. During our inspection we saw staff worked with people at their own pace and never hurried them or did things for them that they could do themselves. One person told us staff respected their wishes and added, "If I don't want to get up in the morning they respect that and just come and check now and again."

People's wellbeing was protected and interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity. One person told us, "At all times. First class, no problem." Staff are always respectful." and another said staff were, "All correct and nice. I am so glad I came here." Health and social care professionals felt the service promoted and respected people's privacy and dignity. One professional commented, "I believe that people's privacy, dignity and personal choices are respected at all times." and another said, "Privacy and dignity appear to be very high on the home's agenda."

People's right to confidentiality was protected. All personal records were kept securely. Visits from health

and social care professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was always carried out behind closed doors. Staff never entered a room without asking permission from the room owner.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. One person told us the night staff brought her a cup of tea at 3am every morning, without her having to ask, as staff knew she liked a hot drink at that time. The person added, "Staff are always happy, even at three in the morning." Health and social care professionals felt the service provided personalised care that was responsive to people's needs. One professional told us, "I believe that person centred care is at the heart of this service." another said, "Staff have always spoken to me about residents as being individuals, taking into account each individual's likes and dislikes. From what I have observed the care has been responsive to the individual's needs."

Each person had a care plan that was based on a full assessment carried out prior to them moving to the service. People's likes, dislikes and how they liked things done were explored and recorded in the pre-admission assessment form and used to develop their care plan after admission. The care plans were individualised to each person and staff were skilled in delivering person centred care. People's needs were monitored and care plans were reviewed and updated as changes occurred. Where people were assessed as requiring specialist equipment, this was provided, either by the service or by referral to occupational therapists or other health professionals via the GP. New systems had been introduced to ensure appropriate equipment was obtained and in place before a person moved into the service.

People were supported to maintain relationships with their family and friends. We saw visitors were welcomed warmly to the service and were offered hot drinks, meals or bar drinks during their visit. Quieter areas of the service were available where people and their visitors could sit away from communal areas. For example, there were smaller seating areas around the service and the library offered a quiet and private area for visits too. The garden had a number of seating areas for people and their visitors to sit in warm weather. Some people enjoyed sitting in the foyer watching people coming and going.

People had access to a busy activity schedule and local community outings. The provider employed three event coordinators who oversaw activity provision at the service. Events organised for April included a night at the races, a sing along evening and a night with Dolly Parton. Most evenings a film was shown in the cinema. Other regular activities included seated dancing exercises, board games and bingo. Activities in the bar bistro area included dominoes, backgammon, quizzes, bridge and other card games. Most days there was a local outing that people could go on with transport provided by the services own transport. Other amenities available at the service included a cinema room, a bar bistro, private gardens, a library and a hair salon and spa. Reflexology, massage, chiropody and manicures were also available and the hair salon included a nail bar. Where people could not, or chose not to, leave their rooms individual activities were arranged on a one to one basis in their rooms. All food, drinks, activities and amenities were covered by people's fees with no extra charges for any of the services on offer.

People were aware of how to raise concerns and told us they would speak to one of the staff or the registered manager. We looked at the concerns and complaints records and saw that any raised had been dealt with promptly. In each case there was a clear record of actions taken to resolve the concern as well as

actions taken to prevent a recurrence. Staff were clear on the actions they should take if anyone raised concerns with them. People told us they were confident any concerns they raised would be listened to and acted upon.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Records were up to date, fully completed and kept confidential where required.

Various meetings were held in order to share information and enable people who use the service, their relatives and staff to be involved in what happened at the service. Those meetings included quarterly residents and relatives meetings. Other meetings included staff handover meetings each shift and monthly staff meetings. Housekeeping also had monthly meetings and senior meetings were held twice a month.

The provider carried out an annual satisfaction survey with people living at the service and their relative. We saw the results of the survey carried out in October 2016. Actions were recorded that dealt with improvements people had suggested. There were also many positive comments including, "I enjoy being around people, staff and residents because I never feel lonely.", "I am wonderfully cared for here and spoilt.", "I love the laughter and the energy at Shinfield View." and "I wouldn't change anything, I am very happy here." A staff satisfaction survey had recently been carried out and the responses were being analysed. Where any issues were raised action plans were set up to resolve the issues and identify ways to prevent a recurrence.

The provider had a number of quality assurance and health and safety checks and audits in place. The maintenance person dealt with those related to the premises, utilities and equipment, such as hot water temperatures, water safety checks and fire safety checks. The registered manager and management team dealt with other audits and checks such as audits of person centred care, medicines, care plans, risk assessments and warfarin. Other regular audits included health and safety and the provider's monthly audits of the service, carried out by the operations manager.

Every three months one of the non-executive directors carried out an unannounced visit to complete an audit and report back to the company's board. A larger "key point" audit was carried out and then reviewed every month that covered all areas of the running and management of the service. The provider and non-executive director's audits all included action plans for any issues identified, which were checked for completion at the next visit. The records we saw showed actions were mostly completed within the timescales expected. The registered manager and deputy oversaw staff supervision, annual staff appraisals and staff training. Food safety checks were carried out by the chefs. The service was awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council on 23 August 2016.

Staff felt the service was well managed and felt the management team supported them. Health and social care professionals felt the service demonstrated good management and leadership and worked well in partnership with other agencies. One professional commented, "I have found the management of the home very easy to work with, they are keen to work with outside agencies to ensure they are doing all that they can

do to meet the needs of the residents. Where the management of the home are unsure of something they will seek assistance and guidance from others." Other comments included, "On occasions when I have had meetings, where the management have also been present, they have demonstrated good management and leadership skills." and, "The service maintains good working relationships with other agencies, including health professionals and service providers."

People benefitted from a staff team that were happy in their work and from living in a service that had an open and friendly culture. People felt staff were happy working at the service. Staff told us managers were open with them and communicated what was happening at the service and with the people living there. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. They said they got on well together and that management worked with them as a team. All staff said how happy they were working at the service and one added, "There is good team work." another told us one of the reasons they were happy was that, "You get time to spend with the residents." and another said the best thing about working at Shinfield View was, "We all work together as a team."