

MNS Care Plc

Hanbury Court 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 unannounced inspection took place on 25 and 26 July 2018. At the last inspection in January 2017, the service was rated as Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service. We did receive a comprehensive action plan within the time allocated to them.

At the last inspection we found the provider had breached regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on person centred care as they did not ensure people using the service received person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences. We also found a breach to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on good governance as systems or processes were not established and operated effectively to ensure compliance with the requirements as the provider did not ensure that their audit and governance systems were effective. During this visit, we found the actions had been completed and breaches to the HSCA met.

Hanbury Court Care Home is a care home that provides care, including personal care for up to 34 adults. This includes nursing care for older people who may be living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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 and their relatives told us they felt safe using the service. Medicines were administered and managed safely. Risk assessments and risk management plans were in place to support people receive safe care and treatment. Staff knew how to recognise abuse and how to report safeguarding concerns. There were sufficient staff working at the service and recruitment checks completed with all new staff suitable and thorough. There were systems in place to maintain the safety of equipment used by the service and the safety of the property.

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. Deprivation of Liberty Safeguards had been applied for and authorised appropriately. People had access to healthcare professionals as required to meet their needs. People were offered varied menu choices of nutritious food and drink. Staff knew people they were supporting and their preferences. Staff received regular supervisions and appraisals.

We observed staff supporting people in a caring and respectful manner. People and their relatives told us

the service and its staff were caring. People's privacy and dignity was respected and their independence encouraged. People and their relatives knew how to make a complaint. Meetings took place for people and their relatives so that they had input into the care they received. Staff meetings were held regularly so that they too could have input into the care provided. People, their relatives and the staff team all told us they found the management team to be professional and supportive. The provider completed audits to ensure systems worked and remained effective. The registered manager had oversight of the service through the systems in place and their strategy of continual improvement.

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.

Medicines were recorded appropriately and administered safely.

People and their relatives told us they felt the service was safe.
Staff understood how to safeguard people from abuse and what to do if they thought someone was being abused.

The health and safety and maintenance of the service was thorough and reduced risk of environmental harm to people.

People received personalised risk assessments to reduce risk of harm occurring to them.

There were sufficient staff at the service to meet people's needs.

Incidents and accidents were recorded and when things went wrong staff knew what to do.

There were emergency procedures in place and staff knew what to do to protect people in emergency situations.

Is the service effective?

Good 

The service was Effective.

People had their needs assessed before admission to the service to ensure their needs could be adequately met.
Staff received regular training to provide effective care and treatment to people.

People enjoyed their meals and had balanced diets.

Staff worked well together to deliver effective care and routinely shared information to benefit the care people received.

People were able to live healthier lives as the service supported them to access the healthcare they needed.

Staff understood the need for consent and why people's liberties might be restricted to safeguard them.

Is the service caring?

Good ●

The service was Caring.

People were treated with kindness and respect by the staff providing care.

People were able to express their views and be involved with the decision making around the care and support they received.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was Responsive.

Care plans were personalised and contained sufficient information for staff to be able to provide a good level of care.

The service provided activities and supported people to remain independent.

People and their relatives knew how to make complaints and raise concerns with the service.

People at the end of their life received good care.

Is the service well-led?

Good ●

The service was Well-Led.

The provider completed regular audits to monitor the quality of the service being provided and acted upon any shortcomings.

The provider had a clear vision and strategy for the service. The staff team worked well together reflecting positive work culture.

People, their relatives and staff were all engaged with how the service was run through meetings and surveys.

The provider worked in partnership with different agencies for the benefit of people.

The registered manager was highly thought of and keen on the development of their staff team.

Hanbury Court 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 25 and 26 July 2018 and was unannounced on the first day and announced on the second day. On the first day, the inspection team consisted of one inspector 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. On the second day, the inspection was carried out by one inspector.

Before the inspection we looked at the information we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. A notification is information about important events which the registered provider is required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the host local authority to gain their views about the service.

During the inspection we spoke with four people and five relatives of people who used the service. We spoke with five members of staff. This included the registered manager, the clinical lead nurse who supervises the nurses employed at the location and has oversight of the clinical care provided there, a care co-ordinator who had responsibility for some aspects of internal training and oversight of some care workers and also two care workers.

We looked at various documents. This included five care records relating to people who used the service, medicine administration records, six staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

At our last inspection of the service in January 2017 we were concerned with how medicines were recorded. There had been recording gaps in the administration of medicines and it was unclear whether medicines had been administered or not. At this inspection, we found safe and appropriate administration of medicines and the correct recording of medicines.

The service used a "Biodose" system whereby people's medicines were sealed by their pharmacist into individual pods with their names on the packs, the type of medicines and the time the dose should be taken at. The pods were also coloured coded in a way that indicated they were to be taken at different times of the day. This system reduced the risk of error when the medicines were being administered as it was clear to whom the medicine should be dispensed and when.

Medicines were stored in individual locked cabinets in people's rooms. Medicines were only dispensed by nurses. When they dispensed medicines, they signed in the Medicine Administration Record (MAR) that they had administered them. The MARs were easy to understand as they identified people with recent photos and had clear descriptions of the risk and allergies people faced, descriptions about the different types of medicines being taken, the times and dates of when people took their medicines and other pertinent information about people's health. There were pain assessment charts, body maps and other monitoring tools to support medicine administration and the oversight of people's health. Nurses made daily checks for signatures to ensure that medicines had been administered and signed for. The MAR folder also included a list of nurse signatures and initials to verify who they were and it also duplicated information about when they had last received refresher medicines training.

Some medicines were administered when people required them. This is usually referred to as PRN. There was a PRN protocol in place and we saw that this was correctly followed in MAR sheets. People also had the option to administer their own medicines but at the time of our inspection no one chose to do so.

We saw a nurse administering medicines and applying topical cream. We noted they wore appropriate personal protective equipment such as gloves when applying the cream and a disposable apron. They also wore a bib indicating they were in the process of administering medicines and that they should not be disturbed unless entirely necessary.

Some medicines are considered controlled drugs and need to be stored securely as they can be lethal if over used or given to the wrong person. The service had systems in place to ensure these controlled drugs were monitored daily, stored safely and administered correctly. We saw that medicines were disposed of correctly and that, where necessary, either a GP or pharmacist signed documents to state that medicines were going to stop being prescribed and or were collected for destruction.

We spoke to staff about how they protected people from abuse and they were able to tell us what they would do if they suspected abuse, who they would talk to and how they would raise safeguarding concerns with the local authority and the Care Quality Commission. The answers they gave reflected the provider's

safeguarding procedure which was prominently displayed on the wall in the staff room. We saw that the local authority and Care Quality Commission had been notified appropriately when the service had concerns for people using the service.

Health and Safety maintenance checks were carried out by a maintenance man employed by the service. These checks were carried out at appropriate intervals. The maintenance man liaised with the registered manager to audit these checks and ensure that professional assistance was enlisted to fix and maintain the premises where necessary.

People had individualised risk assessments within their care plans. Risk assessments were completed and reviewed regularly. The assessments were completed upon admission and or whenever a perceived or actual risk to a person was discovered. We saw risk assessments for medical conditions, mental health, falls and trips, capacity, pressure wounds, nutrition and continence. Staff told us that risk assessments were updated regularly by nurses who would act upon information shared through assessments, handovers, meetings or incidents.

There were sufficient staff at the service to meet people's needs. The service used an assessment tool to measure the needs of the people to decide how many staff they need. On the first day of the inspection, we were told that there were two staff who could not attend work that day and agency cover had been arranged. We met the agency staff and saw them being shown how the service worked and what was expected of them. We were told by people that there were sufficient staff employed. One person told us, "Yes and they have done my room up and it is absolutely lovely." A relative added that, "There always seems to be [enough staff on duty]."

The provider had appropriate recruitment processes in place. Staff files indicated checks had been made on employees to keep people safe. These checks included written references, proof of identity, proof of address, health check and a Disclosure and Barring Service (DBS) check. The DBS assists employers make safer recruitment choices though checking the criminal background of applicants as well as checking whether their work history prevents them from working with people who use care and support services. All the nurses had previous experience of nursing and had up to date nurse pin registrations.

We asked staff about infection control and they knew how to limit the spread of infection and informed us they had received training on infection control. We asked one member of staff how they prevent the spread of infection and they told us, "Personal protective equipment, washing hands, gloves, everything done in the room, all rubbish put in to waste, apron taken off, gloves with food, cleaners clean the tables and rooms."

All incidents and accidents were recorded. Local authority and Care Quality Commission were informed when appropriate. Incidents and accidents were recorded as being discussed in team meetings and nurse meetings. These incidents and accidents were also picked up in audits completed by the management team and sent to senior management at the provider. Learning from these incidents and accidents were then shared within the service and throughout the provider's organisation.

There were emergency and on-call procedures for when things went wrong. Emergency plans were kept near the main entrance of the service. These included continuity plans in case of emergency and evacuation plans for each person using the service. We asked staff about these plans and what to do if there was an emergency or something went wrong and they knew what to do and had drilled for such events. One member of staff told us, "If someone falls over we ring the buzzer – all staff attend. We work out the situation and we'll call an ambulance if necessary. We have meetings regularly for if something goes wrong."

Is the service effective?

Our findings

People needs were assessed before their admission to service. All care plans we looked at held detailed needs assessments that were completed by nurses or the registered manager before people came into the service. These assessments were also reviewed on a regular basis and expanded on elsewhere in the care plan and used to improve care for people. The assessments held information that ensured staff knew a person's needs and preferences. We asked a staff member about the how people's needs and choices were assessed and they said, "[There is] regular assessing through observation. People are pre-assessed – we check everything when they come in." These continuous assessments ensured people's needs and choices were known to staff and used to achieve improved health outcomes for people.

Staff received training to provide effective care and support. One person told us, "They [staff] do get trained." Staff told us they received sufficient and appropriate training to do their jobs. One member of staff said, "We have a lot of training and fire [drill] we do every six months – we're reminded how to do everything." Records showed that all care staff had completed, or were in the process of completing the Care Certificate. The Care Certificate is an industry-recognised introduction to working in the care sector. The completion of this certificate was part of the induction process for all new starters alongside the mandatory training the provider asked their employees to complete.

A service training record indicated that staff had received training on a variety of different subjects from first aid, end of life care, diabetes, mental capacity act, safeguarding. Every member of staff - other than those on maternity leave, had attended first aid or first aid refresher training within the last two years. Nurses received specific training appropriate to their role such as pressure wound care and clinical skills.

All staff received supervision and appraisal. Staff told us they received sufficient support, their supervision occurred regularly and that they had appraisals annually. One staff member told us "If I want it [support] I ask. Supervision happens every 3-4 months. Appraisals annually." Records we saw supported what staff told us. These supervisions and appraisals meant that staff were supported and guided in their roles by the management team.

People enjoyed their meals and had balanced diets. One person told us, "It's gorgeous, you couldn't wish it any better." Another said, "I love the food. It is lovely and it is as it should be." Records showed that people's food preferences were recorded in their care plans and other documentation stored by kitchen staff. The service worked with nutritionists and GPs to ensure people with specific requirements were catered for. Menus for food were devised by the chef in conjunction with people who voiced their choices at resident meetings. Menus were updated daily. People could choose to eat what they wanted each day from a number of choices. These choices ensured that people were supported to maintain a balanced diet.

Staff worked well together to deliver effective care. They knew their roles and those of their colleagues. They shared information with each routinely through conversation, regular meetings and ad hoc meetings. Staff also understood when to involve other professionals in people's care and what to expect from those professionals. Records demonstrated joint working with a variety of health professionals. This joint working

and understanding of roles assisted them to provide effective care and support to people.

People were able to live healthier lives as the service supported them to access the healthcare they needed. We saw logs of people's visits to health care professionals as well details of those health care professionals visiting the service. We met the GP who attended the service whilst we were there and attended on a weekly basis. One person told us, "My GP is only around the corner and there is always a Doctor on call here if you need it." The staff team verified this. One staff member said, "[we work with] SALT [Speech and Language Therapists], GP, social workers, nutritionists – we will send referrals. They are good." Another staff member said, "We take them[people] to their appointments to Queen's and King George's [hospitals]". This access to health care services supported people to live healthier lives.

The decorative state of the premises had improved since our last inspection. There was a garden theme to the upper level of the service with faux plant walls, hanging flower baskets and both painted and wall papered designs on the walls. The faux plant walls were tactile and beneficial for people with dementia. The service had a lift for access between its two levels and corridors were wide enough to allow easy access for people using wheelchairs. There were hand rails throughout the service to assist those with mobility issues. These designs and adaptations assisted people move through the building.

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 in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Staff were knowledgeable about the MCA and records indicated they had received training on it. Staff knew to obtain consent from people before providing care to them and nurses completed regular mental capacity assessments for people. Staff had also received DoLS training and were able to discuss its application. The registered manager had a system to record applications, approvals and renewal of DoLS and knew to notify the CQC when DoLS authorisations had been granted.

Is the service caring?

Our findings

People were treated with kindness and given the emotional support they need. We observed staff treating people with respect and compassion. One person said, "Oh god yeah [staff are kind]". One relative told us, "Yeah they [staff] are kind." We observed people with dementia and communication issues being treated compassionately and with the respect expected throughout their lunch. They were asked about their choices and preferences and given time to answer (some non-verbally) and eat.

People, and their relatives, were able to express their views and be involved with the support and care provided. We saw people and/or their relatives, had signed documentation in their care plans indicating their involvement with their care. One relative referring to their relative's care told us, "It is my sister and I who deal with this."

People's privacy and dignity was respected. People told us that staff respected their privacy throughout their service and in their bedroom. One relative told us "Oh yes they do [respect their privacy]." Staff were aware of the importance of respecting people's privacy and dignity. One staff member told us "Doors closed, curtains shut so [people] can't be seen. Make sure you have that when you wash them. We use privacy screens too." We saw privacy screens being used in the lounges when people with skirts and dresses were moved from seats to wheelchairs so that their privacy remained intact.

People's care plans and their confidential information was kept in locked cabinets and cupboards in rooms that could be locked. This helped ensure people's confidentiality was maintained.

Where possible people's independence was promoted. Staff told us "We have a lot of people who are independent. We have one who can feed themselves. We encourage them to do so. We assist people". We saw people doing as they pleased moving around the service freely. We also saw people supported to leave the service with the assistance of staff. This meant people could be independent.

Is the service responsive?

Our findings

At our previous inspection in January 2017, we found that the service had not been responsive to people's needs as they had not maintained personalised care plans. This had resulted in a breach to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on person centred care. At this inspection we found the service was responsive to the needs of people using the service.

Care plans were personalised and contained sufficient information for staff to provide a good level of care and support. All care plans had photos of the person whose care plan it was and were organised and easy to read. The care plans all had monthly checks recorded on the front cover indicating continuous review of people's needs. These checks included scores for nutritional status of the person, a Waterlow score for measuring their skin integrity, that their weight had been checked, their ability to manage their own keys and the named nurse's initials who had made the checks. All this information made it easy for new staff or health professionals to see at a glance what needs a person had. Health professionals were also assisted by hospital passports which were also kept at the front of people's care plans. A hospital passport contains relevant information about people who might be admitted to hospital. This information would include medicines prescribed, health and communication needs, next of kin details and resuscitation wishes.

Care plans were detailed and contained a number of different assessments pertaining to people's needs, screening tools to capture their needs, general summaries of their needs, their life histories, minutes of meetings involving their care including best interest decision meeting minutes, Activities records their lifestyle choices and their food preferences. This information was reviewed regularly by nurses who signed to say that they had reviewed them. The assessments and screening tools we saw included mental capacity assessments, geriatric depression charts, nutrition assessments, Risk assessments and DoLS assessments. All the personalised information captured in people's care plans assisted the service care for people and act responsive to their needs.

The service provided activities for people. One person told us, "We have some nice ones [activities]. Musical bingo and laughable things." There was an activities coordinator whose role was to engage people in activities they wanted to take part in. We observed a singing activity taking place on the first day of inspection. It was clear that people enjoyed the activity as they were laughing and smiling. We saw different activities advertised on notice boards. People and relatives, we spoke to also told us about these activities. The activities coordinator worked with people in groups but also spoke of doing one to one work for those who were bed bound. Some of the activities included salon day, foot spa, hand massages, bingo, quizzes, special events and outings to places like Southend on Sea.

Whilst people were generally happy with activities we were told by a relative that nothing occurred on Sundays. We raised this with the registered manager and the activities coordinator and they said that they would seek feedback from people about what they would like to do on Sundays.

People knew how to make complaints and who to raise their concerns to. One person told the person they would complain to, "Yes the Manager." A relative said, "Yes I would go to the Manager's office." There was a

complaints procedure and guidance in place. None of the people we spoke with said they had had to make complaints however the registered manager kept a record of all complaints raised and the actions they had taken to address them. We saw that there had only been one complaint in the last year and that it had been addressed by investigation and the complainant had been communicated to in a timely and appropriate manner. We also saw two complaints from the previous year and noted the appropriate action the service had taken as well as apologising for the offences caused.

We also noted that the provider maintained a duty of candour record. Providers have a duty to inform people and their relatives if something about their care treatment goes wrong. This is called duty of candour. The record contained historic correspondence between the provider and the relatives of people using the service. This correspondence contained apologies from the provider and information about why things had gone wrong. This meant that the provider was transparent about mistakes it made with people using the service and offered them the opportunity to make complaint about treatment received.

We observed the compassionate care being provided to someone at the end of their life. We saw that the person was made as comfortable as possible and communication with their families maintained to provide comfort for them. We saw advanced care plans where people were asked to think ahead, their special requests and wishes were discussed and who was to be informed about their death. These care plans were often signed by the person but in some cases by the GP and and/or relative. We saw that staff had received training on end of life care. One staff member we spoke to said, "Yes, I got taught about having conversations with the family, how to wash someone, how to lay them out". People were supported by the service at the end of their life to have comfortable and dignified deaths.

Is the service well-led?

Our findings

At the last inspection in January 2017 we found the service was not always well led. This was due in part to audits not being carried out in a timely manner or by their not identifying poor practice by staff. This resulted in a breach to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on good governance. At this inspection we found the service was well led and the issues with auditing had been addressed.

There were a variety of audits completed by staff at regular intervals that drew out actions which the registered manager would delegate or complete, then sign off when completed. One audit completed focused on care plans, where actions had been raised for the nurses to complete, which they duly had within a requested time frame. There were a number of audits that the nurses completed such as monthly medicines audits, quarterly infection prevention control and self-audit tool kit. These audits were raised in nurses meeting minutes and duly actioned by the nurse team.

We saw further audits on activities and communication, catering audits, staff files, mattress audits, training audits, supervision and appraisal audits as well a range of maintenance and health and safety audits. It was clear that auditing and monitoring were regular and part of the governance function of the service. These audits, and the actions they raised which were completed by staff, meant that the provider was vigilant about the care being provided to people using the service.

The registered manager had a clear vision and strategy for the service that evolved from continuous improvement and desire to provide the best service possible. They worked to action plans derived from audits, complaints and local authority requests and requirements. They were supported by a deputy manager, who was also the clinical lead, and three senior staff who were coordinators for the care staff. The registered manager and the deputy manager were both qualified nurses and supervised the nursing team. The registered manager had clear oversight of the service and staff.

People who used the service, staff and their relatives all had the opportunity to be engaged with the service and involved with its future direction. The staff team held regular meetings where each member had input into the meeting and could raise topics for the meeting agenda. Each department within the service held their own meetings which focused on their area of concern. We saw minutes of regular meetings for the general staff team, the kitchen team, the training coordination team and the nursing team.

The provider supported people who used the service to hold regular meetings where they could decide elements of the support they received. We observed one of these meetings taking place and saw minutes from previous meetings. The meeting agenda was selected by people using the service. Topics discussed ranged from food, day trips, activities, parties and maintenance issues with the service.

We saw minutes of meetings specifically for relatives however the registered manager had informed us these were poorly attended and had decided to hold a monthly surgery instead. The surgery was a forum for people and their relatives to meet with the registered manager and discuss issues they might have. The

registered manager told us the surgery was a relatively new idea and was hoping for it to be more successful than the relatives' meetings.

People and their relatives completed surveys that the provider monthly requested they completed. Once completed these surveys were anonymised and analysed with key findings identified. Responses from these surveys fed into the registered manager's monthly action plan and were raised in staff team meeting minutes. There was a variety of surveys including environmental survey questioning thoughts on the upkeep of the premises and what could improve it, a care and dignity survey asking people about how staff kept their privacy and dignity and also general surveys about activities, food and drink and standards of care. The registered manager kept copies of these surveys by the front door so that people using the service, their relatives and anyone visiting the service could see the findings. They also told us these surveys were shared with the provider's head office so that they could monitor the service and shared good practice with other service the provider managed.

The provider worked in partnership with different agencies to ensure that people were provided with effective care and linked in with their community. We saw from care plans and other records that the service worked intrinsically with local healthcare providers such as the GP, the dentist and the pharmacist and with specialist teams such as speech and language therapists and physiotherapists. The registered manager told us about the links they had within the local community, where the church and local school attended the service to engage with people using the service providing support as well as events for people to partake in.

The registered manager told us about their involvement with a registered managers group where they could seek and provide support to other registered managers. They also spoke highly of their relationship with the local authority. The service had also completed appropriate applications to the local authority about restrictions to people's liberty to keep them safe. They had also alerted the local authority around safeguarding matters and notified CQC appropriately. We spoke with the local authority and they provided us with their report of the service. Their report was positive in scope and recommendations they had made had been completed by the provider before our inspection.

We found the registered manager to be keen on staff development and had promoted a number of employees within the staffing structure. People and staff, thought highly of working at the service. The work culture at the service was positive and open. One staff member said, "I think it's great. Lots of different backgrounds, friendly staff, we get mixed up [on shifts], we can be social with the residents. We are good at communicating." This culture was reflected through what people thought of the service. One person told us, "It is lovely here, the minute I walked in I was happy." Another told us "So far it is 5 Star. It is brilliant; most seem to be doing a good job and happy doing it."