

St David's Home For Disabled Soldiers, Sailors and Airmen

St. David's Home


Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 8, 9 and 11 December 2014. The visit on 8 December was unannounced and we told the registered manager we would return on 9 and 11 December to finish the inspection.

St David's Home provides nursing care and support for up to 68 people. The home has a separate rehabilitation unit with seven places for people who are supported to return home or move to other accommodation.

The home has a registered manager who has been in post since February 2008. 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 told us they were happy with the care they received and we received positive comments from

Summary of findings

people, their relatives and visiting health and social care professionals. They told us the home was well run and people's health and social care needs were identified and met.

Staff supported people in a caring and professional way, respecting their privacy and dignity.

The provider carried out checks before employing staff to work in the home to make sure they were suitable to work with people using the service.

Staff had the training they needed and they were able to tell us about people's individual needs and how they met these in the home.

Staff understood and followed the provider's safeguarding and whistleblowing procedures and they understood the importance of reporting any concerns about the welfare of people using the service.

People and their relatives told us they knew about the provider's complaints procedure and they were confident the manager would respond to any concerns they might have.

People consistently received their medicines safely and as prescribed. We discussed good practice points with the manager who was receptive and we saw they were addressed.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards provide legal protection for vulnerable people who are, or may become, deprived of their liberty in a hospital or care home.

Care records reflected people's health and social care needs and staff regularly reviewed each person's care and support. The manager, senior staff, nurses and care staff communicated effectively to make sure all staff were up to date with each person's care and support needs.

The manager kept up to date with new information and sought out new experiences that could benefit people using the service. Systems were in place to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe and the provider had systems in place to protect them. Staff understood the provider's safeguarding and whistle blowing procedures and told us what actions they would take to make sure people were safe.

There were enough staff to meet people's needs and the provider carried out checks when appointing new staff to make sure they were suitable to work in the home.

People consistently received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

Nurses and care staff were trained to care and support people.

People told us they enjoyed the food provided and we saw staff offered people choices.

Staff supported people to attend health care appointments and made sure their health care needs were met.

The provider met the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Outstanding



Is the service caring?

The service was caring.

Staff treated people with kindness and patience and gave them the care and support they needed promptly and efficiently.

Staff supported people to take part in group and individual activities. Staff respected people's choices if they decided not to take part in planned activities.

Staff offered people choices about aspects of their daily lives, including what they ate and activities. Staff made sure people understood available choices and gave them time to make a decision.

Good



Is the service responsive?

The service was responsive.

People or their representatives were involved in developing and reviewing their care plans. The provider assessed each person's health and social care needs and the person and their relatives or representatives were involved in these assessments.

The provider had systems in place to gather the views of people using the service and others.

The provider had arrangements in place to enable people to raise concerns or complaints.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff told us they found the managers and senior staff supportive.

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait for care or attention.

The manager and provider carried out a range of checks and audits to monitor the service.

Good



St. David's 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 checked 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 8, 9 and 11 December 2014. The visit on 8 December was unannounced and we told the registered manager we would return on 9 and 11 December to finish the inspection.

On 8 December, the inspection team consisted of a Care Quality Commission (CQC) Inspector and a CQC Head of Inspection for Adult Social Care London who acted as a second Inspector. On 9 December, the inspection team consisted of one CQC Inspector, a CQC Pharmacist 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. The expert by experience for this

inspection had experience of caring for people with dementia and people receiving end of life care in a care home. On 11 December, the inspection team consisted of one CQC Inspector.

Before the inspection, we reviewed the information we hold about the service. This included the last inspection report from October 2013 and statutory notifications sent to CQC by the provider regarding significant incidents or events in the home. At the last inspection, the home was meeting all of the standards we inspected.

During the inspection we spent time talking with 17 people using the service, four relatives or visitors, five nurses, 13 care staff and a visiting healthcare professional. We also spoke with the home's manager and deputy manager. We looked at the care records for 10 people, six staff recruitment records and medicines management records on all three units. We also observed interactions between staff and people using the service and looked at records relating to the management of the home, including quality audits, complaints records and records of staff meetings.

Following the inspection we spoke with the local authority's safeguarding adults and contract monitoring teams.

Is the service safe?

Our findings

People using the service, their relatives and other visitors told us they felt safe. One person said, “I’ve never had any concerns for my safety since I moved here. I’d ring my [relative] if I was worried about anything.” Another person said, “There’s no danger here, it’s perfectly safe”. One relative told us, “I leave here knowing I don’t have to worry about my [relative], it’s such a relief.” A second relative said, “The best thing is people are safe here. My [relative] wasn’t safe at home and here she is so well looked after.”

All of the 14 members of staff we spoke with told us they would take action if they suspected someone was abusing a person using the service. One staff member said, “The first thing I’d do is make sure the person was safe and then tell someone, the nurse in charge or the manager.” A second staff member told us, “We have to keep people safe. We are all told we should tell someone if we have any concerns about possible abuse.”

The provider had systems in place to protect people using the service. We saw the provider had reviewed and updated their safeguarding adults policy and procedures in April 2014. The procedures included clear guidance for support staff on identifying possible abuse and reporting any concerns they had about people’s welfare. The manager told us all staff completed safeguarding adults training as part of their induction training. Staff told us they had completed the training and the training records we looked at confirmed this.

The provider assessed risks to people using the service and others and staff had access to clear guidance on managing identified risks. We saw people’s care plans included risk assessments and guidance for staff on how to reduce risks to individuals. The risk assessments covered personal care, mobility, pressure care, falls and nutrition. Staff had reviewed the risk assessments we saw at least once a month.

The provider learnt from incidents and accidents involving people using the service. Support staff recorded incidents and accidents involving people and we saw that the manager and the provider reviewed each report. Where reviews identified the need to make changes to a person’s care plan, we saw the manager and staff took appropriate actions to make sure people received safe and appropriate

care. For example, following a fall in the home, staff reviewed and updated one person’s risk assessment and additional staff support was provided to meet their increased care needs.

The provider ensured there were enough staff to meet people’s needs. One person told us, “The staff are so good, they know exactly what they’re doing.” A second person said, “The staff are first class, very good.” A third person told us, “The staff are very good” but added “sometimes you do have to wait a little while as they are very busy.” A relative told us, “My [relative] is very happy here. She knows four or five staff very well and they are lovely to her.”

A member of staff told us, “There are enough staff most of the time, but it can get busy if anybody’s off sick.” A second member of staff said “I love working here. The staff are all really good and the care is first class.”

During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support and when people used the aid call systems in their rooms, staff responded promptly.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files we looked at included application forms, references, proof of identity and Disclosure and Barring Service checks.

We saw the provider had policies and procedures to responding to emergencies, including power failure and the need to evacuate the premises. We also saw records of safety checks of the home’s hot water and fire safety systems and service records for hoists, assisted baths, passenger lifts and portable electrical equipment. All of the checks and service records we reviewed were up to date.

During our visit a fire alarm sounded. Staff responded promptly and followed a procedure they appeared to be familiar with and they seemed confident of their various roles and responsibilities. We were escorted out of the building and within a few minutes the source of the alarm had been confirmed and the all clear was given by the manager. We observed no signs of concern amongst the residents.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. We observed medicines being given to people,

Is the service safe?

and qualified nursing staff did this safely. We saw that staff took time to administer medicines to people in a caring manner without rushing, explaining what any new medicines were for and asking people if they needed pain relief, or assessing people for signs of pain if people were unable to communicate verbally that they were in pain.

There was an effective ordering system for medicines, to ensure that medicines were always available for people. For example, we saw that one medicine was out of stock at the pharmacy, so staff had contacted the GP promptly, and an alternative was prescribed to ensure that this person continued to receive treatment for their condition. We saw that the GP regularly reviewed medicines. The GP visited the service twice a week, and dosage changes, such as changes to anticoagulant medicines after blood monitoring, were clearly documented and implemented promptly.

Up-to-date and fully completed records were kept of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. These records provided evidence that people were consistently receiving their medicines as prescribed.

When people were unable to swallow their medicines, and their medicines had to be given via a feeding tube, we saw that detailed instructions were available for staff on how these medicines should be prepared and administered.

We saw copies of medicines audits, which were carried out regularly on all units, and we saw that these were effective in picking up and addressing issues with medicines. We saw evidence that staff had been notified of recent changes to controlled drugs legislation, and we saw that all controlled drugs were stored securely, with accurate records kept. There were systems in place to ensure that staff were made aware of patient safety information and regulatory alerts related to medicines.



Is the service effective?

Our findings

People told us they were well cared for by staff who understood their needs. Their comments included “St David’s is a very good home. It’s got class here. Very good on the whole; very, very good, in fact.” “I’m very happy with the care I get, it’s always exactly what I need.” “I can ask the staff if I need help with anything, they’re good.” “I think it’s marvellous – I really do. There is nothing I can fault.” “There is not much I could do to improve this place.” Relatives and visitors told us, “The staff are very easy to speak with and they’re very caring” and “There’s been lots of improvement in my friend’s speech since she came here.”

The provider made sure staff received the training and support they needed to work with people using the service. The training records we looked at showed all staff were up to date with training the provider considered mandatory. This included safeguarding adults, fire safety, medicines management and food safety. In addition, we saw the manager had arranged training to enable staff to support individuals with specific care needs, including diabetes, epilepsy and managing challenging behaviours.

Staff told us they felt well trained to do their jobs. One member of staff said, “I get all the training I need.” A second staff member told us, “The training is very good. If there’s anything specific we need to meet a person’s special care needs, the manager arranges it for us.” A third member of staff said, “My induction was very good. I shadowed more experienced staff and learnt what I needed to know.” Another member of staff told us, “The training has been very good, really helpful.”

Staff told us they had regular meetings with a senior member of staff to talk about their work, training and development needs. One member of staff told us, “The senior staff are very supportive. We meet regularly and they are always available for advice and support.” A second member of staff said, “We meet regularly as a team and I meet with my manager. I feel very well supported.”

The staff records we checked included details of individual supervision sessions and the six files we reviewed showed each person had met with a senior member of staff within the last three months. The files also included details of an annual appraisal of each member of staff’s performance in 2013 and 2014.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We spoke with the manager who understood her responsibility for making sure staff considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted.

Staff told us they supported people to go out when they chose and to make decisions about their care and support. Most people using the service were able to make their own decisions. Where people were not able to make decisions, the provider acted within the law to make decisions in people’s best interests. The care records we saw showed the provider had arranged meetings with relatives and other people involved in people’s care to agree decisions in the person’s best interests, a requirement of the Mental Capacity Act 2005.

People told us they enjoyed the food and drinks provided in the service. One person said, “The food’s usually good.” A second person told us, “There’s always a choice and the quality is pretty good.” A visitor told us, “My [relative] enjoys the food. The staff know what she likes and they make sure that’s what she gets.” We saw catering staff provided daily menus on tables in the dining rooms and staff gave people time to make decisions about what they wanted to eat and drink.

Our expert by experience commented, “I ate lunch with some residents in the main dining room. Initially they were going to seat me in a side dining room and when I asked if there was a table of residents who wouldn’t mind my joining them arrangements were swiftly changed. I was welcomed at a table of four other people. They willingly accepted me into their company and we talked easily throughout the meal. They were clearly very at home and happy. They seemed proud and grateful to be part of a community that they felt looked after them. They were pleased that we were visiting and were keen to let me know that they had no concerns about their care. One of them ate a ham salad which was not one of the menu choices. A carer brought this as soon as the person arrived at the table and cut it up for them in the way they liked in a familiar rather than a functional manner. Everyone had something to drink. They told me they liked the food that the chef prepared. My meal was good. It was hot and tasty. Portions served appeared tailored to the people they were for.



Is the service effective?

Lunch generally seemed to be an efficient but relaxed affair. People arrived in ones and twos over a period of about half an hour and so whilst everyone was eating together it was not in a regimented fashion.”

The provider arranged for and supported people to access the healthcare services they needed. The care plans we

looked at included details of people’s health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments.

We spoke with a healthcare professional who told us, “The staff here work very well with health services. They refer people appropriately and follow any advice we give about people’s treatment.”

Is the service caring?

Our findings

People told us they felt well cared for at St David's. Their comments included, "I'm very happy here, the staff are very good." "It's very hard work [for the carers]. They work their socks off." "I like the staff." "The staff are excellent." "All of them (the staff) are very good. They are very helpful."

"The care here is very, very good, I don't know how it could be better." "I've never been better looked after, it's a wonderful place."

Visitors' comments included "St David's is a special place, the care is excellent." "They're very welcoming to me whenever I come, and I'm here all the time. I can always get through on email if I am not able to visit" and "The staff are marvellous. I have good relationships [with them] We laugh and you can chat."

During the inspection, we saw staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them. Staff told us it was important to care for people using the service. One staff member said, "My job is to give people the best care possible, the care I'd want my mum to have."

The managers, nurses and care staff we spoke with knew people's care needs very well. They were able to tell us about significant events and people in each person's life and their individual daily routines and preferences. A member of staff told us she was developing life story books

with people using the service. We saw they had worked with individuals and their families to record significant events and people and copy photographs into a life story book.

People using the service chose where to spend their time. We saw there was a daily programme of activities provided and many people chose to take part in quizzes, games, conversation and discussion groups. Other people spent time in their rooms when they wanted privacy and spent time in the lounges when they wanted to be with other people. We saw that staff encouraged people to take part in activities but, where people chose not to take part, staff respected their choices. For example, we saw one person telling staff they did not want to join in the planned activity. The staff member offered the person a second opportunity to take part and when they declined, the staff member said, "That's fine, just let me know if you want to go along later."

People also told us they were able to choose the clothes they wore each day and what they ate at mealtimes. We saw staff offered people choices about their daily routines, what to eat and the activities they took part in. Staff made sure people understood what they were being offered and gave people time to make a decision.

People's care plans included information about their needs in respect of their gender, religion and culture. For example, people told us they were asked about the gender of staff who supported them with their personal care and this was respected. People also told us they attended local places of worship and services held in the home's chapel. We saw a variety of food was provided, including vegetarian and halal options.

Is the service responsive?

Our findings

People and their visitors told us they met with nursing and care staff to talk about the care and support they received. One person said, “I was asked about the support I needed, and that’s what I get.” A second person said, “The staff are very helpful, they know what care I need.” A third person said, “The staff are good, I try to be as independent as possible and they don’t interfere.” Other comments included “[The priest] comes and celebrates Mass [for my husband] twice a week” and “I tell them take me to activities, they take me. They are very nice. Dominoes, Bingo. Very nice.”

A relative told us, “We were very involved when my [relative] moved in to St David’s. They made sure they knew exactly what care she needed.” Visitors also told us, “I visit whenever I want to, it’s never a problem. St David’s has a lovely, warm and welcoming atmosphere” and “I can’t visit as often as I’d like but the staff are very good about letting me know what’s happening.” A relative also said, “We sometimes join my [relative] for Sunday lunch and it’s like an enormous family gathering!”

People also told us they enjoyed the daily activities provided in the home. One person said, “I enjoy the quizzes and music, it’s not all for me but there’s always something to do or someone to talk to.” Another person said “I don’t know how they arrange so many activities and keep it interesting but they do, we always have a laugh.” During the inspection, we saw people enjoyed a variety of activities organised by staff, including quizzes, table tennis, board games and conversation groups. We also saw good interaction between staff and people who had chosen not to take part in the group activities.

Our expert by experience commented, “I observed part of a lengthy activity session that was held during the morning. There was a Christmas Alphabet Quiz, the Daily Mail Crossword of that day transcribed to a large board and another word game which involved thinking of words ending in “....fe” The session was led by the activity co-ordinator and her assistant and residents were involved in facilitating according to their abilities and inclinations. One person in a wheelchair was writing words on a white board as they were called out from the audience. I overheard a brief exchange between her and another resident later when he complimented her on her handwriting and she said how much she enjoyed doing it.

About thirty residents participated in the time I was there, over twenty in wheel chairs. Those that could control their own wheelchair came and went as they wished. There was a high level of intellectual and social exercise and involvement. The activity co-ordinator interspersed the games and quizzes with general announcements to residents about what other activities were on offer. For instance we were reminded that she and her assistant were available in the afternoons to support people one to one to write Christmas cards. It was one of the best activity sessions I have observed.”

People or their representatives were involved in developing and reviewing their care plans. The provider assessed each person’s health and social care needs and we saw evidence the person and their relatives or representatives were involved in these assessments. Staff supported people to take part in activities they chose, maintain their independence and stay in touch with people who mattered to them.

Where possible, people were involved in making decisions about the care and support they received. Where this was not possible, we saw nursing and care staff worked well with the person’s family, health and social care professionals to identify their needs and develop a care plan. We saw the person using the service or their representatives had signed all of the care plans we looked at.

People’s care plans reflected their views and aspirations and included information about what they could do independently and areas where they needed support from nursing and care staff. One person told us, “At the moment I can do most things for myself but that won’t always be the case. I will need more care and I know the staff here can provide that.”

The provider had systems in place to gather the views of people using the service and others. One person told us, “I am asked for my views; the staff ask me if there’s anything they could improve and that’s impressive.” A relative told us, “There are meetings, but not many people attend. I know it’s difficult but the manager does try and involve people.”

The manager told us she arranged meetings for people using the service and their relatives four times a year to discuss the running of the home. We observed one meeting during the inspection. Although not many people attended,

Is the service responsive?

we saw the manager gave people the opportunity to talk about planned events and changes in the home. For example, at the previous meeting, people using the service and their relatives had asked for reception staff at weekends to make access to the home easier for relatives. This manager had introduced weekend reception staff and at the meeting we observed, people and their relatives commented that this had been a great improvement. The manager also told us the provider sent surveys to people using the service, their relatives and others involved in their care every two years. The last survey was completed in 2013.

The provider had arrangements in place to enable people to raise concerns or complaints. People using the service and their relatives told us they knew how to raise concerns,

but all said this had not been necessary. One person said, "If there were any problems I'd tell [the manager]." Another person told us, "I'd tell any of the staff if I had a complaint. They'd sort it out or if not, I'd speak with [the manager]." A relative told us, "I'm sure we have the complaints procedure somewhere but we've never needed it. The staff and managers deal with any niggles very quickly."

We saw the provider had reviewed and updated their policy and procedures on managing and responding to compliments and complaints in June 2014. We looked at the complaints record and saw there had been one recorded complaint in 2014. The manager and provider had dealt with this complaint in line with their policy and procedures.

Is the service well-led?

Our findings

The manager had a recognised professional qualification and completed her registration with the Care Quality Commission in 2009. People using the service and their relatives told us they knew who the registered manager was and said they were available to speak with at any time. One person told us, “The manager is very good, very easy to talk to.” Another person said, “The manager and her deputy are very pleasant, but so are all the staff.” A visitor told us, “The manager was very helpful with a delicate situation, she was very understanding.”

Our expert by experience commented, “I was very impressed by both the manager and her deputy. They appeared to be hands on, knowledgeable, sympathetic, strong, experienced and in control. They demonstrated an in depth knowledge and of the personal situations of their individual residents, their families and staff members. Had I been meeting them as prospective care managers for a relative of mine I would have had complete confidence in them.”

Staff told us they found the managers and senior staff supportive. One member of staff told us, “The Manager is very easy to talk to, she knows what she’s doing.” A second member of staff said, “The senior staff know their jobs and are always available for advice and support.”

Staff worked well as a team to meet the care and treatment needs of people using the service. During the inspection we saw examples of good team work where staff supported each other to make sure people using the service did not wait for care or attention. One member of staff said, “We work well as a team, that’s important.” A second member of staff said, “I love working here. The staff are really good and the care is first class.”

St David’s Home For Disabled Soldiers, Sailors and Airmen is a registered charity providing care and accommodation at St David’s Home. The provider’s report to the Charity Commission in March 2014 described the objectives of the charity as, “To relieve the physical and mental disability of members and former members of Her Majesty’s armed forces and allied forces and others who at any time have become disabled in some way.”

There are seven Trustees and their role is to be responsible for “the strategic direction of the home and make decisions to this effect.” The manager told us the Trustees met every

two months and there was a quality meeting held every month. The manager said she and the deputy manager attended the Trustees’ meetings. We saw records of monthly Trustee meetings from July – September 2014 and reports written following monthly monitoring visits by individual Trustees.

We saw evidence the Trustees’ visits identified issues that they reported to the manager for action. For example, a Trustee reported in July 2014 that “direct observations of staff members during their probation period was not happening regularly.” We discussed this with the home’s manager and she told us the issue had been discussed with senior staff and changes made to improve the recording of staff observation and supervision during their probation period.

The evidence showed Trustee visits and meetings were taking place as reported to the Charity Commission, they identified risks to people using the service and the provider took action to address any issues identified.

The manager and provider carried out a range of checks and audits to monitor the service. The manager told us she carried out an annual site visit for compliance based on the Department of Health’s Essential Standards of Quality and Safety. We saw the manager completed the last audit in March 2014. The audit covered the physical environment, medicines management, people’s care plans and risk management. We also saw evidence of other audits, including how the home managed people’s confidential information, the standard of care planning and the management of medicines. The manager told us she had reviewed medicines management practise in line with the March 2014 guidelines from the National Institute for Clinical Excellence. As a result of the audit, changes had been made to the way medicines were ordered.

Records showed the manager held monthly meetings with nursing staff to discuss clinical issues. We saw issues were discussed, options were considered and actions taken following meetings. We also saw records of monthly general staff meetings that were indicative of a positive, open and transparent culture where staff were able to raise issues that the provider then addressed. For example, at one meeting, managers and staff discussed the increased dependency of people using the service on one unit. As a result, the manager arranged for an additional member of staff to support the unit each morning.

Is the service well-led?

During the inspection, we observed a meeting arranged for people using the service and their relatives or visitors. Our expert by experience commented “I observed a residents and relatives meeting. These are held monthly and there was an agenda which was followed. The residents who attended were supported to have their voice heard by the manager who chaired the meeting. Useful and relevant information was given out; for example progress being made in negotiating new GP contracts for Enhanced Services. These meetings are necessary but often in homes

generally suffer from poor attendance and to a large extent their value depends upon the support that relatives provide. Nevertheless this Home seemed thorough in the way they went about doing their bit to make it work.”

Throughout the inspection the atmosphere in the home was open, welcoming and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between nurses and care staff and people who used the service. All the staff we spoke with told us that they enjoyed working in the home. One staff member said, “A lot of us have worked here for years, we’d go somewhere else if it wasn’t a good place to work.”