Greenswan Consultants Limited

Pinelodge 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 was carried out on 28 March 2017 and was unannounced. At their last inspection on 13 October 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet the standards.

Pinelodge Care Home provides accommodation and nursing care for up to 140 older people, including people living with dementia. At the time of the inspection there were 136 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

The registered manager was on annual leave at the time of this inspection however, the deputy manager demonstrated an in depth knowledge of the service, the people who used the service and the staff team. There were systems in place to monitor the quality of the service and these were being used effectively.

People told us they felt safe and individual risk assessments were in place. Staff were aware of how to promote safety and report any concerns. Accidents were reviewed to reduce the risk of a reoccurrence. People's medicines were managed safely.

Staff were recruited safely, felt supported and completed regular training. There were mixed views about staffing levels. However, we observed that people had their needs met in a timely fashion.

People were encouraged to make choices and their consent was sought before care was provided. The staff worked in accordance with the principles of the MCA.

People were supported to eat and drink sufficient amounts and had regular, appropriate contact with health care professionals.

People were treated with dignity and respect. Staff had developed meaningful relationships with people and people told us they were kind. People were involved in planning their care and confidentiality was promoted.

People received care that met their needs and their care plans were clear and up to date. There were regular activities on offer which people enjoyed. People felt confident to raise concerns and told us that they would be addressed promptly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe.

Staff were aware of how to help keep people safe.

There were enough staff to meet people's needs.

The recruitment practices needed to be maintained consistently.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and felt supported.

People received sufficient food and drink which was varied to promote a healthy and balanced diet.

The service worked in accordance with the principles of the Mental Capacity Act 2005.

People had access to health and social care professionals appropriately.

Is the service caring?

Good

The service was caring.

People were treated with dignity and kindness.

People were involved in planning their care.

Confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People's care needs were met.

People's care plans were clear an up to date.

People enjoyed regular activities that were varied.

People's complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People, their relatives and staff felt the home was well run.

There were systems in place to provide robust oversight and address any shortfalls found.

The management team were working to continually improve and further develop the service.

Pinelodge 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by three inspectors and two experts by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with 17 people who used the service, 17 relatives, 17 staff members, deputy manager and the provider. We spoke with the registered manager after the inspection. We received information from service commissioners and health and social care professionals. We viewed information relating to 10 people's care and support. We also reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Yes I am safe enough, have no problems, always enough staff." Another person told us, "I feel actually safer here than in my own home." Relatives also told us that they felt people were safe. Staff, which included care staff, domestic and activity staff, were aware of how to recognise and respond to any concerns relating to abuse or concerns about people's safety. One staff member said, "I would go straight to the manager and inform them about my concerns." We noted that in each person's file in their bedrooms, there was information about how to report any concerns externally. We also found that the registered manager reminded staff about being vigilant and reporting concerns in staff meetings and the monthly memo that what distributed to all staff. We found that all concerns had been raised and reported appropriately.

People had individual risk assessments for all aspects of their needs. These were supported with a plan and we saw staff provide care in accordance with these assessments. For example, pressure care and when supported people to transfer using aids, such as a hoist. On staff member told us, "We keep people safe by moving and positioning properly. Give people support as soon as possible. We usually get to people in good time." One person told us, "They help me up, wash and get me into the chair using the standing hoist and invariably it is two people and if I want to use the commode its one person, sometimes one with the hoist but I feel completely safe, I have confidence in them." We asked staff about this and all we spoke with confirmed that they always used two staff members when operating a hoist.

Accidents and incidents were reviewed by the registered manager to help identify any themes, trends or further action needed. We found that where a person had suffered a fall, all appropriate actions to investigate how it happened and reduce a further occurrence had been documented. This included reviewing the person's health and referring to a health professional as needed, oversight by the falls champion in the service and checking for any environmental factors. They also checked people's footwear was fitting correctly. One relative told us, "They keep us informed, [person] had a water infection and they told us what they had done, any falls they
ring but none (falls) for over a year."

People were supported by staff who had been through a robust recruitment process. We saw that there had been pre-employment checks carried out such as references obtained and criminal records checks. They also verified professional qualifications. Employment gaps were explored and proof of identity was also obtained. This helped to ensure that staff employed were fit to work in a care setting.

Feedback about staffing was mixed. One person told us, "Anything I need I press the buzzer and they come mostly in a couple of minutes, five at the most, same day and night, majority of night staff are even better." Some people said there were enough staff, others said the mornings needed more staff and another person told us they needed more staff at night. We reviewed the call bell logs and saw that most calls were answered in less than four minutes. However, we found that this mostly related to one unit out of the five units. A staff member on this unit told us that they had a large number of high dependency people living there and this meant they were busy. The staff member also felt that they needed an additional staff

member on this floor. On the day of the inspection we found that one staff member had called in sick so the shift was working short. As a result some people were still receiving personal care at 11.45am. This meant for one person that they were unable to attend the morning activity which started at 11am. They told us, "I wanted to go to it (the activity) but I'm still waiting to get up." Two staff told us that shifts were short maybe once or twice a week, but they stressed this did not mean people did not get the care they needed. One staff member said, "We work hard to make sure everyone gets what they need." With the exception of the comments from this one person, we found that people seemed to have their needs met in a timely fashion.

Call bells were answered promptly and staff were around throughout the day. The deputy manager told us that the dependency tools were updated monthly and if they needed more staff, they would raise this with the provider. They reported that there were no staff vacancies and they continually recruited casual staff so that they did not have the need to use agency staff. The provider told us that they had introduced lunchtime assistants to help alleviate pressure on care staff.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. One person said, "Medication always on time, I don't suffer from pain." We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained. There were risk assessments attached to medicine records in relation to diabetes blood monitoring and also covert administration. We found that these were followed and staff worked safely when completing medicines administration.

Good

Is the service effective?

Our findings

People were supported to make choices and give their consent for all aspects of their lives. We noted that where they were unable to make their own choices or give consent, the staff involved family members to support them with this.

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

Each person had a capacity assessment for all decisions, and where they were assessed as not having capacity, a best interest record was held. These included decisions relating to personal care and the use of bedrails. Where these decisions may infringe on a person's liberty, an application for a DoLS had been made. This included the use of a lap belt in a wheelchair and the use of key coded doors to prevent people going out alone. We saw that some of these applications had been authorised and others were still pending. Staff had a good understanding in relation to mental capacity. One staff member said, "First of all we must assume they have capacity, we must always offer choice. It is important as everybody is different, can't treat the same. Everyone has different needs always check with the person."

People and their relatives told us that they felt staff were well trained for their role. One person said, "Most have the right training." A relative said, "There is more than enough staff and they are all well trained. I really cannot praise them enough, my mum's health went downhill very quickly, and staff were so fast to put many professionals on board."
Staff told us that they felt well trained and equipped for their role. One staff member said, "I had an induction, I had training. I did moving and handling, infection control; fire training and I have just completed my skills for care and will be starting my NVQ (national vocational qualification)." Another staff member said, "My training is up to date. We have lots of training, this is a good thing." We saw that training had covered all relevant subjects, such as moving and handling, safeguarding, medicines, dementia care and most training was up to date and updates to knowledge were scheduled. New staff had completed or in the process of completing the care certificate. This is a recognised induction process that covers all aspects of care provision and supporting people safely. Staff were supported to develop their skills and knowledge. We noted that there was a poster asking staff to see the deputy manager if they wanted to enrol on a further education course.

People were supported by staff who received regular one to one supervision and told us that they felt supported. One staff member said, "I feel supported; I can go to the managers they listen and help." Another

staff member told us, "We have monthly supervisions, we cover policies and procedures, personal care and they observe us on the floor. I am supported to develop, I want to develop and they support me." We saw that the one to one supervisions covered a wide range of subjects which included current issues in the service, training and personal development and updates to policies.

People told us that they enjoyed the food and had plenty on offer. One person said, "Food is pretty good, get enough, fair choice, and they do something else if you don't like the two choices." We saw that breakfast was a variety of cereals, toast an cooked breakfasts. We noted that one person had ice-cream with their breakfast and a staff member told us they loved ice cream and had it with every meal. Seconds were offered and people were encouraged to have another drink. People received two choices for lunch and we saw that there were also other foods on offer for people who did not want the main choices. For example, we saw one person had chips, another had a jacket potato and there were also sandwiches. In four of the units people were offered a choice at the time of lunch, portion sizes varied depending on people's preferences and in the unit which predominantly supported people who were living with dementia were given a visual choice at the table. However, we did note in one unit that no choice was offered at lunchtime. Staff told us that choices were taken the night before. We discussed how this may be difficult for some people to remember what they had picked, particularly as on this unit, people were not always reminded what they were having when it was placed in front of them. However, we did note that when people expressed they did not like what they were given staff immediately changed it to the alternative. We also found that all portion sizes were the same on this unit. When asked staff told us that they didn't know how many sausages there would be so would offer seconds after everyone had been served. We discussed with the management team the need for this unit to have more guidance in relation to choice and portion sizes to ensure they worked in the same way as the rest of the home.

People who were at risk of not eating or drinking enough were given the appropriate support at a pace that suited them. We noted that staff sat with people to assist them to eat and stayed with them until they had finished. We also found that where people were assessed as being at risk of not eating or drinking enough, this was monitored and reported to the relevant health professional as needed. A relative told us, "[Person] stopped eating last summer and they called the Dietician and the Nurse started [them] on a fluid/food chart and [supplements] to prompt appetite and they got her back to feeding herself and the weight went back on."

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists. One person told us they had experienced pins and needles in their hands and feet. They said they had mentioned it to a staff member and arrangements had been made for the person to see a GP the same day. We checked their care plan and confirmed that the GP had been, regular observations were taken and medicines had been prescribed. Another person told us, "The carers (staff) are very good spotting is something is not right, I had some problems at the back, difficult to see but they discovered during shower time. District nurse came very same afternoon and gave me something which made my skin feel less hot." Relatives also told us that the staff were efficient in addressing people's health needs. One relative said, "[Person's] medical needs are high, has [medical condition] and they called in the Consultant and Mental Health team and we were kept fully informed."

Good

Is the service caring?

Our findings

People told us that the staff who supported them were kind. One person said, "There are people around me and they are really caring, I mean that from the bottom of my heart." Another person told us, "Carers are not just carers they are friends as well, I flirt with some of the ladies and I have gotten to learn some Romanian, Pilipino and one or two Indian words, I am always at ease with them." Relatives were also positive about the staff. One relative told us, "Staff are really helpful, sometimes they phone us and let us know if she is having a good or bad day, we feel we can ask questions, staff are very friendly." We noted that staff were calm and gentle in their approach towards people interacting with them in a warm and caring manner. For example, a care staff member entered the dining room and gently touched a person on their way past saying, "Are you alright [Person's name]?" This resulted in a warm and contented smile coming on the person's face as they nodded at the staff member. A relative told us that when staff work in pairs to support their relative, "Staff do not ignore her and if there are two of them they do include her."

Staff varied their approach depending on the person they were talking to. For example in a dining room at lunch time a staff member said to one gentleman, "Would you like to come and take your seat at the table Mr [Name]?" They then said to another person, "Hello my lovely, would you like to come and have some lunch?" This showed that staff respected people as individuals and not all the same.

People and relatives told us that staff were respectful. One relative said, "I hear staff conversations and they have respect for each other, they always knock and they are respectful to the residents, always asking permission, everyone is communicating and their record keeping is fantastic, they always write things down." Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices. For example during the lunch service on one unit we saw staff offering choice at the point of service by showing people the two meal options for them to make a meaningful selection based on the look and smell of the food. People were offered choices of cold drinks to have with their meal.

People's choices were respected. For example, a professional involved with the care and support of people's mental health needs had suggested that a person may benefit from moving to another unit within the home. The person had some capacity and clearly indicated that they did not want to move. The person's family was also consulted and it was agreed that it was in the person's best interests to remain in their room as a move had the potential to cause them distress. Another person's care plan indicated where a person had been offered the opportunity to have their bedroom re-decorated but they had declined.

People and their relatives were involved in the planning and reviewing of their care needs and plan. We saw that they were written from the person's point of view and included signatures where appropriate. One relative told us, "Staff are really helpful, sometimes they phone us and let us know if [person] is having a good or bad day – we feel we can ask questions, staff are very friendly."

We saw that staff promoted people's dignity in the way they spoke with them and encouraged them. We noted that people were dressed appropriately, had their hair brushed and men had received a shave. One

relative told us, "[Person] is always nicely dressed and nicely turned out." Another relative told us, "Whenever I came for visit, [person] is well dressed in clean clothes, well fed and hydrated and she is happy, she might not remember me, but I can see she is ok." However, we saw some examples where people's bedroom doors were wide open whilst people were in bed and not always covered up. Additionally we noted that some of the ladies were not wearing tights with skirts or socks with trousers. We discussed these points with the management team and asked that they reviewed the practice in these areas to ensure they consistently promote people's dignity.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures.

People's care records were stored in a lockable office on each unit of the home in order to maintain the dignity and confidentiality of people who used the service. We noted that the office doors were closed when staff were not present.

Good

Is the service responsive?

Our findings

People and their relatives where appropriate, had been involved in developing people's care plans. Records confirmed that people's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend care plan review meetings where appropriate.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example one care plan stated, "I like to pick out my own clothes and prefer to have female care staff to assist me. I do wear a little jewellery which I wear to bed also." One person was heard calling out for staff to assist them. The person's care plan noted, "I am able to use the buzzer if I need help but I do sometimes forget so I ask for help by shouting out." The staff were able to tell us about this person's individual needs and how they were able to re-assure the person when they called out.

People told us that they felt their needs were being met. One person said, "I shower once a week and they deal with it as I want it done, hair washed and then spray my body whilst I sit on the chair, I am respected, it is lovely." Another person said, "Lovely staff, friendly and they take their time and do you right, I am well looked after, I am very lucky." Relatives were also confident that people's needs were met. One relative said, "We are impressed and it does answer [person's] needs." Another relative said, "[Person] is as clean and tidy as she has ever been – the care is pretty good." We saw a document that was maintained in people's rooms to inform staff members about people's individual preferences. This included the preferred times for going to bed and getting up, where people preferred to take their meals, the gender of the care staff that people wished to provide their personal care and by what name people preferred to be called. There was also information on handover sheets which highlighted specific needs and information staff needed to be aware of. For example, if a person needed more encouragement to drink, pressure mattress settings and if they liked their bedroom door open or closed.

People and relatives also told us that the staff were responsive to their changing needs. One person said, "They have put a new seat in the toilet that is higher for me, they put one in but it was not high enough so they ordered another higher seat and that is OK for me." A relative told us, "When [person] was assessed at the hospital they told the home they [they] couldn't walk. When [person] got here, they got [them] walking and realised he was lonely on the unit they were first on and suggested this floor. It's much better, [person] wanders around here and it doesn't matter."

Care plans showed that people were asked to think about their wishes in relation to end of life care and it was clearly documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. We saw that people had been supported in accordance with their needs. Support with communication, mobility and personal care had mostly been provided in accordance with people's needs and plans. However, on one unit we found that as staff were short on the day of inspection, people

did not get some of their needs met when they wished. We were also told that there had been some examples of where family member's felt people's needs had not been met. They told us that they had raised this with the staff and this had been addressed. We also found that in some instances, care notes did not reflect the care that had been delivered, for example, we spoke with one person who had a gap in their records in relation to when their continence care was provided. However, they assured us that they felt clean and comfortable and this reassured us that it was a missed entry rather than missed care. We discussed this with the management team.

People told us that they enjoyed the activities on offer. One person said, "The Activities lady is very good and she always has a few words, I went to the Pub for lunch." Another person told us, "They bring a list of activities round and XX does room visits and she comes and cuts my nails in my room and chats, she sets up a DVD on my TV for me and tells me when they have got a film on in the cinema room. We had a nice Chinese meal, Singsong in the main room, it was really good." A relative told us, "[Person] has been to the Pie and Mash group, made Pizzas, been to a Vera Lynn singalong, and they persuade him to go to activities and they have good facilities like the café, the cinema, pub, library and hairdressers." They went on to tell us that when the person moved in they were asked about their hobbies and interests. Another relative told us, "The activities girl is brilliant, doing crafts, baking, had a Valentines party, do drawing, watch films, they have music, balloon games – there is always something going on and I can go down to the tea room and help ourselves to tea and cake and sit quietly." There were a variety of activities taking place during the course of the inspection. For example, on one unit we saw a game taking place that involved quiz questions which generated varied discussions. People were chatting about their favourite places to go on holiday when they were younger and who they had written fan letters to in the past. On another unit activity staff told us that they had spent time with a person looking at past pictures of the person's home town using a tablet computer. They also said they had accessed video clips of giggling babies which people had really enjoyed watching. We saw in people's notes that there had been a variety of themed activities. This included pancake tasting and a St Patricks day celebration which included a musical singalong. We were told that there had also been a valentine's dinner for people to invite their partners to. One relative told us, "Our Dad spends the whole day here on Thursday with Mum, they had a Valentines Meal for all the couples, it was very good." There were also opportunities to go out, these included shopping and the garden centre.

There was a variety of visual stimulus in the dementia unit and a variety of interactive items around for people to engage with. For example, baby dolls, a washing line with dolls clothes on it, daily newspapers, books and an activity lap blanket with pockets, bows, sips, buttons and different textures. We also saw that staff were going room to room spending time with people who spent most of their time in bed.

The numbers of staff employed specifically to facilitate opportunities for engagement and stimulation had increased since the previous inspection of this service. Staff told us there were now four activity staff on duty in the home from Monday to Friday, two on a Saturday and one on a Sunday. This helped to ensure that people had plenty of opportunity to participate in something they enjoyed.

People told us that they felt their comments, complaint and concerns were listened to and acted upon. One person told us, "Some weeks ago I was concerned a carer was not putting my pads on right so I spoke to the Nurse and she assured me I did not have to have that person and I have never had him since." A relative told us, "[Person] soiled himself recently and a carer had put a clean pad onto him but had not washed him so I checked this and told the Nurse and he got a carer to wash and totally change him and the Nurse said that this would not happen again and I was to go to him with anything, he said we can always do better." The relative told us this had not been an issue since.

Complaints were responded to robustly. We found that when any complaints were raised they were

investigated appropriately and the registered manager looked at all aspects, including checking daily notes, rotas and taking staff statements. They then responded to the complainant in accordance with their policy.

Good

Is the service well-led?

Our findings

The registered manager was on annual leave at the time of this inspection however, the deputy manager demonstrated an in depth knowledge of the service, the people who used the service and the staff team. People and their relatives were positive about the management of the service. One person said, "The [registered] manager is very open and comes and talks to me." Another person said, "I have been asked by the [registered] manager if I would like to go onto their Recruitment Interviewing team." All confirmed that the registered manager and the deputy managers were regularly visible throughout the home. A relative told us, "[Registered Manager] is always there, but if she is not, I can always call or send an email with request to call me back or to do whatever is needed to be done. We had a problem as my [relative] was losing clothes during a washing, so we sort this buying name stickers and staff secure it same day."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

Recent improvements in the service included champions in post in key areas such as falls, dementia and infection control. It was clear that the service uses these champions effectively to bring about improvement. For example, they were included in the analysis following a fall and advised the staff team. The dementia champion was very keen to tell us how they had developed the service to support people living with dementia. We found that staff who worked with people living with dementia had effective communication skills and we noted that the number of incidents between people who had behaviour that challenged had reduced.

The registered manager told us that they did not want to settle with what they had achieved but wanted to continue to work towards further improvement. This attitude was shared by the provider and other members of the management team. There was a staff newsletter that was distributed monthly. This included updates to practice, recent complaints or comments, lessons learned from recent events or incident's and audit results. As there was such a large staff team, this was an effective way to help ensure staff received the information in a timely fashion.

People told us that they felt the management team were responsive to things that needed attention. One person said, "General things you need they have got a chap to put up pictures, set my TV up, did the phone, pumps up my wheels on my wheelchair, radiator not working he put it right – anything you need does not take long, two days is the longest I have had to wait."

There were systems in place to monitor the quality of the service. This included audits for medicines, care plans, health and safety and infection control. There were also meetings and surveys to obtain feedback from people, relatives and staff. This information was reviewed and all action needed were added to the service improvement plan. Staff members were given actions to complete and the registered manager checked to ensure this had been done. The registered manager held a monthly record for each unit which

detailed falls, infections, pressure ulcers, variation in weight and other issues that needed monitoring. They told us they used this to monitor progress and ensure all staff were working responsibly.

The service also shared positive feedback with the staff team. We reviewed the compliments folder and found there were several compliments from relatives over the past three months. These comments included, "Many thanks to you all for the care and kindness shown to [Relative] and all of us.", "All the staff are kind and helpful and do their best for all the residents at Pinelodge." And, "The staff here are absolutely caring and always attentive to the residents. [Relative] is in safe hands and I have left them yet again with a smile on their face and my face."

People told us that they liked living at Pinelodge Care Home. One person told us, "I have a very high regard for the home and when I first came I wanted to go home but the realisation was my best option was to stay here and I now realise it was my best option to make." Another person told us, "I have the service that I need and everyone is helpful. I cannot ask for anything more." A third person told us, "I am very happy here, I would strongly recommend to anyone this home."