

## Oakview Estates Limited

# Hope House

### 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** 

#### Overall summary

We inspected Hope House on 18 May 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

This service is registered to provide care, support and accommodation to a maximum number of 11 people within two separate properties that are next door to each other. One of the properties has six bespoke, self-contained flats each with en-suite facilities,

kitchenette and a separate lounge for adults with a learning disability. The other property was not in use at the time of the inspection. The provider was in the process of discussing with the local authority and determining the service user group the property would be used for. It was then intended that the property would be refurbished.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

There were systems and processes in place to protect people from the risk of harm. The care staff understood the procedures they needed to follow to ensure that people were safe. They were able to describe the different ways that people might experience abuse and the right action to take if they were concerned that abuse had taken place.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Staff told us that they felt supported. There was a regular programme of staff supervision in place. Records of supervision were detailed and showed that the registered manager had worked with staff to identify their personal and professional development goals.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met. We found that each person who used the service had a designated staff team. This included a named nurse and a team of support workers. This helped to provide consistency to people.

The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person's care plan.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were protected from unsuitable staff. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. We saw that medicines had been given in accordance with the person's prescription.

There were positive interactions between people and staff. We saw that people were supported by staff who respected their privacy and dignity. Staff were attentive, showed compassion, encouraging and caring.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted.

People visited their doctor, dentist and optician. Staff told us how they supported and accompanied people on hospital appointments to manage their physical and mental health needs. People who used the service had good links with community nurses who had worked with them for many years and as such knew them very well. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified.

Person centred plans were developed with people who used the service to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. The one person we spoke with during the inspection told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

# 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 were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing. Staff we spoke with could explain the different types of abuse and action they would take to ensure people's safety was maintained.

Suitable arrangements were in place to ensure that people received their medicines safely.

Person centred plans incorporated risks associated with people's care and support. This helped to keep people safe.

Good



### Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to make choices with their food and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



### Is the service caring?

The service was caring.

People were treated well by caring staff who respected their privacy, dignity and encouraged their independence.

People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff interacted well with people and provided them with the support they needed.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and person centred plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings. Each person had an individual activity programme to support them with their hobbies and interests. We saw people were encouraged and supported to take part in activities and access the local community.

We were told that staff were approachable and that they felt comfortable in talking to staff if they were concerned or had a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

People who used the service, relatives and staff had various opportunities to give feedback or raise issues. People were encouraged to make suggestions at their weekly meeting.

There were effective systems in place to monitor and improve the quality of the service provided.

Good



# Hope House

## 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.

We inspected Hope House on 18 May 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included notifications we had received from the service.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were three people who used the service. We spent time talking with one person. We looked at two of the flats. After the inspection we spoke with the relatives of two people who used the service.

During the visit, we spoke with the registered manager, two registered nurses and the maintenance man.

We also contacted the local authority to seek their views on the service provided. They did not report any concerns.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

We spoke with one person who used the service who told us that they felt safe. They told us they liked staff and referred to many of them as “Lovely.” A relative we spoke with told us how staff at the service ensured the safety of people they said, “He [person who used the service] doesn’t sleep a lot and can be up all night and the staff always stay with him.”

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. We saw that care plans clearly highlighted risks associated with behaviours that challenged, health, going out and travelling in the vehicle with staff amongst others. The registered manager and staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. The risk assessments and care plans we looked at had been reviewed and updated regularly. We looked at the risk assessment for one person who had behaviour that challenged. The risk assessment detailed clear triggers to the behaviour and known de-escalation strategies. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

We looked at the arrangements that were in place to protect people from bullying, harassment, avoidable harm and abuse. Information about safeguarding procedures was clearly displayed in the reception area of the service. This included easy read documentation for people who used the service. Staff were able to describe local safeguarding procedures and demonstrate an awareness of the types and signs of abuse. This included who to contact to make referrals to or to obtain advice from at their local safeguarding authority. They told us that safeguarding procedures were in place at the home, were regularly updated and that staff had access to them. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be

the case. Since the opening of the service in October 2014 there has been two safeguarding concerns raised in which appropriate action was taken by staff at the service to ensure safety and minimise the risk of reoccurrence.

Staff told us that they had received safeguarding training. We saw records to confirm that this was the case. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw records that showed water temperatures were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire alarm and fire extinguishers. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken in January 2015. The registered manager told us that this testing was ongoing for each new person who moved in. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual’s safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken. The most recent practice had taken place in March 2015.

We looked at the arrangements in place for managing accidents and incidents. The registered manager told us that each accident and incident was to be recorded electronically by staff as and when it happened. They told us how they as registered manager and the governance team were alerted to the accident or incidents. The governance team were responsible for collating and monitoring all accidents and incidents. This helped staff to identify any trends and reduce the risk of reoccurrence.

We looked at the arrangements that were in place to ensure that staff were recruited safely and people were

## Is the service safe?

protected from unsuitable staff. We saw that staff had completed an application form, which included information about their qualifications, experience and employment history. There were two written references, copies of personal identification and evidence of a Disclosure and Barring Service check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. The recruitment records showed that safe recruitment procedures had been followed. The registered manager told us that one person who used the service had been involved in the interviewing of staff and had helped to choose staff who were to support them.

We saw that checks of nurses were undertaken on a monthly basis to ensure that they were registered with the Nursing Midwifery Council and were fit to practice as nurses.

We spent time speaking with staff about the staffing levels in the service. We found that each person who used the service had a designated staff team. This included a named nurse and a team of support workers. This helped to provide consistency to people. The staff we spoke with were positive about this working arrangement, telling us that it meant they got to know people well and that it comforted people because they could expect to see staff familiar to them. We looked at duty rotas which confirmed that there were a minimum of six staff on duty during the

day which usually consisted of two nurses and four support workers. At night there were three staff one of whom was a nurse. The person and relatives we spoke with during the inspection told us that there was enough staff on duty to ensure that people's needs were met. A relative we spoke with said, "There are always staff to support him when he doesn't sleep during the night and they bring him to my house and stay with him."

We looked at the arrangements that were in place to ensure the safe management, storage and administration of medicines. Nurses were responsible for the administration of medicines to people who used the service. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

We saw that medicines were stored in a locked cupboard in medicine room and the storage area temperature was monitored daily. We looked at two people's medication administration records (MARs) and saw that medicines had been given in accordance with people's prescriptions. People were prescribed medicines on an 'as required' basis (PRN). We saw that PRN guidelines had been written for these medicines, providing staff with information on when they were needed and how they should be given to maintain the person's safety.



# Is the service effective?

## Our findings

One person we spoke with during the inspection told us that staff provided good quality care and support. They were complimentary of staff and confirmed that staff at the service met their needs. A relative we spoke with said, "They have got to know him very well in such a short space of time. The staff have been very good." Another relative said, "They [staff] are always friendly. He loves the women staff but doesn't interact well with men and they make sure that this is accommodated."

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person's care plan.

At the time of the inspection people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation.

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. Staff told us that they were up to date with their mandatory training and had completed training that was relevant to the service. They also told us that they were asked in supervision if they had any training needs and could request training they felt was needed. One staff member said, "The training is really good and you can also do extra training that you are

interested in." They told us how the provider had supported them to do additional training in behaviour that challenges at York University. They told us how this training had helped them with supporting people who used the service.

The registered manager showed us the training records for the staff employed and the training that was planned for 2015. The training record showed that staff had undertaken training on food safety, fire safety, infection control, moving and handling, data protection, safeguarding and first aid. Staff had also received training in conflict management and resolution, physical intervention and restraint. We saw that staff had also undertaken training in Positive Behaviour Management. This training helps staff to understand why people can display behaviour that challenges, the basic principle of Positive Behaviour Management and how this approach can help improve outcomes and lifestyles for people who used the service. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. Induction processes were available to support newly recruited staff. We saw that induction was structured and included reviewing the service's policies and procedures, a week long conflict resolution training and shadowing more experienced staff. Staff confirmed that they had received induction; however some of the induction records had not been signed off. This was pointed out to the registered manager who said that this had been an oversight and that they would ensure records were completed.

Staff told us that each person discussed their menu choices with their designated staff team on a weekly basis. Each person had their own kitchen within their flat. There was also another communal kitchen for people to use. Staff supported people with preparing food of their choice. The service also employed a cook. The registered manager and staff told us how staff and the cook were supporting one person who used the service to lose some weight. Staff had purchased chef whites for the person so that they could go into the kitchen with the cook and help to prepare meals. We were told how they were preparing healthy recipes from the Hairy Bikers recipe book. The registered manager told



## Is the service effective?

us that staff and people who used the service go shopping for their food with staff. On the day of the inspection we saw that one person who used the service was doing their shopping list for the week ahead. They told us how they were going shopping that day with staff.

We saw records to confirm that people visited their doctor, dentist and optician. Staff told us how they supported and accompanied people on hospital appointments. The registered manager told us how they had good links with community nurses and how the nurses had worked with people who used the service for many years and as such knew them very well. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports contained information that would help to ensure that care and treatment was provided in a way that the person would want it to be. We saw that people had a health action plan. This provided information on diet and nutrition, mental health and information on physical health including height and BMI amongst other things.

# Is the service caring?

## Our findings

The person who used the service that we spoke with during the inspection told us that staff were kind and caring. They told us how they were well supported by their designated team of staff. A relative we spoke with during the inspection said, “The staff are very good with X [person who used the service]. They always let me know if there have been any changes. Another relative we spoke with said, “I think they do a good job. They are managing to get him to talk. He is communicating through pictures. They have sussed out when he is happy and when he is unhappy.”

During the inspection we spent time observing staff and how they interacted with people who used the service. We saw that staff interacted well with people and provided them with the support and help that they needed.

Staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff were aware of how best to support people. Staff talked to us about ensuring consistency and routine in the life of people who have autism. Staff were able to describe each individual person’s care in detail and what was important to them. For example one person who used the service who had behaviour that challenged needed to be given clear answers to their questions. Staff told us how they made sure that this happened in order to reduce the anxiety of the person. Staff told us how they were continually reflecting on the care provided to people to ensure that it was in their best interest.

People told us that they could make decisions about what they wanted to do. One person who used the service told us that they planned their week with staff. This included meals, household chores, shopping and trips out.

We saw that staff were affectionate and caring in the way that they supported people. We saw that staff provided people with reassuring touches whilst ensuring boundaries were maintained. We saw that one person who used the service got hold of the hands of the registered manager and put their arm around them. The registered manager responded in a caring way.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. We were told how people had been supported to maintain relationships that were important to them. For example, one person told us about how important family visits were to them. They told us how their family had visited them the day before the inspection and how they had helped make drinks for them. Staff told us that people had regular visitors to the home, such as family and friends. A relative told us that they visited the home on a regular basis and that they were always made to feel welcome.

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. The person we spoke with told us that they could spend time in their flat if they wanted and that staff respected their privacy and treated them well. Staff were able to describe to us how they worked in a way that protected people’s privacy and dignity. For example, they described knocking on people’s doors and asking if they could come in before entering, asking permission before doing things and explained how they tried to offer reassurance and reduce or manage embarrassment where necessary. During our visit we observed the interactions between staff and people who used the service and saw that people’s privacy and dignity was maintained in the ways staff had described. The environment supported people’s privacy and dignity. All windows in flats had a screen on the outside which enabled people to see out but prevented the public from seeing in.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information, explanations and advocacy to enable their involvement. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices. We saw that the name and contact number of advocacy services was displayed in the entrance to the service. The one person we spoke with during the inspection confirmed that they had met with an advocate and that they had another meeting planned for the week ahead.

# Is the service responsive?

## Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. Each person planned their own activities and outings with their designated staff team. One person told us, "I've been to bowls this morning." They told us how they had enjoyed this and then had stopped for lunch on their way back they said, "I had battered sausage, chips and beans."

Staff and people who used the service told us that they went to the cinema, out for lunch, for walks and trips out in the car. Staff told us how one person enjoyed hydrotherapy on a weekly basis. Hydrotherapy is a form of exercise carried out in a specially heated pool. Staff told us how this provided the person with gentle pain relieving exercises and helped to ensure wellbeing. During the inspection we looked at the weekly activities planned for people who used the service. We saw that people had chosen to go to Stewart Park, Whitby, Richmond and to the North East Aircraft Museum.

The registered manager told us that prior to using the service; people and staff had been involved in a lengthy transition. They told us that for one person who used the service staff spent eight weeks with the person at their placement. For another person the transition period consisted of 12 weeks. This gave staff at Hope House the opportunity to work with staff who knew people well. This helped them to get to know the person and their needs. Once people had moved in the staff from their previous placement continued to work with staff at Hope House to help people settle in. During the initial transition period (when people were in their original placement) people came for visits to the service. This helped the person to familiarise themselves with the service and staff. This helped to ensure the wellbeing of people.

During our visit we reviewed the care records of two people who used the service. People had a one page profile. This is a simple summary of what is important to someone and how they want to be supported. It can help to provide people with more person-centred care. We looked at records which confirmed that person centred plans had

been developed with people who used the service. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. Care records reviewed contained information about the person's likes, dislikes and personal choices. We looked at the behaviour care plan for one person who used the service. This detailed proactive support strategies for behaviours to keep the person happy for example offering praise, being consistent and ensuring clear lines of communication. The plan clearly detailed action to take if the person displayed behaviours that challenged. This helped to ensure that the care and support needs of people who used the service were delivered in their best interests. The person we spoke with told us they had been involved in making decisions about care and support and developing the person centred plans.

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service. For example staff told us the importance of sticking to times and the weekly plan of one person who used the service. They told us the importance of a set routine when supporting the person. For another person who didn't want to mix with others but who liked to spend time outside they had provided a separate garden area. This showed that staff at the service were responsive to the individual needs of people.

The one person we spoke with during the inspection told us that if they were unhappy they would complain to staff. We were told that staff were approachable and listened to them.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. There was also an easy read version of the complaints procedure which simplified what action people needed to take if they were unhappy.

Discussion with the registered manager during the inspection confirmed that any concerns or complaints would be taken seriously. There have not been any complaints since the service opened in October 2014.

# Is the service well-led?

## Our findings

The one person who used the service that we spoke with during the inspection described the registered manager as, “Lovely.” Relatives told us they thought the registered manager was approachable and that the service was well led.

Staff told us that they felt supported and were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “X [the registered manager] is a good manager. She listens to staff. She’s quite open and honest and is approachable as well. I feel I can come in and say whatever I need to say.”

The registered manager told us about their values which were clearly communicated to staff. The registered manager told us about valuing the individual, the importance of working together, teamwork and honesty. Observations of interactions between the registered manager and staff showed they were open, inclusive and positive.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous audits and checks which were carried out to ensure that the service was run in the best interest of people. We saw that quarterly audits were carried out based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. Where areas for improvement were identified action plans had been developed.

We saw that the registered manager completed a service review every month. The findings of this review were

reported to the governance team and directors. This included findings in relation to safeguarding, accidents and incidents amongst others. The registered manager told us that the governance team collated and monitored any accidents in order to identify trends. This meant that action could be taken to reduce any identified risks.

Staff told us the morale was good and that they were kept up to date about matters that affected the service. They told us that staff meetings took place every other month and they were encouraged to share their views. We saw records of meetings that had taken place in April 2015 in which there had been discussion about record keeping, timekeeping, the model of care and policies and procedures. Displayed on the notice board was information informing that the next staff meeting was to be held on 10 June. This invited staff to highlight any topics for discussion. This meant that staff were encouraged to share their views and make contributions to staff meetings.

We saw records to confirm that individual weekly meetings took place with people who used the service. We looked at the notes of the last meeting for one person who used the service. We saw that people had made decisions about activities, food and people were asked for suggestions and if they had any concerns.

The registered manager told us that in addition to weekly meetings and to seek feedback from people who used the service and relatives, surveys had just been sent out. They also said that in the future people who used the service who lived in different services within the company were to become experts by experience. This meant that people who used the service would go out to other services with the governance team and speak to other people who used the service to seek their views on the quality of care and service provided. The registered manager told us that one person from Hope House had expressed an interest to take on this role.