

Lyndale (Hereford) Limited

Lyndale

Inspection report

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Tel: 01432378118

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 1 September 2016 and was unannounced.

The provider of Lyndale is registered to provide accommodation with personal care for up to ten people with learning disabilities.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People were supported to make safe choices in relation to taking risks in their day to day lives. Staff had been trained and understood how to support people in a way which protected them from danger, harm and abuse.

People were supported by staff they knew well and were familiar with their different routines and individual needs. Many of the staff team had worked at the home for some years which helped people to feel safe, secure and comfortable in their presence. There was sufficient staff on duty to support each person with their individual needs which included doing fun and interesting things.

People were involved in saying what their preferences were for receiving their medicine and what support they wanted from staff. They received their medicine from staff who were trained to safely administer these and who made sure people had their medicine when they needed it.

The provider had recruitment arrangements in place helped to make sure new staff appointed were of good character and were suitable to work with people who lived at the home. Staff had the skills and knowledge to support people's needs. They were supported in their roles and attended training which was relevant to the people they looked after.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using gestures, short phrases, words or special systems of pictures. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well.

Staff met people's care and support needs in the least restrictive way. Where it was felt people received care and support to keep them safe and well which may be restricting their liberty action was taken. This ensured people's liberty was not being unlawfully restricted.

People had a choice of food to eat and were prompted to maintain a healthy, balanced diet. People's

routine health needs were looked after and people had access to healthcare when they needed it.

People were treated with kindness, compassion and respect. There were many examples of staff showing they cared for people and the warmth of touch was used, such as, hugs and words of reassurance . Staff promoted what people could do and supported people with dignity when they needed a little help. People's right to private space and time to be alone and be with their visitors was accepted and respected.

Staff provided care and support to people which was personalised and responded to changes in their needs. People's preferences and wishes were known to staff and were respected. People were consulted about their support, were helped to maintain family contacts and were supported to celebrate their diversity. There was a system for handling and resolving complaints which took into account people's individual needs.

Regular checks were completed by the registered manager to monitor the quality of service staff provided and improvements were made where needed. People who lived at the home, relatives and staff were able to share their views about the service and were listened to. The culture of the service was to put people first and this was echoed by management and staff. People and their relatives were happy with the care people received and the support staff gave them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to recognise and report any concerns they had about people's safety or wellbeing.

People were helped to manage risks to promote their independence while reducing the risk of avoidable accidents.

There were enough staff on duty to give people the individual support they needed.

Staff had received training to make sure people had their medicine when they needed it.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

Staff supported people to make decisions about their care to make sure their rights were protected.

People were encouraged to choose a healthy and balanced diet.

People had access to healthcare when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff had positive relationships with people and spoke about them with warmth and consideration.

People and their families were involved in their care and were asked about their preferences and choices.

People's privacy was respected and they were encouraged and supported to be as independent as they could be.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were supported to maintain family contacts and were helped to pursue hobbies and interests.

There was a system in place for resolving complaints.

Is the service well-led?

Good ●

The service was well-led.

People who lived at the home, their relatives and staff considered the leadership of the registered manager was supportive and inclusive.

Systems were in place to monitor the quality of care provided and action taken where it was needed.

There was a stable and established management and staff team who put people at the heart of the service they provided.

Lyndale

Detailed findings

Background to this inspection

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

This inspection took place on 1 September 2016 and was unannounced.

We looked at the information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority and the clinical commissioning group who commission services from the provider for their views of the service people received. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We met with all the people who lived at the home at different times in the day and spoke with three people in more depth about the care and support they were provided. We saw the care and support staff offered to people. We spoke with two relatives by telephone to gain their views about the care and support their family members received.

We spoke with the registered manager, unit manager and four staff members which included team leaders. We viewed records which related to consent, people's medicines, assessments of risk and people's needs. We also looked at records which related to staff training and recruitment and the management of the service.

Is the service safe?

Our findings

People said that they felt safe living at the home and would speak with staff if they felt worried or had problems. We saw people were relaxed in the company of staff and were confident about going into the office when they wanted a chat or to ask for something. A person said, "The staff are good enough and really kind. I like having them around." Another person told us, "I like all the staff and they like me, as I can tell." Relatives we spoke with were positive in their views about how with staff support their family member's safety was met. A relative told us they felt staff knew their family member's support needs very well and they had taken, "Measures to keep [person's name] safe". Another relative told us their family member would tell them or staff if they were worried about anything or did not feel safe.

Staff we spoke with knew how to recognise and report abuse so they could take action if they were concerned a person was at risk of harm. A staff member told us, "We all know people very well so if their behaviour changed we would look into the reasons why." Staff had received training and understood how to recognise signs that people may be discriminated against or abused. Staff were confident people were treated with kindness and they had not seen anyone being placed at risk of harm. Staff said they would immediately report any concerns to the registered manager or unit manager. In addition, they knew how to contact external agencies such as the local authority and the Care Quality Commission and said they would do so if their concerns remained unresolved.

The registered manager knew the reporting processes they should follow if they suspected or if it was reported to them abuse had occurred. In addition, the registered manager made sure people had assistance to manage their money. A person said, "The staff help me with my money and keep it safe for me." Another person told us although staff supported them with their money they decided what they spent their money on. We looked at the arrangements in place to protect the money of people who lived at the home. Records were kept which reflected how people had spent their money against the balances of money they had left.

People had been supported to take reasonable risks so they could lead full lives of their choosing. For example, people had been supported to safely access their local neighbourhood in order to do their shopping. This had involved staff helping people to find their way around and giving them the confidence they needed to go out on their own. In addition, staff had helped people to avoid unnecessary accidents when at home. People were helped to manage their own lifestyle choices and to remain as independent as possible. For example, we saw where people enjoyed tidying the kitchen and/or cooking staff took on a role of being with people when this was required. These practices ensured people did not create any risks to their and other people's safety and wellbeing. We saw the assessments and planning to prevent accidents and avoidable harm had worked to prevent untoward incidents such as falls and injuries.

People told us there were enough staff to support them. A person said, "The staff are always around and they give me whatever help I need." Relatives spoken with had no concerns about the staffing arrangements at the home and felt due to the smallness of the service people received a lot of attention from staff who they knew well. A relative said they believed this was important as people needed staff to understand their preferred ways and communication needs. We saw there was enough staff on duty at the time of our

inspection. People were given individual attention and received all the support they needed whether they chose to remain at home or go out. The registered manager showed us they had assessed and kept staffing levels reviewed against the individual needs of people who lived at the home. Staff told us that if there was an increase in the amount of support a person needed they would alter staffing to meet needs of the person.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw there was a sufficient supply of people's medicines and they were stored securely. Staff who administered medicines told us they had received training before they were allowed to administer people's medicines and felt confident to manage medicines. We noted they correctly followed the provider's guidance, such as a team leaders and a staff member always administered medicines together to reduce errors. Daily medicine checks were completed to make sure people were given the right medicines at the right times.

One person said, "The staff give me my tablets when I need them." We saw two staff members supporting a person to take their medicine. They explained to the person what their medicines were for, offered them a drink to take their medicines with and ensured the person had taken their medicine. We saw the person took their medicine willingly and was fully involved in the administration of this.

Background checks had been completed for new staff before they were appointed. A staff member said, "No staff can start work until all clearances have been completed". These checks included confirming with the Disclosure and Barring Service that staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure new staff had previous good conduct and had not been barred from working with adults due to abuse or other concerns.

Is the service effective?

Our findings

People we spoke with told us they were happy with the care and support provided. A person told us, "It is good here" and "I am looked after." Another person said, "Staff are really good. I have all the support I need." Relatives spoken with all told us their family member was provided with the care and support they needed. A relative said, "[Person's name] is well taken care of. They like living there." People who lived at the home and their relatives felt like this because staff had the skills and knowledge needed to care for them.

We found there was a stable staff team who had all received a structured induction programme where they shadowed more experienced staff and also attended relevant training. Staff we spoke with all told us they had received the training they needed. A staff member said, "I have done the training I need." Another staff member told us, "I do feel supported and have been provided with training to be able to support people." Staff training records confirmed this and specialist training such as learning disability and epilepsy awareness were also available. Another staff member said, "I feel confident to do my job." The registered manager had a system in place to monitor all staff's training and ensured this was kept updated. Staff told us training needs were discussed at regular one to one meetings and staff had the opportunity to request role specific training which was provided, such as strategies to support people with their emotional and wellbeing needs. Staff said during their one to one meetings they also received feedback on the way they cared for people and had the opportunity to discuss any issues which may affect how they were able to meet people's needs.

Staff practices we saw reflected how they successfully used their knowledge and skills to meet each person's individual needs. For example, staff were aware of how important it was for some people to follow their particular chosen routines which helped people to avoid potentially stressful situations. Another example we saw was the way in which staff correctly followed good hygiene practices when working in the kitchen so people were protected from the risk of acquiring an infection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and saw that they sought people's consent before assisting or supporting them. One person told us, "I do what I want and staff always ask if I'm happy for them to support me." Staff had received training and updates in relation to the MCA and DoLS. Staff were able to demonstrate an understanding of the need to consider people's ability to give consent. One staff member told us, "We always encourage and support people to make choices about their everyday lives." We saw people's care plans took capacity into account so staff knew how to support people who were unable to give consent. Staff were fully aware of whose liberty was restricted and we saw staff practiced in a

way which was least restrictive when any decisions people made jeopardised their safety.

People were supported to have enough to eat and drink. A person told us, "I really like the food." Another person said they were able to choose take away meals if this was, "What they occasionally liked to have." People we spoke with told us staff supported them to choose meals and shop for healthier options. This was also supported by the comments relatives made. A relative told us, "[Person's name] just loves the meals and always talks about these to us." Staff told us they spoke with people to support them to choose their meals and we saw there were photographs of food which people could point at to make choices. People were supported to be involved in the preparation and cooking of their meals where possible. Staff told us they always prompted healthy options but would always offer alternatives. One person told us they had been supported by staff to lose weight so they remained healthy and well. They told us, "I feel much better."

Risks associated with people's ability to eat and drink had been assessed and were monitored by staff. Where necessary referrals were made to other healthcare professionals, such as the doctor and dietician. Staff were aware of and monitored people's dietary needs and preferences, weights and BMI's to ensure people maintained a balanced diet.

People had been supported to receive a range of healthcare services. This included having consultations with their doctor when they were unwell and seeing consultants who responded to their particular needs. A person said, "If I was unwell staff would help me to see the doctor. I am okay now though." Another person spoke about how staff were supporting them with their particular needs and said a healthcare professional had visited them to talk through their feelings. Staff and records confirmed people attended the healthcare appointments they required. People had health action plans. These held information about whether people had received an annual healthcare review by their doctor and had been offered an annual influenza injection to help prevent ill health.

Is the service caring?

Our findings

People we spoke with told and showed us how happy they were living at the home and how they liked the staff who provided support. A person described the staff as being, "Lovely" and "Nice to me." Another person told us, "Staff are all great." Relatives expressed positive feedback about the relationships staff had with their family member. A relative told us, "Staff are very kind to [person's name] and they show they care. They are kind to me as well." Another relative said, "It feels like [person's name] home, they (staff) really do care." They also told us staff knew their family member's needs well and understood their behaviours and personalities. When staff spoke about people they supported they did so with warmth and consideration. A staff member said they worked alongside, "Staff who genuinely care about people."

Staff we spoke with told us they enjoyed supporting people who lived at the home and we saw they did this with kindness and compassion. We saw staff engaged people in conversation with gentle humour, touching people's hands and giving hugs therefore providing the warmth and reassurance. Staff approached people in a friendly and respectful way. We saw staff understood people who were not always able to communicate verbally and supported people's wellbeing. For example, we noted one person used their particular ways of communicating with staff. We saw staff knew exactly what mattered to the person and this supported the person with their wellbeing.

Positive relationships had developed between staff and the people they supported and friendly chatter was heard being exchanged. Staff talked with people in a fond and friendly way and encouraged people to lead the lives they chose. Staff supported people in a way which highlighted people's strengths and staff gave support when they knew people were not as confident. For example a person showed us how they enjoyed cleaning and organising the kitchen. The person was proud to reflect their skills when doing this and a staff member encouraged them to ensure the person's skills were celebrated. Another person was proud of their achievements in how they had been supported with something they had chosen. Staff assisted the person to feel valued as they had conversations of how well the person was doing in regards to the choices they had made.

Staff were respectful and people told us they felt important and understood. We spent time with people who lived at the home in the garden area as this is where they chose to spend some parts of their day. We saw people enjoyed conversations and humour was used as people had banter with staff. This reflected people's different relationships they had built with staff. For example, a person asked the registered manager if they would like a drink as they were making their own as would naturally happen in people's own homes.

Staff we spoke with provided us with examples of how they enabled people to overcome obstacles to achieving their goals. One example a staff member shared with us was about a person who they had encouraged and supported to go out to places like shops. The person had lacked confidence in doing this and was at risk of social isolation. We saw another person was finding it hard to understand a problem which had occurred in regards to a facility they used. We saw the registered manager and staff understood the person's problem and actively assisted them to look at different solutions to help them to focus upon how they could help to resolve the problem.

People told us they made their own choices with regards to what to wear, when they got up and what they did in a day. A person showed us their personal room and as they did their happiness was evident in their conversations about their personal treasures on display. We saw the person had been encouraged to have items in their room which made it personalised. For example, photographs of special times and items they liked to wear. We saw other examples which showed staff knew and respected this was people's own home. This included people making drinks for themselves and offering other people drinks at the same time. In addition, we saw two people had their own independent accommodation which was attached to the main premises and they chose whether they made their own meals or joined other people.

We saw staff could access information giving contact details for advocacy services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. A staff member told us the input of an advocate had been secured at times when decisions had to be made in people's best interests.

People were supported to maintain their privacy and dignity. People told us they could stay in their room as they chose and see their guests in there. Staff were able to tell us how they supported individuals to maintain their dignity. A staff member gave us an example of being aware of discussing people and ensuring no one else could hear the discussion. A person told us their appearance was important to them for promoting their dignity and staff supported them to attend regular appointments to enable them to do this. People told us they were supported to visit the hairdressers to maintain their chosen hairstyle which made them feel good about themselves.

People told us their relatives were welcome to visit at any time. People could speak with relatives and meet with health and social care professionals in the privacy of their room if they wanted to do so. Relatives confirmed this was the case and told us they always felt welcome when they visited and had good relationships with the registered manager and staff. People were encouraged to maintain relationships which were important to them. A person told us they go out to eat with their family and this made them feel happy.

Written records which contained private information were stored securely. Staff understood the importance of respecting confidential information. For example, we noted staff did not discuss information relating to any of the people who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

People said that staff provided them with all of the practical everyday assistance they needed. This included support with everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, people were helped to get their laundry done, manage their money and respond to any correspondence they received.

People's care records included information about their life before they came to live at the home and people's individual needs. A person said, "Yes I know my care plans" and "I can read them whenever I want." Records we looked at highlighted where possible people and their relatives were involved in care planning to ensure that their wishes and preferences were known and acted upon. Staff knew this information and used this when anticipating people's support needs by recognising changes in their body language. We saw staff knew how to relate to people who expressed themselves using short phrases, words or gestures. We saw staff understood how people preferred to communicate and responded positively to these different styles of communication.

All staff we spoke with gave us a good account of people's likes and dislikes regarding their care and were aware of how people preferred to be supported. Staff we spoke with knew people's needs. We found care plans detailed people's medical conditions, support people needed with their behaviour and other important facts. We heard from a relative how staff supported their family member with their behaviour when this was challenging to other people and or staff. The relative shared with us how staff understood how to engage with and respond to their family member with a specific aspect of their behaviour so their needs were met appropriately. Staff were also able to provide us with examples of how they supported people with their needs which included their behaviour and changes in people's moods. This included diverting people's attention to something which interested them and supporting people to work through any emotional issues which were upsetting them.

Staff were able to effectively support people who could become distressed. We saw when a person was at risk of becoming distressed during our inspection, staff knew how to respond to the person. They noticed the person was becoming concerned about their money and reassured them.

Staff we spoke with described how the arrangements in place supported people to receive consistent care which took account of any changes in their needs. For example, people had dedicated members of staff who were known as their keyworker. They were responsible for the person's welfare and was the main contact with the person's families or representatives. A relative described to us how the keyworker for their family member would contact them to discuss any issues or check things out with them. Another relative explained how they had on-going conversations with staff to focus upon any changes in their family member's needs. The relative said they were appreciative staff kept them updated as this provided reassurance their family member's needs were being met and reflected any changes.

As part of our inspection we saw how staff communicated information at the start of each shift. Staff showed they had a detailed knowledge of the health and emotional needs of the people living in the home

and ensured any concerns were followed up promptly. For example, staff discussed how to support someone who may need some reassurance about some issues.

Staff understood the importance of promoting equality and diversity. We saw staff put this into action. One example was the arrangements which were in place to ensure people only received close personal care from a member of staff who was the same gender as them if this was the person's choice. Another example was where staff had respected people's decisions to express themselves in different ways, such as what people wanted to wear.

We saw staff supported people to pursue their interests and hobbies. One person enjoyed going to the local shops and when they returned they excitedly showed us what they had bought. Another person liked to go to attend a project where they were able to join in different activities, such as growing produce and making crafts. When they returned home they happily shared with us what they had been doing and how they had liked the experience the day had brought them. Staff supported people in being part of their local neighbourhood which included going to the gym, walking and going to church. For some people music was both therapeutic and an enjoyment. A person wanted to share their passion for singing with us. We saw this had a positive impact upon their wellbeing as they were proud to be able to sing in a different language.

The registered manager and staff encouraged people to raise concerns and complaints. A person told us they had no problems but would tell staff if they were upset. Another person said, "I've never really had anything to complain about but if there was I'd just have a word with the staff and they'd be fine about it." People had been provided with an easy read version of the complaints process. During weekly meetings people had the opportunity to raise complaints with staff. Staff told us they also had individual discussions with people and asked them if they were happy or if they had any problems they wanted to discuss. Staff told us they would always support a person to make a complaint if they wanted to and they hoped they created an environment where people felt comfortable to come to staff.

Relatives told us that they would always speak with staff if they had a concern. Relatives agreed they would feel confident raising a complaint direct with the registered manager and felt their concerns would be listened to and addressed. The registered manager told us concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. Records showed the registered manager had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People we spoke with told us they liked the registered manager and liked living at the home. A person said, "It's nice here." Another person described to us how they had all the support they needed so the home must be managed well for this to be achieved. Relatives we spoke with were equally positive about how the services were managed. A relative told us, "I think that the home is well managed."

The conversations we had with people who lived at the home, relatives and staff reflected the culture of the service as being caring, professional, friendly and homely. Staff agreed they always worked for the benefit of people they cared for and this was supported by the management and each other to achieve this. The surveys staff had completed were positive and held a strong sense of staff's commitment to keeping people at the centre of their care. A staff member's comments read, 'Supporting the people in the service to enter the community, doing things that help them to feel valued.'

The provider undertook regular surveys of people and their relatives to measure satisfaction with the service provided. One person told us, "They ask me what I think. I am very happy as I am." Although other people's satisfaction levels were also high, the registered manager told us she reviewed the survey returns carefully to identify any areas for improvement. Feedback comments within questionnaires from relatives read, "We are very happy, his accommodation is comfortable, his general health is well monitored and he is thriving" and "We always enjoy our visit to Lyndale to see [person's name]. The staff are always friendly, helpful and professional." Staff told us the services provided to people were run well and what the ethos to their practices were based upon. Staff consistently told us and their practices reflected this was people's home and they felt privileged to support people in the lives to reach their full potential.

The provider had a stable and established leadership structure within the home which people who lived at the home and relatives understood. There was a registered manager in post who was supported by a unit manager. A person told us, "I like [manager's name] they are good". Another person said, "They [manager's name] are nice". The registered manager made themselves available and was visible within the home as we saw them speak and interact with people. We saw people spoke with the registered manager and looked happy when doing so. Our conversations with the registered manager confirmed they knew all of the people who lived at the home well. In addition the registered manager knew about important points of detail such as which members of staff were on duty and which tasks they were going to complete.

People were asked for their views about their home. In addition to speaking with staff as part of everyday life, they were actively supported to comment on their home in surveys and meetings. For example, people were asked for their views and suggestions in planning meals on a weekly basis and what they would like to do for interest and fun. Relatives we spoke with were happy with the regular contact with staff during their frequent visits and telephone calls. A relative told us, "I have come to know all the staff and they know me which helps, we have become part of one big family."

The service was part of a larger organisation. The registered manager told us the wider organisation was supportive and offered regular feedback and assistance to them to enable them to carry out their role. The

registered manager checked and monitored the quality of the service so people consistently received all of the care and support they needed. These checks included making sure care plans were up to date, medicines were managed safely and that the accommodation remained in a good condition.

All staff we spoke with understood their roles and responsibilities within the organisation and in supporting people to receive a quality service. Staff told us the registered manager gave them clear direction. All staff felt supported by the registered manager and found them approachable. They told us they were encouraged to give feedback, raise concerns and complaints and they felt they were listened to. A staff member said, "We can talk with them [registered manager's name] anytime." Another staff member told us, "When I needed her [registered manager] she's been there." Staff told us the registered manager held regular meetings which assisted them to voice their views about the support they provided and the running of the home. Staff told us the registered manager encouraged staff to share information, ideas, concerns and talk about the training they had attended.

There was an open and inclusive approach to running the service provided to people. Staff said they were confident they could speak to the registered manager if they had any concerns about another staff member's performance. Staff said positive leadership at the home reassured them they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager adopted values based upon ensuring people's lives were enriched by progressing different initiatives and showed they led by example. They provided us with examples of enabling people to learn and maintain their skills. For example, a person had been introduced to swimming and the person told us how much they enjoyed this. In addition to this the registered manager had a clear vision for continually improving the home environment to ensure it was a pleasant place for people to live and had spaces for people's enjoyment. This included future ideas of making the back garden area a more useable and friendly space for people to enjoy. A staff member summed up their views of successfully providing high quality of care to people as having a stable staff team who cared and knew people well and added, "It's a good place." These views were commonly shared with us by people who lived at the home and staff alike.