

Brunelcare

Little Heath Reablement & Support Centre

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

Little Heath Reablement & Support Centre provides personal and nursing care for up to 24 people. At the time of the inspection, 23 people were staying at the home for a period of rehabilitation.

People's experience of using this service and what we found

People living at the home were safe as there were systems and processes in place to safeguard them from abuse. The risks to people's safety were well managed and there were enough staff safely employed to meet people's needs. People's medicines were managed safely, and staff worked in a way that promoted the prevention of infection.

Staff received regular supervision and support. The annual training programme equipped staff with essential skills and knowledge. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was responsive to people's health and social needs. People's care records were reflective of people's individual care needs and preferences. They were reviewed on a regular basis. People knew about the home's complaints procedures and knew how to make a complaint.

The provider's ethos and values put people at the heart of the home. This vision was driven through the leadership of the registered manager. The staff team were empowered to contribute fully to support a person-centred model of care. This helped people to achieve their goals and aspirations whilst promoting independence.

There were effective systems in place to monitor the quality and standard of the home. People and staff were asked regularly for their feedback which was used to develop the home. Staff felt appreciated and were consistently positive about the management of the home. The staff were supported within their roles. The registered manager was caring and supported staff with their wellbeing. Staff told us they enjoyed working at the home and felt respected at work.

There was clear evidence of collaborative working and effective communication with other professionals in health and social care. The registered manager had built relationships with the community and with health and social care professionals so that people could benefit.

Rating at last inspection and update

This service was registered with us on 21 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Little Heath Reablement & Support Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Little Heath Reablement & Support Centre is a reablement centre with nursing care. People received accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 17 people who were receiving care and support from the home and three relatives.

We spoke with seven staff members, the registered manager and the director of nursing and care services for Brunelcare.

We reviewed a range of records. This included people's care records, medication records, three staff files in relation to their recruitment, maintenance records and a variety of records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise and report any signs of abuse and they were confident action would be taken to keep people safe. One staff member told us, "I do trust any concerns raised will be taken seriously. We are an open and honest team here."
- The registered manager understood when and how to inform us and the local authority of reportable incidents that occurred in the home and we saw they worked in partnership with other professionals to help keep people safe.
- We spoke with people and asked them if they felt safe. One person told us, "Oh yes. I feel really safe."

Assessing risk, safety monitoring and management

- People's care records helped them to get the support they needed. Good quality clinical and care records were maintained.
- Staff had a proactive approach in ensuring people maintained their independence. People's needs, and any associated risks were assessed, monitored, and regularly reviewed. Assessments of people's ability were carried out when they were admitted to the home.
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Staff had been trained in fire safety and regular fire safety checks were undertaken.
- Personal emergency evacuation plans (PEEPS) were in place for each person. This advised the staff on how to safely evacuate people in the event of a fire. PEEPS were up to date and included information such as a person's mobility, understanding of information and how many staff were needed to safely evacuate them.

Staffing and recruitment

- The deployment of staff helped to meet people's needs and kept them safe. Staffing levels were assessed regularly to ensure people's safety. We were told existing staff covered annual leave and sickness. The registered manager and clinical lead also helped to cover any shortfalls and had a hands-on approach to care.
- People were protected from the risk of harm because the provider followed safe recruitment procedures. The provider had recruited some staff on sponsorship from another country. They had obtained the appropriate sponsorship licence.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their Personal Identification Number to confirm their registration status. Nurses were required to update their registration annually.
- References and a Disclosure and Barring Service (DBS) check were obtained before staff started working at

the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff made sure people received information about their medicines in a way they could understand. On admission to the home and throughout people's stay their ability to self-medicate was assessed by the staff. The main aim was to promote people's independence along with maintaining safety.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. People's medicines were stored within their rooms in locked facilities.
- Where people's medicines were administered by staff, they were trained to carry out the task and had their competency checked.
- People had individual medication administration records to ensure they received their medication as prescribed. These were regularly audited.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on people welcoming visitors to the home. The provider was following the current published guidance from the Department of Health and Social Care. We observed family and friends at the home who were visiting people.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and were regularly reviewed. This helped to identify any trends. If people had fallen, their wellbeing was regularly monitored post fall. This included a range of checks being completed. These checks were recorded on a post fall monitoring form.
- Where things went wrong, the registered manager explored the reasons and took steps to reduce the risk of it happening again. A multi-disciplinary approach was followed amongst the staff team.
- There was a culture of learning from accidents and incidents which was shared with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed virtually before they were admitted for reablement. The registered manager and clinical staff reviewed people's needs with the hospital discharge team. This assessment was a way for the management team to determine if the person was a suitable for reablement.
- On arrival to the home people's needs, choices and desired goals were discussed with them and their relatives. This was so they could receive effective care that led to good outcomes in terms of reablement.
- Assessments were carried out with people which contained details of people's backgrounds, health conditions, mobility, skills and abilities, mental capacity and cultural beliefs.
- The registered manager and clinical staff also assessed the risk of COVID-19 outbreaks in accordance with current admissions guidance, as people were coming to stay at the home from hospital.

Staff support: induction, training, skills and experience

- Staff had an induction which included completing shadow shifts with experienced staff.
- New staff were expected to complete the Care Certificate if they were new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- On-going training provided staff with the skills to carry out their roles effectively. This included mandatory training such as safeguarding, fire safety, first aid, dementia awareness and moving and handling practices.
- Staff received training relevant to their roles and they felt they had the skills and knowledge required to meet people's needs. Specialist training was available for staff supporting people with specific needs, such as diabetes, Parkinson's disease and managing continence.
- The staff we spoke with felt the registered manager had invested in their development. A number of staff told us they had been supported to advance within their career at the home. This included for example, undertaking a national vocational qualification. One staff member we spoke with was undertaking a nursing associates' course.
- The staff told us they received supervision and felt supported within their role. Their comments included, "I do feel really supported. I have regular one to one meeting and we always discuss training." Another comment included, "Yes, I am well supported here. I meet regularly with my manager for supervision."

Supporting people to eat and drink enough to maintain a balanced diet

- We observed lunch on both floors of the home, which were well managed. People were able eat independently in their own rooms or in the dining areas. There was a pleasant, relaxed atmosphere and people were given as much time as they needed to eat and drink.

- People's nutritional requirements and risks were assessed, for example, if they were at risk of choking and if they required their food to be softened or pureed, or if they had allergies or controlled diets. The chef prepared meals according to each person's specific needs.
- When there were concerns about people's food and fluid intake or weight, records showed they were referred to other health professionals such as speech and language therapist, dietician or their doctor.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Weekly multi-disciplinary meetings were held with a range of professionals which included the GP, occupational therapist, physiotherapist, registered manager, the duty nurse, pharmacy technician, reablement worker and the clinical lead. The meeting included reviews of new admissions, people's physical and mental health.
- One professional provided feedback to us about the home. They told us, "Over the past 12 months we have worked together to create a well-functioning multidisciplinary team, with weekly meetings that include a GP, pharmacy technician, centre manager, therapists, reablement workers and nurses. These meetings ensure that we are providing more holistic and well-coordinated care."
- The local health centre provided a named GP who had close links with the home. They visited people weekly and carried out reviews of people and monitored their wellbeing. As people were at the home for a period of reablement they were temporarily registered with the local health centre. The registered manager emailed people's own GP surgery to provide an update on the person and to seek information about their COVID-19 vaccinations.
- People had positive health outcomes. Some people with diabetes had been admitted to the home with unstable blood sugar levels. Due to regular monitoring, insulin and following a healthier lifestyle their sugar levels had remained stable.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The home was purpose built over two levels. Its facilities helped provide an environment where people could build their confidence and daily living skills. This included a kitchen to support people to practice household tasks such as washing up, cooking and ironing.
- All rooms were ensuite with a level access wet room which included a shower and toilet. Each room was spacious to help support people who may need additional equipment.
- There were adapted bathrooms and various communal areas for people to sit, including some quiet areas.
- On admission to the home the therapy team looked at how people's bedrooms were set out at home. They tried to mirror this in the rooms allocated to people. They looked at how at home their bed was positioned and any equipment. This was to help the person get ready for when they went back home so the layout was similar.
- The home had a gym situated on the ground floor. A self-employed physiotherapist helped to support people to build their strength and ability.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training on the MCA and were knowledgeable about the principles. They understood how the principles applied to their day to day work and what to do if people did lack capacity.
- The registered manager had a good understanding of DoLS. They had applied for DoLS for some people. However, as people were admitted for a short period of time no applications for people had been processed by the local authority. We looked at the process followed by the registered manager which showed they submitted applications appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff received equality and diversity training supporting them to treat people equally and fairly whilst recognising and respecting their individuality.
- People's protected characteristics in relation to their equality and diversity needs such as age, disability and religion were considered as part of the ongoing assessment and care planning process and reflected in their care records. People's care records were centred around each person as an individual.
- The staff showed warmth and respect when interacting with people. Staff showed genuine interest in people's well-being and quality of life. The staff focused on supporting people to reach their true potential before being discharged home.
- The staff supported people to maintain their connections with their faith. We were told one person appeared low in mood. A staff member built a good rapport with the person on a spiritual level. They supported the person by accessing a bible from the local church and engaged in conversation regarding their faith.

Supporting people to express their views and be involved in making decisions about their care

- People shared examples with us of the positive and enabling approach of the staff towards them. They told us how the staff encouraged and supported them to make decisions about their health, care and support arrangements.
- Staff were skilled at motivating and encouraging people to make day to day decisions about their care. They involved people in all aspects of their care. This included decisions during their period of reablement and decisions around their future care.
- One professional that worked closely with the home and regularly visited told us, "The whole team places the patient at the heart of every decision and uses this approach to plan safe and appropriate discharges, promoting patients' autonomy."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People's care records included information about the support a person needed. The records gave clear insight into how people should be empowered, and their independence promoted.
- Staff told us it was important they encouraged people to continue to do as much for themselves as they were able to. Staff were trained in reablement and focused on building people's independence and life skills.
- We were given examples of how the staff had supported people who entered the home with poor mobility

and life skills. Some people were discharged who were now mobile and independent.

- One example included a person who was admitted with a high level of pain. This effected their wellbeing and orientation which caused them to have a low mood. After supporting the person and finding out some background information the staff were able to access pain relief for the person. By giving emotional and physical support from the staff and the reablement team, the person was discharged fully mobile. They had a better outlook on life and were engaged in their onward care.
- People's dignity and privacy were respected. Staff members supported people with their personal care in private and were discreet when approaching people. One person we spoke with told us, "I do feel the staff are respectful. I like my privacy which I do get here."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care in line with their preferences and assessed needs. Staff were able to describe the care and support people needed and how they liked this to be provided.
- The care and support people received focused on reablement and motivated people to reach their goals. They staff were able to tell us about each person's needs and what motivated them. They were aware when people were anxious and offered reassurance at these times.
- Staff were vigilant to changes in people's needs and worked alongside families and healthcare professionals to respond promptly. This included responding to changes in people's mental health support needs, mobility and health.
- The staff team completed thorough personalised assessments of people throughout their stay and got to know people well.
- The registered manager told us the staff were responsive in meeting people's needs. They supported a person who had been in continual pain. This affected their wellbeing and they were bedbound. Through the responsiveness of the staff the person's medication was reduced which had a positive impact on their wellbeing. They were discharged from the home after they reached their desired reablement goal. They left feeling motivated and with a better outlook on life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood what was required of them to meet the Accessible Information Standard.
- The staff team knew people well and the best way to communicate with them. Information about people's communication needs was recorded in their care records and staff were knowledgeable about individual needs.
- The registered manager had been in contact with the Royal National Institute of Blind people (RNIB). This was for advice and support regarding a person the home supported. Advice was given around communication and the environment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported both to develop and maintain relationships that were important to them. People told us they kept regular contact with those family members who were important to them. This was confirmed when we spoke with their relatives.
- The activities at the home were mainly based on maintaining and regaining life skills ahead of people's discharge back home. A baking group was regularly held at the home which helped people to get to know each other and helped them practice their life skills.
- The home had its own minibus and the staff team were able to take people out which included visits to their homes with the therapy team.
- The home had communal lounge areas where people could sit and socialise with each other if they wished. Some people liked to stay in their own rooms watching TV and enjoyed their own company or time with their family and friends.
- People told us they were supported to pursue the social interests and activities that were important to them.

Improving care quality in response to complaints or concerns

- Systems were in place for reporting and responding to any complaints and concerns. Information about how to make a complaint was made available to people.
- There were procedures in place to manage complaints and, where concerns were raised, these were acknowledged, investigated and responded to as needed. Learning was shared in forums including supervisions and staff meetings.
- We asked people if they were happy with the care provided to them and if they knew how to make a complaint. One person told us, "I have no complaints. I am happy and feel confident in speaking to the staff and nurses if I wasn't."

End of life care and support

- We spoke to the registered manager about providing end of life care to people. They told us as the home was a reablement centre it would not be the intention for people to pass away at the home.
- Some people that had been admitted had been assessed by the hospital for reablement. However, on admission it became evident this was not the case and they were very unwell and end of life care. The registered manager, staff and the GP had acted swiftly to put in place a care plan for each person
- One professional that supported the home told us, "Although a reablement centre is not somewhere that deaths should occur on a regular basis, we have had several there in the past 12 months. The staff have provided exemplary care for these patients and their families."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to achieve their own goals in relation to wellbeing and reablement. Most people were discharged from the home after achieving these. Some people had not fully met their goals due to illness and required in some cases, permanent care in other care settings.
- The aim of the home was to provide person centred care and to empower people. When people were discharged after a period of reablement the staff on duty lined up outside and clapped the person. This was to celebrate all that they had achieved.
- The staff were proud of their work and had a sense of achievement when seeing people reach their full potential. They supported people who had not rehabilitated as well as hoped. They provided ongoing support to people until they were discharged for future care elsewhere.
- The registered manager demonstrated effective leadership skills within their role. Their knowledge and commitment to the home, the people in their care and all staff members was without doubt of a high standard. Staff said the registered manager led by example.
- It was clear from speaking with staff that they shared the same visions and values as the registered manager. One staff member told us, "He empowers us to succeed and wants the best for guests here."
- As well as providing person centred care and support, the registered manager and staff supported people to seek future housing. Some people's previous housing arrangements were no longer suitable due to changes in their needs and circumstances. The staff team supported people to fill out housing forms, benefit forms and helped them to bid on housing.
- As well as wanting to provide a high-level of care to people, it was clear the registered manager was passionate about the staff's wellbeing. Hampers were given out to those staff who worked over the Christmas period along with a good will voucher. This was a gesture of appreciation for the staff. Treats were also purchased at random and shared with the staff.
- An open door policy was provided by the registered manager who was always keen to support staff. This was both on a professional and personal level. It was evident they were caring towards the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and told us they would be transparent and honest with people and relatives.
- The registered manager told us that they only provided care for people whose needs they could meet. This was for people who were deemed suitable for reablement and had the potential to rehabilitate. This helped

to reduce incidents of people being inappropriately placed as staff were skilled to provide the support people required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A clear staffing structure was in place and the staff understood their roles. The registered manager, clinical lead, nurses and staff had designated responsibilities. Photos of the staff and their job titles were displayed in the home.
- The registered manager regularly undertook audits of the quality of the home. Each aspect of people's experience was regularly assessed to ensure people received safe and consistent care. These checks included audits in relation to medicines, the environment, people's care records and the health and safety of the home.
- The registered manager had informed the CQC of significant events in a timely way, such as any deaths, where there had been suspected abuse and any significant injury to a person. This meant we could check appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings were held. The staff we spoke with told us they felt they were listened to. Copies of the meeting minutes were shared with staff.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes. The registered manager kept a file with all communication shared with the staff. Emails and any changes in guidance was printed out for the staff to read.
- Quality assurance surveys were given out to people at the end of their stay. This helped the registered manager to monitor if people were happy with their stay. These surveys were called 'how was your stay with us'. One comment from a person included, "I was treated with care so much, that I did not want to go home."
- Colleague compliment cards were given out to staff. They were able to make compliments about each other. One comment included, "A true star, hardworking and kind to our guests." We were told this helped to boost morale amongst the staff.

Continuous learning and improving care; Working in partnership with others

- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- The home worked with health and social care professionals to provide joined up and consistent care for people. A multi-disciplinary professional approach was followed with joined up working to provide a high level of support to people.
- A range of professionals supported the home which included for example, the GP, occupational therapists, physiotherapist, pharmacy technicians, social workers and the mental health team.
- The GP surgery worked in partnership with the home. The registered manager told us the GP was supportive and shared any helpful learning with the home. 'GP tips' was shared regularly with the home via the GP. This included valuable information relating to a range of topics, such as regarding a footstool being used to reduce swelling and around resuscitation.
- The registered manager, clinical lead and the GP worked together to review and reflect on deaths that occurred at the home. It was established on admission that these people were very unwell and the details from the hospital did not reflect the overall person and how they presented on admission.
- Although the review concluded the deaths were not preventable the registered manager was able to look

at how end of life care should look. They planned to continue to involve people's loved ones and to involve people's pets visiting them.