

Burdon Grange Care Home Limited

Burdon Grange Care Home

Inspection report

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Beaworthy
Devon
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15 May 2017

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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 11 and 15 May 2017. The first day was unannounced and the second day was an agreed day so the registered manager would be available. This was the first comprehensive inspection for this provider who took over approximately one year ago.

Burdon Grange provides accommodation for people who require nursing and personal care. They are registered to accommodate up to 30 younger people who have complex physical and nursing needs. Previously they were also registered for the regulated activity of personal care, (providing support to people in their own home) but had recently removed this from their registration.

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

People benefitted from a team of staff who were skilled and understood the complex needs of each person. There was a varied activities programme which included various trips and outings into the local community and places of interest.

Care and support was well planned which enabled staff to ensure people received personalised care. People's safety was considered in every aspect of their care and support. Risks were well documented. Medicines were safely managed. The provider operated safe recruitment processes to ensure only staff who were suitable to work with vulnerable people were employed. Staff knew who they should report any concerns about possible abuse to. They were confident their concerns, ideas and suggestions were listened to and acted upon.

People were supported by a staff team with a range of skills and qualifications. The service employed a part time physiotherapist and occupational therapist to help nursing and care staff provide the right care and support to people. There were sufficient staff available on each shift to ensure people's needs and wishes were being met. People were confident in staffs' ability to provide effective and person centred care.

People's privacy and dignity were fully respected. Staff supported people in a kind and compassionate way. We observed staff supporting people in a way which ensured their dignity and respect was being considered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where possible, consent was gained before providing care. Staff were skilled at understanding people's non-verbal cues. Not all staff knew who was subject to a deprivation of liberty safeguard (DoLS). They did understand about ensuring how to maximise people's choice and acting in people's best interests. Since the inspection the provider had given assurances that systems were being put in place to ensure all staff had information

about who was subject to a DoLS and what the impact of this was on the ways staff should work with the person.

People were supported to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible. People said "We are given a huge range and choice of meals."

The environment was kept clean and safe. We have made a recommendation about individual evacuation plans for people in the event of a fire. Systems were in place to audit the environment, records and care and support provided. People's views were sought in a variety of ways to help improve the service and ensure their voice was taken into account when planning for the future with such things as activities, room decors and menus. People, staff and visiting professionals believed the management team to be open and inclusive. There was a positive culture of striving to continually improve. The registered manager and provider acted swiftly to any feedback from CQC and others to help improve safety and the running of the service.

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, although one area of care needed improving.

The environment was safe but the detail of fire evacuation plans needed to be improved.

People felt safe living at the service. Staff managed risk in positive ways to enable people to lead more fulfilling lives.

Staff knew about their responsibilities to safeguard people and to report suspected abuse.

People were supported by enough staff to receive appropriate care. Robust recruitment procedures were followed to ensure only appropriate staff were recruited to work with vulnerable people.

People received their medicines on time and in a safe way.

Is the service effective?

Good 

The service was effective.

People were cared for by skilled and experienced staff. Training was seen as key to ensuring people received effective care and treatment.

The service used assistive technology to promote the most effective way to assist people with their communication.

People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training about how these applied to their practice.

People were supported to eat a well-balanced diet and they had access to health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good 

The service was caring.

People received care from staff who developed positive, caring and compassionate relationships with them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs.

People were supported to express their views and be involved in decision making in meaningful ways.

Is the service responsive?

Good 

The service was responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them. Care, treatment and support plans were personalised.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought, listened to and acted on.

People and their relatives knew how to raise concerns which were listened and responded to positively to make further service improvements.

Is the service well-led?

Good 

The service was well-led.

The management team promoted an open and inclusive approach. There was a strong sense of wanting to continually improve.

People's views were sought and taken into account in how the service was run and made changes and improvements in response to feedback.

The culture of the home was open, friendly and welcoming. People, staff and visiting professionals expressed confidence in the management team.

There were robust and effective systems to review and improve on the quality of care and support, taking into account the views of people and staff.

Burdon Grange Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 15 May 2017 and was unannounced on the first day. Both inspection days were completed by one adult social care inspector.

During the first day we spent time observing how care and support was being delivered and talking with people. We spoke with seven people about their experience of living at Burdon Grange. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with complex physical needs and communication difficulties. We also spent time touring the building and reviewed records and information relating to how the service was being run.

On the second day, the inspector spent time looking in more detail at records relating to people's care as well as audits and records in relation to staff training and support. We used pathway tracking, which meant we met with people and then looked at their care records. We looked at four care plans and daily records relating to the care and support people received. Care plans are a tool used to inform and direct staff about people's health and social care needs.

We looked at four recruitment files, medication administration records, staff rotas and menu plans. We reviewed audit records relating to how the service maintained equipment and the building and the quality assurances processes in place. We spoke with two nurses, six care staff, one activities person, one domestic staff, one laundry staff member and two kitchen staff. In addition to this we spent time talking with the registered manager and two directors of the service.

The provider had completed 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.

We reviewed this and looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law.

Following the inspection we spoke with four relatives and contacted six health care professionals to gain their views about the service; four provided feedback.

Is the service safe?

Our findings

People said they felt safe. One person said "This is the safest I have ever felt." Another said "Before this I was in hospital. This home is the best one I have been in. I do feel safe here." Not everyone was able to give their views but our observations of people's body language showed they appeared happy and were able to move freely around the home, surrounding buildings and gardens.

People are kept safe because the provider and management team had planned for emergencies. However one area needed to improve as we found the personal emergency evacuation plans (PEEPS) in the event of a fire, lacked specific instructions to inform staff exactly how and where to evacuate people to keep them safe. We recommend the service consult with Devon fire and rescue services about what should be detailed within PEEPS.

The provider completed monthly safety checks to ensure people were kept safe and the environment was free from risks. The checking of window restrictors was not specifically detailed within these checks. Following feedback, the provider said this would now be made explicit.

People were kept safe because risks were being well managed. Where risks had been identified measures were put into action to mitigate the risk. For example where someone had been assessed as being at risk of choking, the service had sought advice from the GP and speech and language therapist. Measures were used such as thickening drinks and ensuring food was served at the right consistency to reduce the risk. There were clear instructions for staff about how best to support the person to reduce the risk of choking. This might include how to position the person and how best to support them to eat and drink. Where someone wanted to smoke a risk assessment had been completed and with their agreement they used a fire blanket to wrap around them in the event of them dropping their lighted cigarette. Healthcare professionals agreed that risks were being well- managed. One said "They are on the ball and manage risks well."

Risks of developing pressure sores were closely monitored and equipment used to reduce this risk. We checked a number of airwave mattress settings to ensure they were at the right setting for the weight and needs of the person. We found one which was not set correctly. When we fed this back, the provider took immediate actions to ensure daily checks were being completed by care staff. In addition they said they would ensure the mattress motor would have an indicator about where exactly the correct setting should be to ensure this process was made a simple visual check.

People had the right support throughout the day and night because staffing levels were based on levels of assessed need and where people had specific additional one to one support, this was clearly identified. The registered manager said they had a stable staff team. One relative said "One of the key things I am impressed about is that they never use agency staff, so every staff member knows my relative well." Staffing rotas showed there were between eight and ten care staff each shift, two nurses, two cooks and between two to three activities staff. In addition there were cleaners, laundry staff and cooks. The service also employed a part time physiotherapist and occupational therapist. Some people said there was sometimes a shortage of staff at weekends. We reviewed the staffing rotas for the previous three weeks and did not find

this to be the case. Relatives we spoke with confirmed they were confident that the staffing levels were right for the number and needs of people at the home. The provider said that there were occasional shortages due to staff sickness, but usually other team members could fill these gaps and "everyone was part of the team and could assist with care for people." One relative explained that they were "Happy the home does not use agency staff, which means all staff working there know people well."

Staff said there were enough staff to meet people's needs in a timely way. One staff member said "I think we are pretty lucky. We have a great staff team and not too much sickness. We are well staffed."

People were protected from the risk of unsuitable staff being employed. Staff recruitment files showed checks were completed in line with regulations to ensure new staff were of good character and suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked with them at interview. Their last employer was asked for a reference and checks were made to ensure potential new staff did not have a criminal record which would preclude them from working with vulnerable people. They were only offered employment once the registered manager and provider were satisfied all these checks were in place.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. They confirmed they had received training regarding safeguarding. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There had been one safeguarding alert since the last inspection. This was dealt with appropriately. Relatives confirmed that if they had any concerns their views would be listened to. One relative said "When we visit, we are at Burdon Grange for a number of hours. We have never seen anything of any remote concern to us."

People received their medicines in a safe and caring way. Records for medicines were completed appropriately and consistently. Medicine records matched the prescribed medicine totals in the home and where appropriate staff had double signed entries to help prevent possible errors. Medicines were held securely in medicine trolleys which were kept in a locked office. All nursing had received training on the safe administering and recording of medicines and their competencies were checked on a regular basis. Audits were completed on medicine records to ensure processes were safe. We observed nurses administering some of the lunchtime medicines. This was done in line with the service's own policy and procedure. People were asked if they needed pain control medicines and were supported to take their medicine in a safe and caring way. Medicines which required extra security, were kept locked in a separate medicine cabinet and were always double signed to help prevent errors. Medicines which required refrigeration were kept in a locked fridge and daily checks were kept to ensure the temperature was at the right level to ensure the medicine was not compromised.

The service was clean and mostly free from malodour. One chair in the lounge had a strong odour. We fed this back to the provider and were assured this would be dealt with. There was a comprehensive cleaning schedule and a lead for infection control. Staff confirmed there was always a plentiful supply of protective clothing, gloves and cleaning gel. We observed good hygiene practices occurring throughout our two day inspection.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. The registered manager had made appropriate applications and some of these had been authorised, whilst others were still awaiting assessment. Not all staff knew who was subject to such safeguards, although they had received training in MCA and DoLS. The authorisations were available in care files but some of these were bulky and contained a lot of detailed information so staff may not have been able to easily see the DoLS information. When we fed this back the registered manager and provider advised that from now on, 'Care Staff to be told in the daily (confidential) handover of all the residents who have a DoLS in place, any impact this may have on their daily life and any special recommendations that may be listed within the DoLS. It is already recorded in the resident's file and within the resident's care plan, however, to highlight it further we will insert within the front contact sheet if a resident has a DoLS in place and relevant date of assumption and expiry.'

Records showed people's capacity to consent to various aspects of care or treatment had been assessed. Where a person lacked capacity to make a decision, a best interest decision had been made with family members and other professionals, such as GPs or independent advocates where appropriate. For example, best interest decisions had been made on people's behalf in relation to the use of bedrails to keep people safe.

People benefited from staff who were well trained and supported to do their job effectively. This was because the registered manager and provider ensured there was a comprehensive programme of training for staff in all areas of health and safety as well as more specialised areas such as working with people with complex medical needs. People said staff were skilled and understood how to support them. One person said "Nurses and care staff are very good. They know my condition and what I need to keep me well. I have not been in great health lately, but that is not their fault, they do everything they can to help me." One relative said "I feel staff are really skilled and know their stuff. I have every confidence in them; this gives me great peace of mind as I live so far away."

Staff confirmed they had regular training and support via one to one supervisions, meetings and appraisals. Staff said they were given the right training to do their job effectively. One staff member said "They are always willing to put on extra training if we think we need it or we ask for it."

New staff were given up to a two week period of shadow shifts (being supernumerary to the staff rota and spent time with more experienced staff to see how to work with people). They were also required to complete the Care Certificate if they were new to care. This covered all aspects of the role of care worker to help them understand their role and do their job effectively. One staff member confirmed they were new to care and currently being supported.

People had access to health and social care professionals. Their health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Healthcare professionals said "Staff do have the right skills and when they need it they ask us for additional training which we are happy to do. They listen to advice and refer on appropriately." Another said "The home have people with complex medical needs which they seem to cope with very well. They work closely with the GP surgery and people's needs are well met."

People were complimentary about the meals being served. They said there was a good variety and choice and that their likes and dislikes were taken into account. Kitchen staff confirmed that they were fully aware of people's dietary needs and catered for a wide range of diets and tastes. They said they were flexible on their menu if given notice that people wanted to order something different. Staff were aware of who required a modified diet to reduce the risk of choking. Kitchen staff ensured meals were offered to suit people's needs and wishes as well as their health. Some people required additional calories to help them maintain their weight. Others were being supported to have a reduced calorie diet to help them reduce their weight. Comments from people included "We are given a huge range and choice of meals."

The design of the building had been adapted to suit the complexity of people's disability. For example doorways had been widened to ensure wheelchairs could easily fit through them. Corridors were wide and clutter free to allow people in wheelchairs to move freely around the building. Each bedroom had en suite facilities which were adapted to meet the needs of individuals with complex physical needs.

Is the service caring?

Our findings

People said staff were kind, caring and helpful. Comments included "Staff are all very nice. They really are good here." Another person said "I get on with most of the staff, they are very kind." Relatives were very positive about the caring and compassion they had witnessed and perceived. One relative said "All the staff are exceptional, very caring, seem to know what they are doing." Another relative said "I am thankful every day that (name of person) is at Burdon Grange. The care is meticulous and the staff are very kind."

People were afforded respect, dignity and privacy in the way care and support was delivered by staff. Staff understood the importance of ensuring people were comfortable with their care and support and that this only occurred in the privacy of their own rooms. We observed staff knocking on doors and waiting before entering. Staff were able to describe other ways they ensured people's dignity. For example, asking if people would like a clothes protector at lunchtime to help keep their clothes clean. Staff offered support in a kind and respectful way throughout the day. We observed how staff supported people to eat their meals. Staff stood to assist people which may not promote good eye contact. Some people in specially adapted wheelchairs were positioned at a height which would make it difficult for staff to sit on a normal chair. We discussed this with the provider who agreed to purchase some high stools for staff to use when assisting people with their meals.

The culture of the home showed the experience of people mattered; staff had developed strong bonds and relationships with people. Staff explained their keyworker role demonstrating their knowledge of people's social history and what they may have enjoyed doing before coming to live at the service. Staff saw people as people and did not concentrate on their condition. There was lots of good humour and banter throughout the day. Staff were skilled at understanding and including those with communication needs into conversations.

Staff understood the importance of offering people choice and respecting people's wishes. Staff were able to describe how they ensured people were afforded as much choice as possible in the way they delivered care and support. It was clear people's wishes in how they chose to spend their time and what they enjoyed doing were honoured and respected by staff. For example, some people had developed strong friendships and enjoyed spending time together. Staff respected this and gave them privacy to talk in private.

People were supported to maintain important relationships. Relatives confirmed there were no restrictions on visiting times; they were always made welcome. Relatives said they could speak to their family member in private if they wished to. One relative said "We are always made welcome and believe Burdon Grange to be a real home rather than an institution. This is down to the caring approach of all the staff team."

People looked relaxed and well cared for, staff supported people to take pride in their appearance, and dress in their preferred taste and style. People were supported to personalise their rooms with photos and nic-naks. People could choose the colour they wished their room to be painted. Each bedroom was highly personalised, showing people's choice and preferences were respected and encouraged.

There were lots of photos around the home showing events and celebrations people and staff had been involved in. People said staff had supported them to do things which were important to them as individuals. This included meeting their favourite pop star, going to football matches and theatre trips. Staff worked additional time to ensure these things happened for people. This showed a caring and supportive culture.

The service had received compliments and thank you cards which showed that relatives were impressed with the caring approach staff showed to people. One said "Thank you for making us so welcome last week and for all you do for (name of relative), the right words just fall me."

Is the service responsive?

Our findings

People received personalised care that responded to their individual needs. One person said "I need lots of support with my physical care and my medical needs. Staff are very good." One relative said "Since (name of relative) moved to this service, their speech has improved and their general awareness of what's going on around them. We are delighted with the progress." Two healthcare professionals said they were confident staff were knowledgeable about people's needs and were responsive to any changes in needs, seeking advice and support when needed on particular healthcare issues.

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. This was achieved by ensuring people's needs had been assessed prior to them coming to the service. Before each person came to live at the home, a thorough assessment of their needs was undertaken to make sure staff could meet their individual care needs. The service used best practice tools to assess needs, any risks and they developed detailed care plans, which guided staff in their care. Staff confirmed care plans and pre admission assessments helped them understand the needs and wishes of each person so they could plan appropriately for individualised care. Where possible people and their relatives were involved in the development and reviewing of care plans.

People benefitted from a comprehensive activities programme. This included in-house activities such as quizzes, games and discussions, gentle exercises and sensory stimulation sessions. There was also a range of activities to ensure people accessed the local community. Activities were based on what individuals had asked for and enjoyed. For example, one person wanted to have a job. They had been supported to do a work placement one day per week at a local school which they really enjoyed and got a sense of worth and well-being. Another person had been involved in educating teenagers about speeding as they had injuries as a result of a road traffic accident. They did this in conjunction with the police.

People were supported to go out and about to local shops, places of interest and eating out in cafes and restaurants. People said there was a good range of activities offered. The service achieved this through the use of several vehicles and drivers who were part of the staff team. There were also three activities staff which were in addition to the care staff team. This enabled people to have planned activities and outings on a regular basis. For those less able to say what they enjoyed doing and were unable to communicate their needs and wishes, the occupational therapist had devised a care plan. This included suggestions to staff about ensuring that people were given a variety of stimulating activities to suit their needs as well as ensuring they were positioned in different areas of the home.

People's diverse needs were considered and planned for. Local clergy were welcomed to the home to provide spiritual support to people as they wished. Some people were supported to go to their local church service. The local community were invited to attend regular social events held at the home, including fetes and dog shows. People gained a great deal from being able to complete fundraising activities and were very active in raising funds for Children in Need with lots of fun events. Activities and events were publicised in the monthly 'Burdon Grange news.'

The provider had made best use of space and outbuildings. They recently installed a 'resident's kitchen' in one of the outbuildings. This was fitted with worktops which suited people in wheelchairs and was a space where people could cook, learn new skills and socialise. They had also developed a treatment room for the physiotherapist and team to help people with their regular exercises and development of movements. The provider had also purchased specialised equipment- an Oswestry stand aid which they said was "both innovative and current. The M.S Society believes this stand aid to be motivating and to promote independence." They were also looking to purchase further equipment such as parallel bars to enable people to practice walking without a frame. They had purchased blackout curtains and a surround system which enabled one of the dining rooms to be turned into a cinema rooms and sensory room.

Most people had their own computers and devises and there was free access to the internet. People used this to plan outings, keep in touch with friends and family and for retail therapy. People were supported to use assistive technology to help them communicate where their speech was limited. Staff were skilled and responsive in working with people with different communication aids.

People's complaints and concerns were acted upon. People and relatives said they were confident in the registered manager's ability to resolve any concerns they may have. The provider and registered manager said they had few complaints because they spent time talking with people before an issue became a complaint. Where people had raised even a small concern the registered manager had been quick to respond and ensured the person concerned was given feedback about what they had done to address the concern. For example, one person did not want a particular staff member to assist them and their wish had been documented and honoured.

Is the service well-led?

Our findings

People, staff and professionals had confidence in the management team at Burdon Grange. The registered manager had been in post for a number of years. The providers took over approximately a year ago. The directors were previously involved but were not the registered providers as is now the case. Since taking over they have developed an action plan of improvements to enhance the building, facilities and care and support being received by people. Relatives were complimentary about the new providers and management team. One said "They have really worked hard to improve things; I see their heart is about ensuring residents get a good standard. I have been very happy with the care they give to (name of relative). In fact I think they are outstanding."

There was a strong commitment to continuous improvement, both through investment in staff learning and support and through audits and analysis of events. Staff confirmed they felt valued and their views and suggestions were sought. They said the registered manager and providers were keen to ensure they had ongoing learning and development. Nurses had clinical meetings and reviews to assist them with their revalidation process. Topics such as safeguarding were discussed as part of supervisions and team meetings. The provider information return gave details of practical training days for all staff that covered many subjects. These included health conditions that were rare or new to the service, caring for people in a holistic way and the importance of showing empathy and understanding to those who are being cared for. These sessions were described as being "pro-active and thought provoking with role play and feedback as well as an element of academia."

People, relatives and staff were actively involved in developing the service. There were regular residents' meetings and social evenings and events for people and their families. The registered manager said this gave people and their families and informal event to meet and chat about what was happening at the home. The last residents' meeting was a chance for people to discuss ideas for outings and activities. The people living at the service had helped to fund raise for an activities holiday week which was due to commence. They were involved in the planning of what events and activities they wished to attend. The providers matched the amount raised to enable people to have different experiences and trips out without it costing them additional monies.

The provider had an annual satisfaction survey to seek feedback from people, relatives, health professionals and staff. These were reviewed to see if there were any themes or areas for improvement. The surveys were all positive with some suggestions about additional activities which had been introduced.

The staff had a good working relationship established with health and social care professionals which benefitted people at the service. This ensured people received appropriate support to meet their health care needs. Care records showed evidence of professional involvement and appropriate referrals were made. One healthcare professional said, "the service are proactive in meeting people's needs and working with us to achieve the best outcomes."

Accident and incidents were monitored. Each month the registered manager reviewed how many accidents

or incidents each person had. They would establish the cause and then add this to the care plan if needed to help reduce the risks. Additional equipment was considered where appropriate to prevent further accidents.

The registered manager was aware of their responsibility to keep CQC informed of notifications of events or incidents which had occurred at the service. She kept up to date with best practice through reviewing clinical guidance and made use of the CQC website. She had recently reviewed all policies and procedures to ensure they were in line with regulation and covered all relevant areas.

The service had developed links with the local community. Two people, for example, worked in the local schools. Events were put on to welcome the local community. These included fetes and BBQs. The ethos of the service was to ensure people lived the life they wanted to in a safe and homely environment. It was clear the management team and staff believed in these values and worked hard to ensure this was implemented for people.