Godswell Park Ltd

Godswell Park

Inspection report

Godswell Park
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

There was a registered manager in post. 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.

Summary of findings

Godswell Park is located in the town of Bloxham, near Banbury in Oxfordshire. The nursing home is registered to accommodate up to 45 people. The home provides nursing care for older people. On the day of our inspection 45 people were living at the service.

The service had met all of the outcomes we inspected against at our last inspection on 13 February 2014.

During this inspection we found people's medicines were not always managed appropriately. People could not be assured they had received their medicines as prescribed as staff had not always kept an accurate record of medicines. Medicines were not always stored at the manufacturers recommended temperatures. The registered manager has since told us they have taken action to rectify these issues.

People and their relatives told us they felt safe. One person said "Staff are very observant to see anything that might go wrong", The provider had effective procedures for ensuring that any concerns about people's safety were appropriately reported.

Staff working at Godswell Park understood the needs of the people in their care and we saw support was provided with kindness and compassion. People told us they felt well cared for and valued the relationships they had with nurses and care workers. Comments included; "Am I looked after? Definitely. It's a lovely place." "I can't fault it." "The nurses are great. The carer's are wonderful." "It's too good. We are very spoilt." "The carers are so kind."

The service ensured staff had the necessary skills to support people through, induction training, ongoing training and regular supervision. Staff told us they understood their roles and responsibilities and received the support they needed. A Nurse told us, "This is an incredibly supportive organisation."

People were involved in the planning of their care and staff provided support that met their needs and maintained their independence. People had their needs assessed prior to any care being given, reducing the risk of inappropriate care. Care plans were made from these assessments and where risks or issues were identified, referrals were made and specialist advice sought. One person said "I want to stay independent, do things for myself." Nurses and care staff were recruited appropriately and we saw there were sufficient staff on duty to provided people with appropriate support.

People told us they were consistently treated with dignity and respect. We observed staff treating people with dignity and respect using the person's preferred name. People told us they could choose either male or female care workers to support them.

People told us the meals were very good. People could choose from an extensive menu or the chef would prepare a meal that the person wanted. People who needed support with eating and drinking were supported appropriately.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) application. This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. The registered manager, care and nursing staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and we saw evidence staff acted in accordance with the legal requirements.

People knew how to raise a complaint and told us they felt confident they would be listened too. One person said, "if you want to complain you can go right to the top, it's encouraged." All the complaints we saw had been resolved in line with the provider's complaints policy.

The registered manager and directors were visible and seen to be interacting with people throughout the home and speaking to people by their preferred names. People clearly knew them and spoke with them openly in a familiar fashion. The managers and directors offices were grouped together in a central area of the building. Doors to these offices were open all day and we saw people stopping as they passed to chat or just say hello. People told us this was normal practice. This helped to create a positive and open culture.

The registered manager assessed and monitored the quality of care consistently. Regular audits were conducted and learning was shared with nurses and care staff. The provider encouraged feedback from people, relatives and staff, which they used to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People could not be assured they had received their medicines as prescribed as staff had not always kept an accurate record. Medicines were not always stored at the manufacturers recommended temperatures.

People were protected against the risk of abuse. People told us they felt safe. Staff had been trained and knew how to raise concerns.

There were sufficient staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people appropriately. Staff spoke positively of the support they received.

People had sufficient to eat and drink. People could order food or drink to be taken to their rooms.

People had access to GPs and the service co-operated with other healthcare services to ensure people received consistent and co-ordinated care promoting people's health.

Is the service caring?

Good

The service was caring. Staff were positive and caring when interacting with people.

Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Is the service responsive?

Good

The service was responsive. Complaints were dealt with in a timely, compassionate fashion. Everyone we spoke with knew how to make a complaint and were confident action would be taken and they would be listened to.

People and their relative's views were sought frequently and they were involved in the planning and delivery of their care. Meetings were conducted with people to discuss changes in the home and to seek their feedback.

There was a range of activities for people to engage in. Community links were maintained with local groups who regularly visited the home.

Is the service well-led?

Good

The service was well led. The service had an open and positive culture.

Summary of findings

During our visit the registered manager and directors engaged with people throughout the home. People clearly knew them and spoke with them openly.

The service sought and acted upon staff's ideas and suggestions to improve the service.

Managers monitored incidents and risks to make sure the care provided was safe and effective.

Godswell Park

Detailed findings

Background to this inspection

We inspected Godswell Park on 29 July 2014. The inspection team consisted of 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 service.

We spoke with 10 people, five relatives, 12 members of staff and the registered manager. We looked at 10 people's care records, medicine and administration records for people and a range of records relating to the management of the home.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views. We also looked at the 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.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We looked at medicine records for nine people. Staff did not always maintain an accurate record of the stock of people's prescribed medicines and we were unable to balance the stock for two people. These were variable dose medicines and staff could not clearly evidence that these medicines had been administered.

Medicines were not always kept at an appropriate temperature. We looked at weekly temperature records for the three medicines storage areas. We saw temperatures recorded were higher than the manufacturers recommended guidelines. Staff told us they had attempted to increase the air flow to the medicines storage room by fitting fire guards on landing doors which they could then keep open. Staff had not monitored temperatures more frequently to see if the increased air flow resulted in a reduced temperature and that medicines were being stored in accordance with manufacturer guidelines. We discussed our concerns with the registered manager and provider, who informed us they would look into these concerns and take appropriate action.

Following our inspection we were informed by the registered manager that an investigation into our findings had been conducted and they assured us the medication error was a recording issue, and appropriate measures had been put in place to prevent reoccurrence of the recording error. We were also informed that daily temperature checks were being conducted and remedial measures put in place to control the temperature to the correct levels.

All medicines were securely stored at Godswell Park, in line with current and relevant regulations and guidance. All other aspects of medicine management were managed safely.

People and their relatives told us they felt safe. Comments included: "Staff are very observant to see anything that might go wrong", "the carers are well able to cope". The provider had effective procedures for ensuring that any concerns about safeguarding people were appropriately reported. All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with recognising and reporting safety concerns. A nurse said, "If someone is at immediate risk, I would contact the police. All concerns go the manager, but I'm aware we put concerns through to CQC or to local authority safeguarding." Records confirmed the service notified the appropriate authorities where concerns were identified.

Risks to people were managed and reviewed. Where risks had been identified risk assessments were in place and action had been taken to reduce the risks. For example, one person received nutrition through a Percutaneous Endoscopic Gastrostomy (PEG). This is where they are fed through an external tube. We saw nurses had identified potential risks associated with this type of feeding. Risk management plans were in place providing clear guidance for staff to follow to minimise the risks to this person's care. Staff were aware of these risks and how to manage them.

Some people were assessed as being at risk of pressure ulcers, falling or weight loss. Where these risks had been identified specialist advice had been sought, care plans updated and guidance followed by staff. For example, one person needed a hoist to assist them with moving. Guidance stated how staff should assist this person with their mobility. A falls risk assessment was in place with risk reduction measures highlighted. These included frequent observation, correct footwear and the person's bed placed at an appropriate height. Staff were aware of this guidance and we saw it was being followed. Another person was at risk of weight loss and we saw a referral had been made to the person's GP. Guidance was being followed and the person was being weighed every week. We saw that they had gained one and a half kilos over the past three months.

There were sufficient staff on duty to provide care and support to people to meet their needs. The registered manager told us staffing levels were based on people's needs and the skills of the staff group. Call bells were answered promptly and staff were not rushed in their duties. People told us there were enough staff to support them. One said "they are well able to cope". Two people told us night staff responded quickly if required with one person telling us about an incident one night which was dealt with very quickly. We saw both nurses and care workers stationed on each floor as well as three activities workers, hospitality and catering staff and maintenance workers. This provided continuity of staffing on each floor. Nurse's provided direct supervision for care workers on their floor and directly managed the care and support provided to people. A care worker said, "We have time to work at a comfortable pace, the pace of people. We have

Requires Improvement

Is the service safe?

cover for sickness, if not we can rework allocations, we're never short or rushed." The home maintained a policy of not using agency staff ensuring people were supported by staff they knew.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were suitable.

The premises were maintained to a high standard. Both buildings and grounds were managed by a dedicated maintenance team. The maintenance policy set out guidance for maintenance staff to adhere to and inventories, along with servicing schedules. Equipment was serviced in line with the manufacturer's guidance and records of servicing schedules and calibration work were maintained.

Staff received training in infection control. One care worker said, "We all have a role in infection control. All the [protective] equipment is there waiting for you when you need it. Nothing gets contaminated. We all have a good training programme." We observed staff using protective equipment. All the bathrooms and toilets contained notices regarding hand washing procedures and had soap and towels available. These measures promoted a clean environment for people and reduced the risk of the spread of infection. The home was clean and tidy and free from unpleasant smells.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) application. DoLS is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. We spoke to the registered manager who told us they were considering the new guidance in relation to DoLS in light of this. Care and nursing staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's mental capacity to make decisions was assessed and where appropriate their best interests were considered.

Good

Is the service effective?

Our findings

People received effective care and were supported to manage their own affairs and personal care. One person said "I want to stay independent, do things for myself, I manage my own health, I have a first aid kit to deal with any minor ailments such as a cut finger."

The home was adapted to meet people's individual needs. Doors and hand rails were decorated in contrasting colours to the walls and people's rooms were clearly marked with their preferred names so that it was easier for people to navigate around the home. Corridors and walkways were free from clutter and well lit making access safer for people.

Staff told us they had the training they needed to meet people's needs. One care worker told us, "training is updated yearly. There is always extra training. You can always ask for training too." A nurse said, "The competency of the staff is great. Everyone is really competent at what they do." We looked at the training records which showed us care workers and ancillary staff had training to enable them to care for people effectively. For example, all staff had been trained in dementia awareness and equality and diversity. Throughout the day we saw staff apply this knowledge. For example, staff took time to explain and offer choices to people living with dementia and they understood people's differing needs.

Staff received induction training before they started working and shadowed an experienced member of staff until they were competent to work alone. Training records confirmed staff received appropriate induction training before starting work.

Staff told us they had effective support and, supervision (one to one meetings with line managers). Staff said they all had an annual appraisal and received regular supervision meetings with their line manager. Comments included: "I have supervision every three months. I can discuss any issues or request training", "I have supervision. It's a really helpful process." "This is an incredibly supportive organisation." Staff records confirmed they received regular support. We saw one care worker had requested fire training during an appraisal meeting. This had been highlighted as a priority and this training had been booked.

People had a choice of meals for breakfast, lunch and tea. At lunch time people were being offered the choices for the day. The chef told us if anyone wanted a particular meal which was not on the menu they would provide it. Prior to lunch people could choose to sit in the conservatory area where they were served with sherry and spent time in social conversation. A wine list was also available for people to choose from. One person was diabetic and staff told us this person sometimes asked for sweet sugary food. They were aware of the risks to this person but in addition to their approved diet staff tried to find safe foods that were similar in taste and resembled other foods the person wanted.

People told us the meals were very good. Comments included: "it's as good as it looks", "I couldn't praise them more", "the cook always remembers that I don't like sauce." One relative told us "the food is excellent". Another relative explained that their relative needed to have all their food pureed and this was "presented very nicely on the plate." The relative also told us their relative had "lost weight but this is now increasing which was very positive." One person told us that they can request a drink or food whenever they want it; "I can ring hospitality and they will bring me what I want."

The home contacted GPs, dieticians and Speech and Language Therapists (SALT) if they had concerns over people's nutritional needs. One person had been referred to a SALT for guidance. This guidance showed the person required a pureed diet and thickened fluids to protect them from the risk of choking. Care workers told us how they met the needs of this person. The kitchen also had details of this person's needs and the staff were aware, and had records of how to support them.

People had access to GPs and the service co-operated with other healthcare services to ensure people received consistent and co-ordinated care. Referrals to GPs, SALT and other healthcare specialists were appropriately made and we saw that information was shared. One person needed oxygen to maintain their health and wellbeing. The person's care plan provided guidance for staff on how to support this person with their oxygen. Staff knew how to support this person and the oxygen was securely stored in the person's room. Another person told us about the local GP surgery. They said staff "will ring across for an appointment". They had recently needed an appointment and this was "carried out very quickly and efficiently."

Records of GPs visits, advice and recommendations were recorded in people's care plans and staff appeared knowledgeable regarding people's care needs. One

Good

Is the service effective?

healthcare professional we contacted said “the service maintains a professional approach to residents with empathy and understanding. I have been consulted and asked for my views and advice on various aspects of supporting staff and residents and their relatives and these have been followed through by senior staff.”

Good

Is the service caring?

Our findings

People told us they felt well cared for and valued the relationships they had with nurses and care workers. Comments included; "Am I looked after? Definitely. It's a lovely place, I can't fault it. The nurses are great. The carer's are wonderful." "It's too good. We are very spoilt." Relative's comments included; "the staff are extremely kind, it's very nice, the staff are lovely and look after my mum very well", "they keep my mother spotless, they are very patient." "the quality of care is excellent."

We saw a staff member assist one person to go for a walk around the home's grounds. They gave the person choice and talked to them throughout. The person was happy and talked with the staff member.

We saw that staff knocked on people's doors and used door lights to show when they were providing care. This system was used to ensure people were undisturbed whilst receiving personal care. The lights displayed outside the room highlighted whether the person was receiving care or whether they did not wish to be disturbed. We saw how staff spoke to people with respect using Mr or Mrs or the person's preferred name. One person said "you are asked how you would like to be addressed." When staff spoke about people to us or amongst themselves they were very respectful. People told us they could choose either male or female care workers to support them.

The home had a strong, visible personalised culture and displayed a resident charter of rights that formed part of all staff's induction training. The charter's aim was to put people first. It stated "at Godswell Park we want everything to be driven by the needs, abilities and aspirations of our residents, not by what staff, management or any other group would desire." Staff we spoke with were aware of the charter and fully supported its message. One nurse said "it's about putting people first." Care plans reflected this in that they were individual and personalised. Records showed what was important to each person living at Godswell Park. For example, staff had recorded information about people's family life, employment and religious beliefs. People's preferences regarding their daily care and support were recorded. For example, one person did not wish to be disturbed frequently and did not like loud noise. Staff had clear instructions to support this person to meet their choices.

The registered manager told us staff were encouraged to form positive relationships with people. They said "I actively encourage staff to sit and engage with people, have a cup of tea. It is all about what our residents want." People got up when they chose to and staff supported them to be independent. One person said, "I get myself up in the morning, not too late, otherwise breakfast is too close to lunch."

People were involved in decisions about their end of life care. For example we saw one person had a do not attempt cardio pulmonary resuscitation (DNACPR) order in place and an advanced care plan (a plan of their wishes at the end of life). We saw the person and their family were involved in this decision. Another person told us they did not wish to be taken to hospital for the final stages of their life. They said "come the end I can get the care I need here." These wishes were reflected in their care plan. People had access to the palliative care team and Macmillan nurses via the local hospice and care staff had been trained in palliative care.

People had access to free counselling. The charity "Independent Age" visited the home and offered a befriending service and counselling for people who felt isolated or alone. The registered manager told us the service was used by people but most were private and independent and this was respected.

People could furnish their rooms to their own choice. One person was very artistic and had many paintings on the walls of their room. Another was musical and had a piano in their room. People had access to the extensive grounds and gardens around the home. People had requested some animals for the grounds and the home had provided a small flock of miniature sheep located in a penned area of the gardens. We were told the sheep were popular and people liked to see and pet them.

Good

Is the service responsive?

Our findings

People told us they felt the service responded to their needs. One person said, "I do what I want here. I can go for a walk, have a drink, see family. I don't go out much, but that's my choice." Another said "If I have a complaint, I'll deal with it. I talk to staff, I don't fuss, they know what to do."

People and relatives said they had been asked to contribute information to their care plans and these were reviewed regularly. For example, one person was a keen gardener and the care plan noted they were to be encouraged to "continue with their gardening skills." We saw from the daily notes that this person regularly took part in gardening activities. People were also consulted regarding the decoration of their room. All the rooms we saw were individually decorated in the colours of the people's choice.

Care plans and reviews were signed by people and we observed care staff seeking people's consent before supporting them. Where changes were made to people's care the service sought consent. For example, vaccine consent forms were held in care plans. These were dated and signed by the person.

People were assessed when they moved to the service, reducing the risk of inappropriate care. The assessments covered medical condition and history and included tissue viability (skin condition), mobility and eating. Care plans were developed from these assessments and where risks or issues were identified, referrals were made and specialist advice sought. Staff were aware of changes made to people's care plans and knew how to support them. For example, in one care plan Oxford Health NHS Foundation Trust had written to thank the service for their co-operation in referring and supporting a person to the community adult Speech And Language Therapist (SALT) team. This intervention had reduced the person's risk of choking on their food.

The registered manager held meetings with people to discuss changes in the home and to seek their feedback. People used the meetings to tell the provider they wished to have more exercise and well being classes. The registered manager was seeking the services of a qualified instructor following these requests.

A complaints policy was in place and was displayed in the reception area. People we spoke with knew how to complain. We asked if they felt able to complain about anything. One person said, "if you want to complain you can go right to the top, it's encouraged." Another said "I'd soon tell them if anything was wrong." One relative told us "if there was anything wrong I'd certainly let them know." Staff knew how to support people to make a complaint. A care worker told us they would support people to raise concerns if they had any.

We looked at the complaints records and saw the last complaint was made in August 2013. This was dealt with in line with the complaints policy, the complaint was upheld and an apology was issued and recorded. Further appropriate action was taken to prevent a reoccurrence.

We also saw the comments file and noted one in particular amongst numerous positive comments. It stated, "my thanks and admiration for the care and love shown. This was demonstrated from every area of Godswell without exception."

Staff were also encouraged to help people to enjoy the facilities at the home. People were able to enjoy the sun therapy room which was designed to replicate a beach. Heat lamps provided light and heat, the sound of the sea was quietly played and there was sand covering part of the floor. People were able to sit with a drink and enjoy the experience. Staff told us it was particularly popular during the winter. A range of published activities were available including trips out of the home. Religious services were held every Sunday and people could attend the local church, accompanied by a member of staff if they requested. Local organisations such as The Boys Brigade and the Womans Institute visited the home maintaining community links and relatives were encouraged to attend special occasions or meals with people. We saw a spa bathroom on each floor which people could book. One person told us they; "enjoyed using the spa and booked a regular slot" so that a carer could assist them.

The home had extensive, well-tended grounds which people could walk around and enjoy. Level paths gave good accessibility for everyone. There was also a summer house where people could sit and a large marquee where people could participate in activities such as art, particularly during the summer months. One person told us "I am a keen artist and I look forward to the warmer months when I can paint outside."

Good

Is the service well-led?

Our findings

Staff knew their personal roles and responsibilities and told us they felt motivated and supported. One staff member told us their responsibility was to maintain people's care records. They told us how they were supported to do this by the provider and felt "empowered." They said "they give us enough staff, enough time, the equipment and the knowledge we need." People's care records were current and accurate.

Staff records contained clear job descriptions that detailed their role and responsibilities. Staff were also supported by regular supervision meetings and appraisals where roles and responsibilities could be discussed. Issues raised by staff in these meetings were addressed. For example, it was raised that the registered manager was not always available. This was discussed in further meetings with staff and people using the service and the registered manager had set a goal to be available to both people and staff. Staff told us this had improved.

One staff member told us they were involved in making changes to the service. They said every other week a meeting with staff from all departments was held. These meetings were used to improve communication and talk about good practice within the home. The registered manager regularly attended meetings with the Oxfordshire Care Homes Association and Care England (an organisation that provides a forum for Oxfordshire care home managers) to receive updates on current best practice. This information was shared with staff at meetings. All staff told us the registered manager was always open to talking about new ways of working.

All staff were positive about the support they received from the provider and registered manager. One staff member said, "the saddest thing about Godswell, is that similar places are few and far between. This is as good as it gets." Staff were aware of the whistle blowing policy and those we spoke with knew how to raise concerns. This policy was displayed in staff areas around the home and gave details of how to raise a concern.

During our visit the registered manager and directors were visible and seen to be interacting with people throughout the home and speaking to people by their names. People clearly knew them and spoke with them openly in a familiar fashion. They told us this was normal practice. The managers and directors offices were grouped together in a central area of the building. Doors to these offices were open all day and we saw people stopping as they passed to chat or just say hello. This helped to create a positive and open culture.

The registered manager carried out regular audits. We saw the results were analysed and discussed at meetings. This allowed any identified patterns and trends to be addressed and the service improved. For example, we saw fire drills were regularly held, however it was identified that some new nurses had not received fire training. This was addressed and training was provided. Staff reported incidents and accidents and these were recorded appropriately. The registered manager investigated all reports and learning was shared with staff at meetings. These reports were regularly reviewed to identify any patterns or trends to reduce the risk of future occurrence.

People's opinions were sought regarding the general level of care, accommodation, facilities, food, activities and communications. Surveys were conducted and the results were analysed and published and we saw that any follow up actions identified were carried forward. For example, people had asked for access to a dog petting service and this had been provided. The results of the survey were extremely positive, people and staff rated the service as either very good or excellent. These results were communicated to people via meetings, a bi-weekly gazette and a weekly newsletter.

The home maintained good links with local agencies and we saw evidence of clear partnership working. Several people commented on the good relationship with the local GP surgery. Community professionals we contacted told us they had no issues with the service and felt a good working relationship existed. One healthcare professional we contacted prior to the inspection told us "my overall impression of Godswell Park is that it is a well run, efficient and caring nursing home. I have a very good working relationship with those I come across at all levels."

Following the death of a person who used the service the management identified that staff would benefit from having an opportunity to express their grief at the loss. Staff told us they were given time to reflect on what had happened and how to improve the service. They were also offered counselling. Following discussion with staff, leather bound books of condolence were provided to allow staff to write their expressions and following a respectful period of

Good

Is the service well-led?

time the books were presented to the person's relatives. We were told this was now standard practice. All people, relatives and staff had access to independent, professional counselling provided by the home.