

The Cavendish House Trust

Cavendish House

Inspection report

4 Saxbys Lane
Lingfield
Surrey
RH7 6DN

Tel: 01342833297

Date of inspection visit:
24 July 2023
31 July 2023
17 August 2023

Date of publication:
28 September 2023

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

About the service

Cavendish House is a residential care home providing accommodation to up to 6 people requiring personal care. The service provides support to people with a learning disability and/or autistic people across 1 residential property. At the time of our inspection, there were 4 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Staff supported people to live as independently as possible and have a great level of autonomy over their lives. People were provided with a choice in their day-to-day decision-making and families were involved in people's care. People's risks in relation to their care were managed well and staff understood how to maintain and encourage people's independence. There were sufficient staff to meet people's needs. We were assured the service was following good infection prevention and control procedures to keep people safe. Healthcare professionals told us that staff worked well with them to achieve positive outcomes for people.

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.

Right Care:

People and their relatives told us they were supported by staff in a kind, caring and dignified way and we observed this throughout the inspection. People's differences were respected by staff and they had undertaken relevant training to effectively support people. This included appropriate training for learning disabilities and autism. People and their relatives told us staff knew people's needs and preferences well. People's right to privacy was respected. The service was situated in a residential area and there were no outward signs to differentiate it from other houses on the street. Staff encouraged people to be actively involved in their care and provide feedback about their care in a format they could understand.

People's care plans were detailed and included information on people's healthcare needs, oral care needs, communication needs, preferences and social history. People were supported to enjoy the diet of their choice and staff encouraged them to have a nutritionally balanced diet. People had individual goals and objectives which were regularly reviewed by staff.

Right Culture:

The culture of the service was open, inclusive and empowered people to live as independently as possible. Staff understood their legal responsibilities in relation to people's cultural and spiritual needs. People, their relatives and staff were complimentary about the service and felt their ideas and concerns would be listened to by the registered manager. Management had undertaken audits to look at ways of improving the service. Staff were complimentary about the registered manager and the charity trustee and told us they were able to raise concerns which would be listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 28 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cavendish House

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 team consisted of an inspector 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

Cavendish House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cavendish House is a care home without nursing care. 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 the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority. 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 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager, deputy manager, carers and a trustee of the charity. We observed interactions between staff and people who used the service. We received feedback from 2 healthcare professionals and the local authority safeguarding team. We reviewed 4 people's care records including medication administration records (MARs), and 3 staff files in relation to recruitment. We reviewed documentation relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care provided at Cavendish House. One person told us, "Yes, it's very safe." Comments from relatives included, "Must be safe and still there" and, "There are no concerns."
- Staff understood what could constitute abuse and the steps they would take if they suspected it. One member of staff told us, "[Abuse could be] someone shouting at another person or telling someone what to do. I'd ring the safeguarding team."
- Staff had undertaken training for safeguarding and whistleblowing, and there was a safeguarding policy and whistleblowing procedure in place.

Assessing risk, safety monitoring and management

- People and their relatives told us they felt that risks in relation to care provided were managed well by staff. One person told us in relation to an activity they undertook, "They help me if I need any assistance." A relative commented in relation to a person's risk assessment, "Staff have to be very vigilant and to know if [person's] behaviour changes."
- Staff knew how to keep people safe from harm and understood their needs and preferences well. People told us staff involved them in decisions relating to risk management and that staff encouraged people to take positive risks with staff support. One person who used the service told us, "They encourage me. If they ask me to go and get a pint of milk then I will go and get them. I certainly do enjoy doing it." One member of staff told us in relation to how they reassured a person who expressed their feelings with an emotional reaction, "[If person's] humming changes, it's just the slight noise and it gets a little bit louder. You know you need to ask [them] if in pain, if [person is] hungry or likes to have a drink. You've got to stay with [person]. You only give [person] 3 examples to process because otherwise it's too much to process. [Person's] care plan and risk assessment is quite descriptive."
- Records showed that people's risks had been assessed and there were instructions for staff to follow. For example, where a person expressed their feelings with an emotional reaction, there were behaviour support plans for staff to follow in order to identify triggers and safely de-escalate situations.
- People had other risk assessments in place, such as for showering, to visit the local community and for swimming where people wished to do so. These included for staff to check water temperatures prior to the person entering the shower, ensuring trip hazards were removed and ensuring one-to-one support for activities which posed a greater risk, such as swimming.
- The provider had an emergency evacuation plan and people had personal emergency evacuation plans (PEEPs) in place. PEEPs included detailed information such as the level of physical and emotional support people required in the event of an evacuation and the person's preferred location to evacuate to.

Staffing and recruitment

- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS) and requesting references from previous employers about their conduct in previous job. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they felt there were sufficient staff at the service and that staff knew people well as they had worked at the service for a long time. One relative told us, "[Person] is not left by [themselves] and during the day has one-to-one [support] and sleep-in staff at night. Sufficient staff and [person] knows them all."
- During our inspection, we saw there were sufficient staff deployed at the service and there were no current permanent staff vacancies.

Using medicines safely

- People's medicines were received, stored and administered safely. People's medicines were recorded in medicines administration records (MARs). MARs included information on people's GP, allergies, the dose to be taken and how to administer the medicine.
- Where people were prescribed 'as required' (PRN) medicines, there were protocols for staff to follow which included information such as the reason it was prescribed, how to ensure other techniques were tried before administering the medicine and the maximum dose.
- There were locked cabinets in place to store medicines and staff had monitored the temperature of the storage in line with manufacturer's instructions.
- There were systems and processes in place to ensure medicines management was monitored and discrepancies were identified and acted upon. Staff had made regular referrals to the prescribing doctor for medicines to be reviewed.
- Staff had undertaken training and competency checks for the management of medicines. Competency checks included an observation of administration and knowledge questions to ensure staff had the skills required. One member of staff told us, "We did re-do the training recently and everybody had [medicines] competency checks."

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 personal protective equipment (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.

People's families and friends were able to visit at a time that suited them and there were no restrictions in place.

Learning lessons when things go wrong

- Staff had completed accident and incident reports when these had occurred to look at ways of reducing the risk of them happening again. Information about these was shared with the local authority and

healthcare professionals.

- The registered manager used a variety of ways to reduce the risk of accidents and incidents happening again. This included discussing these during staff meetings, looking at what could be done differently and discussing CQC reports of other services in the local area to implement examples of good practice and highlight areas of improvement. Relatives told us they were kept informed of accidents and incidents.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- There were people who had lived at the service for many years and staff had undertaken assessments of their needs and choices which were reviewed regularly. These assessments included information on people's preferences, needs, and goals and objectives.
- Where new prospective service users were assessed, part of the assessment process included ensuring that current service users were fully involved throughout to ensure a good fit into the social community of the home.
- People were allocated a key worker who was matched with them based on common interests. The key worker's role was to review people's care to ensure it was in line with their needs and preferences. We saw regular meetings were taking place and people said their choices were always respected by staff. One person told us, "[Staff member] is my key worker and we always sit down and talk about if I have any worries or concerns."
- The registered manager had ensured staff completed relevant training when national standards changed, such as the Oliver McGowan Mandatory Training in Learning Disability and Autism. We saw they had ensured staff had completed the training and understood its importance. One member of staff told us, "We did the Oliver McGowan training through the NHS. All the staff have done the training."

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the skills and experience required to perform their roles effectively. One person told us, "Of course, they know what to do." A relative told us, "Staff deal with whatever crops up. They deal with it. All are suitably qualified."
- We saw training records which showed staff had undertaken an induction and regular training which included moving and handling, person-centred approaches, recordkeeping, health and safety and understanding autism. One member of staff told us, "I did shadowing [a senior member of staff] for a month. There was always someone with me so I could ask them if I didn't know."
- Staff had completed The Care Certificate. 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.
- Staff had received regular supervisions to discuss their performance, personal development and training needs. One member of staff told us, "We look if there is any training that is outdated, if we want to progress, or if there is anything we want to do like the autism training grade 3 so your knowledge is updated."

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

- People were encouraged and supported to be involved in mealtime preparations. People chose what they

wished to eat and staff helped people to maintain a balanced diet. One person told us, "We always choose the menus. We choose what food we want. I do normally cook when I'm at the house." A relative told us, "[Person] eats sensibly and [their] weight is monitored." A member of staff said, "They choose each week what they want to eat."

- Staff had undertaken relevant training for food preparation such as food safety and staff had monitored the temperatures of food before it was served to ensure it was safe to eat.
- Staff told us they understood the importance of supporting people's independence when preparing meals whilst encouraging people to have nutritionally balanced meals. One member of staff told us, "We encourage them but they choose their meals. [Person] likes special food and dried food due to sensory experience of meals."

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

- People and their relatives told us people who used the service were supported to access healthcare services and support in order to live healthier lives. One person told us, "I would make an appointment or 1 of the staff would help me."
- We saw in care records that relevant healthcare professionals were involved in people's care. For example, where a person was being seen by the community team for people with learning disabilities, this was highlighted in care records.
- The registered manager had worked with agencies, such as the local authority and healthcare professionals to ensure changes to people's needs were shared appropriately.
- Healthcare professionals told us that staff sought out advice in a timely way and knew people's needs well. One healthcare professional commented, "I haven't had any concerns, receptive care staff, bring patients in according to clinical need, ask for help appropriately."
- Care records included information on people's oral (mouth) care needs, such as the dentist involved in their care and the level of support staff provide to ensure good oral hygiene. A relative told us, "[Person is] seen by dentist and gum hygienist twice a year."

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

- People and their relatives told us that the environment of the service was of a good standard. One person told us, "I've got my room and I love it." A relative told us, "It is a big place and great example of care [and the service] has been reorganised with good size bedrooms."
- The service was on a residential street and appeared to be of similar size as the neighbouring houses. There were no outward signs to differentiate it from neighbouring properties. People's bedrooms were personalised with their own items, including their own furniture, photos of family and friends, televisions and other personal decorations.
- The service was decorated appropriately to meet people's needs. People had access to a garden and the service was nearby to local amenities which people accessed independently.
- There were plans in place to make minor improvements to the service. For example, where a person's independence could potentially be improved by installing a different toilet, staff had looked at ways to update the toilet facilities and had obtained quotes for the work to commence.

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.

- People and their relatives told us staff sought consent and acted in the best interests of people with the appropriate authorisations in place. One person told us in relation to staff seeking consent, "They always ask me." A relative told us, "[Staff] will email for my consent to something."
- Staff told us they understood the MCA and they had undertaken training in relation to MCA and DoLS. One member of staff told us, "MCA training is on social care TV. You never assume that they haven't got capacity. [Person] can choose what [person] likes."
- Where a person lacked capacity and best interests decision were made, staff had submitted a DoLS application to the local authority and notified CQC when this was approved in line with legal requirements.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were kind, considerate and treated people as individuals. One person told us, "I love it. They certainly are kind indeed." A relative said, "Staff are excellent. Everything is excellent."
- We observed staff were respectful towards people and they appeared to be at ease around staff. People and their relatives told us staff were respectful of people's right to privacy and ensured that this was maintained where possible. One person told us, "They are very good. They always ask. They're very nice."
- Staff understood the importance of respecting equality and diversity and had undertaken relevant training such as 'Diversity and Equality' and 'Dignity and Respect'. We saw posters displayed in the office which highlighted the importance of treating people with respect and there were nominated diversity and equality champions. One member of staff told us, "We learn about the difference between equality and equity."
- People's independence was actively promoted by staff and people were supported to achieve their goals and objectives. We saw staff had regularly discussed people's goals and supported them to achieve these. For example, where a person was able to travel independently, staff had worked with families to ensure there was a back-up plan in case there were delays or unexpected circumstances. One person told us, "I started to come home [independently] on the bus."

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

- People and their relatives told us they felt involved in making decisions about their care. One person told us, "They always involve me and I have key worker sessions with [staff member]." A relative commented, "[The] atmosphere is lovely and happy there. Manager is good and would certainly recommend the home to others. Give the home 10/10 for [person's] care."
- We saw in care records that people had been involved in decisions about their care by using appropriate communication methods in line with the person's preferences. Staff supported people appropriately to use communication aids in order to express their views.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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 and their relatives told us staff knew people's needs and preferences well and provided them with the appropriate support. One person told us, "I've been at Cavendish nearly [number of] years. They know me well."
- People's care and support was planned to meet their needs and respect preferences. Care was regularly reviewed, and people were involved where they wished to be. Staff had involved relatives and healthcare professionals to ensure people's needs were met. One relative told us, "If we have something happening at home – we let staff know. They are free and easy [to contact] with no set times."
- Care records were person-centred and gave staff the information needed to effectively support people. Care plans included information on people's medical and social history, mobility needs, personal care and goals. People's goals and objectives were regularly reviewed and outcomes were recorded.
- People had individual activities plans, entitled 'a typical week', which were tailored to their needs and interests. People regularly visited a local activity centre that specialised in supporting people with learning disabilities. The centre had relevant staff available for people to safely attend on a regular basis and people participated well with the activities on offer. Staff supported them to do this and stayed with people for the duration of the activities.
- People were encouraged and supported by staff to take up a job or volunteer in the local community. One person told us, "I go to work in the village [at place of work]. [Employer] really appreciates it when I work for him."
- Staff told us they had sufficient time to read people's care plans and undertook daily handovers to discuss changes to people's needs. One member of staff told us, "We do make sure that we read the care plans, policies and procedures and we have to sign the signature sheet to say you've understood it."

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.

- Care plans included information on people's preferred communication methods. For example, care plans highlighted how people wished to communicate and the support they needed from staff.
- Policies and procedures were available in various accessible formats such as easy to read. This meant

people were able to access information in a format which suited them.

- Where a person benefited from easy-to-read formats, we saw staff had spent the time to discuss different areas of the person's life with them and recorded this in an easy-to-read pictorial format which helped alleviate the person's fears.
- Staff took steps to ensure all policies, procedures and care records - for example, changes to national guidance or to help the person grieve - were in an accessible format as this helped the person to manage their anxieties. These were created in a very person-centred way which reflected the person's preferred communication methods and we saw that this had reduced the person's anxieties.

Improving care quality in response to complaints or concerns

- The registered manager took complaints and concerns seriously and there were systems in place to use the information to make improvements to the service. Whilst there had been no formal complaints in the past year prior to the inspection, there was a complaints procedure in place for those wishing to submit a complaint. The complaints procedure was available in a range of formats in line with people's communication methods.
- People and their relatives told us they felt complaints were addressed appropriately and had confidence in the way these were dealt with. One person told us, "They do sort it out if I have any problems or complaints." One relative told us, "No complaints about staff from anyone."

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 and their relatives were complimentary about the leadership and culture in the service. One person told us, "I do feel it's homely. I love it." One relative told us, "Would certainly recommend them. [The] atmosphere is good."
- Staff were complimentary about the leadership and culture in the service which was open and inclusive. One member of staff told us, "[Registered manager] is brilliant and always there for you." Another member of staff commented, "As a team, especially during COVID, it opened our eyes how much we work as a team and how good the atmosphere is."
- We saw the registered manager was approachable throughout the inspection and staff and people who used the service appeared at ease to approach the registered manager. We observed the registered manager made time to ensure people felt listened to and feedback we received reflected this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a structure of governance in place for staff to follow and staff knew what their responsibilities were. Staff told us they received sufficient ongoing support to perform their roles effectively and knew who to approach if they were unsure. One member of staff told us, "We just want the best for [people]. [Registered manager] is so supportive. I would go to [registered manager] with any questions or [trustee]."
- The registered manager was supported by a trustee of the charity which operated the service. Staff told us they felt they could approach the trustee at any time if they had concerns or ideas. One member of staff told us, "[Trustee] is great and supports [registered manager] and comes to check in. [Trustee] is very approachable."
- The registered manager undertook regular audits of various areas of the service. This included audits of care plans and daily notes to identify discrepancies, medicines audits; and audits for health and safety and infection prevention and control. Where short-term actions were identified, these were addressed. Where long-term actions were identified, there were plans in place to address these, such as improvements to the premises.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate and there was a culture of transparency. We saw in records that the local authority and other relevant agencies had been informed of incidents.

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 their responsibilities in relation to duty of candour. A duty of candour event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager had apologised when things had gone wrong previously in line with their duty of candour responsibilities and made changes to reduce the risk of them happening again. They communicated openly and informed relevant parties including relatives, the local authority and the Care Quality Commission. We did not identify any further incidents which qualified as duty of candour incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they felt engaged in the running of the service and that their ideas would be considered. One person told us, "They do ask me if I like it here. I love it." A relative told us, "Received survey form in the post or it will be given to [person] to bring home on [their] visit. We are the luckiest people in the world with the current manager who is wonderful."
- Staff told us they felt engaged in the running of the service and valued for their role. One member of staff told us, "It's an atmosphere where you can ask questions and share your ideas."
- The registered manager had sought regular feedback from people who used the service, relatives and staff. Feedback was sought from people in a format they could understand and action was taken where areas of improvement were identified.
- External organisations spoke positively about staff encouraging people to work with the local community for events. One external organiser told us, "...residents would be unlikely to attend without the support of the care workers, who are always diligent and helpful to us..."