Diamond Care (2000) Limited

The Chantry

Inspection report

46-47 Dean Street
Crediton EX17 3EN
Tel: 01363 777396
Website: N/A

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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?	Requires Improvement

Overall summary

The Chantry is a residential care home registered to provide accommodation with personal care for up to 16 people with learning disabilities. Several of the people who live there have autism, a disability that affects how a person communicates with, and relates to, other people. Eight people lived at the home when we visited. The inspection took place on the 14 and 21 November 2014 and was unannounced.

At a previous inspection on the 26 September 2013 we identified serious concerns about the care, safety and welfare of people who lived there and ongoing breaches of regulations. We took enforcement action by issuing four warning notices in relation to people' s care and welfare, the safety of the premises, staffing and quality monitoring, which required the provider to make urgent improvements.

Following a further visit on 18 December 2013, we found the provider had not made sufficient improvements and risks for people remained. The Care Quality Commission issued a notice of proposal to remove the location from the provider's registration. The provider made representation against the notice served and a further monitoring inspection was carried out on 04 April 2014.

At this inspection, the provider had complied with five of the eight regulations but remained in breach of three

Summary of findings

regulations related to consent, care and welfare and the suitability of premises, although some improvements had been made in each of these areas. In view of the improvements, the representations were upheld and the notice to remove the location from the provider's registration was withdrawn. At this inspection, we found the provider had maintained and made further improvements since our previous inspection and made the required improvements relating to consent, care and welfare and the suitability of premises.

The Chantry has not had a registered manager since the previous one left in May 2012. A number of managers have been appointed during that period, three in the past 12 months. The current manager had been in post for two months and intends to register. 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's care had improved and staff were knowledgeable and responsive to individual needs. Staffing levels were sufficient to meet each person's needs. Staff knew how to recognise signs of abuse, and were confident any concerns reported were taken seriously and investigated. There were detailed risk assessments about each person which identified measures taken to reduce individual risks as much as possible. Recent improvements to staff practice in managing people's medicines had been made to ensure people received their medicines safely.

Staff knew about each person's health care needs, recognised changes in their health and sought professional advice appropriately. Each person's health needs were individually assessed and care records had detailed information on all health needs and how to meet them. People were involved in day to day decisions about their care and treatment and staff knew what decisions people could make for themselves and how to support them to do so. Staff were meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLs). Where people lacked capacity, relatives, staff and other health and social care professionals were consulted and involved in making decisions in their 'best interest'.

Staff knew how to support people when they became upset or frustrated and were appropriately trained to manage any behaviour that challenged the service. Staff used positive behaviour support techniques to de-escalate situations in a safe way, which respected people's dignity and protected their rights. Improvements in practice had reduced the use of medication used for people to manage these behaviours.

Some improvements had been made in the environment of the home and garden, and more were planned. Regular health and safety checks were undertaken and there was of a programme of maintenance, servicing and repairs.

Staff were kind and compassionate towards people and treated them as individuals and with dignity and respect. Staff had undertaken training on total communication methods and used a variety of ways to support people to express their views. This meant people were communicating and interacting more with staff.

People were supported to pursue a wide range of activities and hobbies which interested them. Staff supported people to be as independent as possible. Care records contained detailed information about each person and how staff needed to support them.

There was good team work and the manager led by example. There were regular meetings with people to review their care and staff contacted relatives and involved them in decision making. The provider had quality assurance processes in place to monitor people's care and plan ongoing improvements.

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?

Good

The service is safe. The provider had arrangements in place to promote people's safety and reduce their risk of abuse. People were protected by staff who were encouraged to raise concerns and reduce risks for people.

People felt safe, and were well supported by staff they knew well and trusted. There were enough staff to support people's needs and at a pace that suited them.

Is the service effective?

Good

The service is effective. People's healthcare needs were assessed and staff prompted people to stay healthy. Staff were appropriately trained and supervised to meet people's needs. People were referred to healthcare professionals appropriately and staff followed advice given.

Staff understood the principles of the Mental Capacity Act and were meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Risks were managed so that people were protected whilst minimising restrictions on their choices and freedom. Where people lacked capacity, relatives, staff and other health and social care professionals were consulted and involved in making decisions in their 'best interest'.

Is the service caring?

Good

The service is caring. People were appropriately supported to express their views according to their individual communication skills and abilities. Staff actively involved them in planning and making decisions about their care and treatment.

Staff were compassionate, developed meaningful relationships with people, treated them as individuals and with dignity and respect.

Is the service responsive?

Good

The service is responsive. People's care was based around their individual needs and wishes. Care records had improved and provided detailed information for staff about how each person wanted to be supported.

People were encouraged to learn new skills, pursue their interests and hobbies and be involved in their local community. Staff took positive action to help people lead fulfilling lives and be more independent.

Is the service well-led?

Requires Improvement

Some aspects of this service were not well led. There has been no registered manager since May 2012 and a lack of continuity of leadership, because of the frequent changes of managers at the home. A new manager has recently been

Summary of findings

appointed and plans to register. People, staff and relatives expressed confidence in the manager. Staff worked together better as a team, the manager promoted clear values to staff and led by example. These improvements need to be sustained over time.

The provider had quality monitoring arrangements in place through which they monitored the people's care and made further improvements.

The Chantry

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 the 14 and 21 November 2014 and was unannounced. An inspector carried out the inspection. We met with the eight people who lived at the Chantry and received feedback from two relatives. Some people living at the service were not able to communicate verbally with us, so we observed people and staff interactions with them both in the home and in the community. This helped us understand the experience of people, who could not talk with us.

We spoke with seven staff, which included care staff, the manager, and the nominated individual. We looked at four people's care records in detail and spoke with to staff about those people's care needs, and observed two people being given their medicines. We looked at four staff records, staff training records and at a range of other quality monitoring information.

The provider 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. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. We contacted commissioners of the service and external health professionals to obtain feedback about the care provided and received feedback from seven of them.

Good

Is the service safe?

Our findings

The provider had policies and procedures about protecting people from abuse, and staff had been trained to use them. Staff knew how to recognise signs of abuse, and were confident any concerns reported were taken seriously and investigated. Following a recent safeguarding incident, the manager had alerted the local authority appropriately, investigated the concern and took action to reduce any risk of recurrence for the person, which was clearly documented and communicated to staff.

People were protected because risks for each person were identified and managed. Care records included detailed risk assessments about each person and identified measures taken to reduce individual risks as much as possible. For example, one person who had epilepsy had a detailed risk assessment about how to support the person when they went swimming in the event of a fit.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff were proactive in reducing risks by anticipating people's needs, and in intervening when they saw any potential risks such as hot drinks or a person becoming upset or aggressive. Incident reports showed staff reviewed each incident to see if they could identify any further actions to reduce the risk of recurrence. For example, following a recent medicines error incident, where a medicine was given to the wrong person, the manager took robust action to improve procedures and monitored their implementation.

People were supported by staff to take some risks in order to increase their independence. For example, one person's risk assessment showed they were able to go out unaccompanied to the local shops. This person had been taught the 'green cross code' to make sure they crossed the road safely. They had recently asked staff to check they were still following it correctly, staff checked and found they were. Staff had also given the person more responsibility for managing their money and for doing their own ironing.

People were safe and felt well supported by staff that spent time with people. Staffing levels were sufficient and allowed staff to respond to individual needs at a time and pace that suited each person. The manager confirmed staffing levels were sufficient to meet the support needs of the eight people who currently lived at the home. There were two or three staff on duty during the day, depending on people's activities and plans, at night, there was one awake member of staff and a sleep in member of staff. This meant there were always two people on duty to check the medicines and help was immediately available, if needed. Two staff were on sick leave but gaps in the rota were being covered by the manager and by existing staff working extra hours.

At the time of the inspection, there were two vacancies and additional staff were in the process of being recruited. Records of rotas over a four week period showed the required staffing levels were maintained. Staff confirmed they were able to spend time with people, including planned one to one time. This meant staff could respond to people's day to day needs and requests and that people were supported to go out regularly.

People received their medicines safely, staff were trained and assessed to make sure they understood their importance and were competent to administer them. People's care records included detailed information for staff and the person about their medicines, what they were for and what support they needed from staff to take them. For example, one person had chosen to have their tablets placed in their mouth, rather than in a pot or spoon. This was because they suffered from a tremor and this meant their anxiety about dropping their tablets was reduced.

Staff had clear guidance and knew when it was appropriate to use 'when required' medicines. All medicines were stored in a secure, locked wall cabinet. Following a recent medicines error, the manager had reviewed and updated the medicines protocol and two staff checked before people were given their medicines. Medicines were managed, stored, and disposed of safely.

Regular fire drills took place and each person had an individual emergency fire evacuation plan based on their needs, communication ability and mobility needs. Environmental risk assessments were in place, although they were overdue for review and updating. They also needed more detail about measures to reduce risks and disability access for people with reduced mobility. The manager was aware of this and said they planned to review and update these in the near future.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to support people's care and treatment needs. Staff knew about each person's health care needs, recognised changes in their health and sought professional advice appropriately. For example, one person had been diagnosed with a dietary intolerance earlier in the year. Staff obtained detailed advice and information from the dietician and a specialist association about the person's condition, and how to support their nutritional needs. They had purchased recommended specialist foods and checked all food labels to make sure they did not contain ingredients the person wasn't supposed to have. One staff member said, "We have got to grips with it now". Their relative said they were happy with how staff were supporting the person and the person had gained some weight.

Staff supported people to attend regular health appointments with their GP, dentist, optician and other specialists. Each person had a 'hospital passport' which included key information about their communication and health care needs as well as about their medicines. This meant that, information was available in an emergency about each person's care needs, should they need to go to hospital. Each person's health needs were individually assessed and care records had detailed care plans about any health risks and how to meet them. For example, one person had diabetes and their care plan included information about the person having a low sugar, low fat diet and the need for regular health checks to monitor their progress.

People were involved in day to day decisions about their care and treatment. Care records included details about what decisions people could make for themselves and how to support them to do so. For example, by using pictures, or asking the person to choose between two things.

Where people lacked mental capacity to take particular decisions, their rights were protected. This was because staff had received training and demonstrated they understood and acted in accordance with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and the home was meeting these requirements.

The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Staff practice was in accordance with the Act and its code of practice.

Relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people. For example, a care professional confirmed staff contacted them appropriately for help to undertake a mental capacity assessment and involved them in a 'best interest' decision. This related to whether a person should have an invasive medical test for a suspected medical condition.

Staff knew how to support people when they became upset or frustrated and used evidence based techniques to manage any behaviour that challenged the service. Staff undertook accredited training in managing challenging behaviours, which had an emphasis on positive behaviour support. Staff knew how they should respond to de-escalate situations in a safe way, which respected people's dignity and protected their rights; detailed instructions for staff were outlined in care plans.

Staff were proactive and took steps to intervene positively and prevent people from getting too upset by using distraction techniques and through support and reassurance. A mental health professional had worked with staff to introduce a simple smiley face pictorial system to encourage people to recognise changes in their mood so they could seek support from staff. A green, amber, red face depicting various emotions such as happy, anxious, sad or angry was used.

The manager said this method was working well for two people. Staff had been taught how to use the system and regularly checked with those people to ask them about their mood. One person explained how they used this to alert staff when they became worried or angry. They said, "Yesterday I was feeling bad and I wanted to have a chat, I talked to (staff name) and felt much better afterwards". This meant the person was empowered to ask for help and in response, staff talked to them about what was worrying them, which quickly helped them to feel better again.

One relative commented on how the person was less withdrawn and said their mood had noticeably improved over the last few months. The use of 'as required' medicines to manage behaviours that challenged the service had also reduced significantly, which showed staff

Good

Is the service effective?

were proactive and were supporting people's emotional well-being. Commenting about managing behaviours, one care professional said staff managed this swiftly and well. They said, "Staff are right on top of everything, I have never heard a raised voice".

People were supported to eat and drink a varied diet. Staff used a four week menu to plan main meals with people. This included pictures of each meal, which people referred to regularly to remind them what they were having for dinner each day. People were supported to make a drink or snack for themselves, with staff support. People also liked to help staff with cooking, preparing vegetables, and baking. One relative had slight concerns about some of the food offered at lunchtime, such as cheesy corn snacks, and white bread. The menu showed there was a mixture of freshly prepared food with fruit and vegetables offered, as well as some convenience foods. During our visit, people enjoyed a banana or an apple as a mid-morning snack.

Where people had choking risks, they had been seen by a speech and language therapist and had detailed care plans in place about how staff needed to support them with eating and drinking, which staff followed. Staff had received training about supporting people with choking risks and the importance of food preparation.

A training matrix showed staff had undertaken a wide range of training relevant to the needs of people they supported, and further training was planned. For example, about the Mental Capacity Act and Deprivation of Liberty safeguards. Staff said they felt well supported through regular one to one supervision meetings with senior staff to discuss practice issues and ways to improve care. Records of supervision showed staff were praised for their work and reminded about the standards expected.The manager told us about plans to undertake individual staff appraisals with each member of staff early next year during which they would identify any further training and individual professional development needs.

Further improvements had been made within the home and grounds and remedial works had been completed to make the premises and gardens safer and more suitable for the people who lived there. The lounge and dining room areas had been decorated and three people's bedrooms were due to be decorated in the near future.

Good

Is the service caring?

Our findings

Staff were compassionate, developed meaningful relationships with people, and treated them as individuals and with dignity and respect. There was a quiet and relaxed atmosphere at the home. On the first morning, only two people were at home, as everyone else was out shopping. One person was sitting quietly reading a magazine, the other was sitting having a cup of tea with a member of staff. Staff chatted to people and involved them in what they were doing and there was lots of praise and encouragement.

Staff knew each person really well, their likes and dislikes, things that upset them, about their communication needs and what individual's non-verbal communication signals meant. Care records included good detail about how staff should support people to express their views and make decisions. For example, in one person's care records, it said, "I need lots of praise and encouragement", another person's said, "I like to feel useful, ask me to help you". One relative said, "Staff genuinely care about people" and another said, "Staff are caring, helpful and friendly". Health and social care professionals also said staff at the Chantry were caring and considerate.

In the afternoon, we accompanied people and staff to a music group at a local sports centre, which they really enjoyed. Everyone joined in and there was lots of laughter and clapping. People and staff listened respectfully to one another's contributions. The music therapist who ran the group praised the commitment of staff in making sure people attended each week. They also said, "I'm very impressed with their level of genuine affection for people, staff are all very respectful, they are right on top of everything".

Three people who lived at the home were interacting and communicating more that we had seen them do on previous visits. One person was smiling regularly and using more vocal sounds, another person was participating in activities and a third person was going out for walks regularly. A member of staff commented that since staff had had more time to spend with people, some people had "really come out of their shell". The music therapist also commented on how one person in particular who was shy and softly spoken had learned to use a microphone. They described how they had grinned with pleasure when they heard their voice. This showed the improvements in care had a positive impact on people's communication and emotional well-being.

Staff used a variety of ways to support people to express their views, and be involved in making decisions. Staff had undertaken training on total communication methods and worked with a speech and language therapist to improve their skills and knowledge to support individuals. This included using short simple sentences when speaking to people and giving them time to reply. Also, showing the person a selection of things so they could choose, for example, an activity, or the filling for their sandwich and getting the person to lead them to what they wanted. Other methods included smiley faces to help indicate 'yes' or 'no' in response to a question as well as using photographs and pictures.

Care records had detailed information for staff about each person's communication abilities and what people's behaviours and non-verbal signals meant, which staff demonstrated they understood. For example, one person's care record said, "I make a loud crying sound when I am happy" and how they sat on the ground and rocked back and forth when they were feeling relaxed. Staff said the manager was good at helping them find communication prompts for people who did not speak. Care records demonstrated that people were involved in making choices and decisions. For example, one said, "I chose to go for a drive to Exeter" and "I chose a snack from my box".

People who lived at the home were involved in the recruitment of new staff. One person had showed applicants around the home, and people had given their feedback to the manager.

People were supported to keep in contact with friends and family through visits and by phone. Relatives confirmed they visited the home regularly and were made welcome and that staff contacted them to provide updates about the person. One relative told us they appreciated being sent photographs of the person on their recent holiday, which they saw the person had enjoyed. Staff supported another person to write letters to family and friends and were helping them to put them on the computer. One person who previously lived at the home had moved to a nursing home, because of their health needs. Staff took another person who they had lived with to visit them there, so they could stay in touch.

Good

Is the service responsive?

Our findings

People who lived at The Chantry received care which supported them to be as independent as possible and to lead fulfilling lives. For example, on two previous occasions when we visited, one person told us they would like to work with children. At this visit, the person told us they were undertaking voluntary work helping at a local group for children with special needs. “They said I really enjoy it, I read them stories and play with them”. This showed positive action had been taken to support this person to achieve their ambition of working with children.

A relative commented on the improvement in the person’s mood over the last few months. They said, “He is great, he smiles a lot, is very cheerful, and interested”. They went onto explain previously the person would be very anxious about going into a café but now was very happy to do so, which they were very pleased about. Another relative said, “I am pleased with the level of care (the person) receives from all of the staff”.

People were busy helping staff with the household chores, one person helped to put their clean laundry away, another person was helping in the kitchen. Staff spent lots of time with people, doing a range of activities such as drawing, colouring, using the computer and going out for walks and to visit the local shops. Care records showed each person had their own weekly plan of things they liked to do, for example, some people helped on a farm, others attended a church coffee morning, went swimming and attended other community groups. Relatives said they were pleased with the increased number of outings and activities available for people.

A large painting done by three people had pride of place in the lounge area and people’s art work was on display in another room. There were lots of photographs of people displayed in the dining room, which prompted people to tell us about their recent holiday at Centre Parcs in Longleat and their visit to the nearby safari park to see the animals. We asked how this decision was reached and the manager said they had obtained information about a few possible holidays which everyone had looked at and discussed and people chose that option as their preferred one.

When we accompanied people and staff to the music therapy group, people were encouraged to select an instrument and participated in making music together. The group had given a performance during the previous week, which relatives and staff had attended. During the group, people proudly and enthusiastically showed us the dancing, music and the puppet show they had performed.

People’s care records were detailed and explained each person’s individual needs so that staff had all the information they needed to support them. This included a detailed life history about each person, information about their communication needs , likes and dislikes, anything that upset or made them anxious and how to support them with that. For example, one person’s records said, “If my mood is low, please talk to me to find out why”. Records also included detailed information about what support each person needed with their personal care. For example, how one person could follow simple prompts to wash but needed support to put on socks, belts and do up their buttons and to choose clothes appropriate for the weather. Staff told us how they were working with one person, who had a very longstanding disturbed sleep pattern to try different ways to get them to have a better night’s sleep. This included encouraging them to stay up later in the evening and offering them a relaxing bath before bed.

Since we last visited, staff had worked with people to agree goals and objectives with each person about increasing their independent living skills. For example, one person was learning to put their own clothes away. To help them staff had attached simple pictures of items of clothing to their drawers and wardrobe door to remind them where to put things. People’s goals and objectives were documented so their progress could be monitored. For example, one person’s daily record said, “I picked up my own clothes and helped in the laundry”. When a person had achieved their objective, this was celebrated with a certificate of achievement, and we saw several certificates on display in people’s rooms. This showed people were being, supported and encouraged to gain new skills and more independence and were praised for their achievements.

People were involved in reviewing and updating their care records, as able, through their participation in regular individual ‘core meetings' with staff. This meant people could discuss issues that were important to them and could raise any concerns, which were dealt with. Daily records were detailed about how each person spent their day and about their physical and emotional wellbeing.

Good

Is the service responsive?

Where people's needs changed, these were documented and showed actions taken in response. Relatives confirmed they were consulted and involved in people's care, and staff contacted them regularly to update them on any changes.

A care professional who recently visited the home to review a person's care said they were impressed with the work staff had done to improve the information in people's care plans.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager at the Chantry, the last registered manager left in May 2012. Although there have been a series of interim arrangements to provide leadership at the home and a number of managers were appointed, three in the last year, none of them have stayed in post long enough to register.

Following the previous concerns about the home and the quality of care provided for people, health and social care professionals have worked with the home to make the required improvements. They visited the home regularly to monitor progress and were positive about the improvements made. Professionals reported staff were very open in their communication with them and let them know about any problems, they gave positive feedback about the new manager who had lots of ideas about improving the service. However, they remained cautious about the long term future of the Chantry because of the lack of continuity of leadership, given the frequent changes of managers at the home. They needed more reassurance that the improvements would be sustained over time, before they could recommend the home for other people.

At this visit we found the culture of the home was more open and that leadership had improved. The manager was very visible around the home working with people and staff, and demonstrated positive behaviours and attitudes. They were tackling issues, improving practice, supporting staff and working in partnership with health and social care professionals. All staff spoke positively about the manager. One said, "He is firm but fair", another said, "He is in charge, he gets staff involved and consults with them". A third said, "He is very positive, he knows about the guys", and said they appreciated how the manager spent time with people, listened to staff and helped around the home.

In the entrance hall of the Chantry there were four new mirrors on display with mosaics on each mirror with the words; caring, dignity, respect, friends and equals. We asked the manager about this artwork, and they told us people and staff had made these in their art group following a discussion about what people wanted from the staff that supported them. This showed they were promoting an ethos of valuing people and working together.

The manager said they wanted to bring stability to the home and were committed to moving the service forward, ensuring good team work and introducing further improvements for people and staff. Regular staff meetings were held and showed staff were consulted about changes and a variety of issues were discussed. These included consultation about planned changes to staff rotas, discussions about the standard of professional behaviour expected and about forthcoming regulatory changes.

The manager had just introduced an 'employee of the month' scheme which recognised and celebrated the contributions of staff. Nominations were invited from people, staff and visiting professionals and there were plenty of suggestions in the box ready for the end of the month. The manager outlined further improvements planned to improve the garden so people could use it to relax in, including plans to grow vegetables and keep chickens.

Accidents/incident reports were reviewed regularly, so any themes were identified and further actions were taken as necessary to reduce risks. Where there were concerns that related to staff, these were dealt through the provider's supervision and formal employment disciplinary procedures.

The provider used a range of systems to monitor the quality of the service provided to people. Staff undertook a range of weekly and monthly checks which included checks of cleanliness, equipment and food safety checks using the government's 'Safer food, better business' monitoring system. Regular checks of people's individual finances and receipts were made to ensure all spending was accounted for. Monthly health and safety checks of the building were made, which included checks of the fire equipment and emergency lighting and showed corrective actions were taken on any issues found. For example, maintenance records showed outside lights had recently been replaced, and an area of flooring repaired. The manager regularly looked at care and medicines records and addressed any problems directly with staff.

We asked the nominated individual and the manager and about the support the manager was receiving to undertake the role. The manager confirmed they felt well supported and said they were in regular contact with the provider who had acted on their advice in relation to recommended environmental improvements. They also met regularly with

Requires Improvement

Is the service well-led?

the nominated individual, who visited the home at least weekly and was available by telephone for advice. They also planned to meet regularly with the manager from another home within the group for mutual support.