

Tilford Care Home Limited

Tilford Care & Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Tilford Care & Nursing Home (Tilford) is a nursing home that provides care to older people, people with physical disabilities and complex medical needs. Some of the people who lived at the service were also living with dementia. The home is registered to provide support to up to 42 people and there were 29 people living at the service at the time of our inspection. The service was in the process of a major refurbishment project when we visited and therefore the provider had temporarily stopped accepting new admissions during this period.

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

Since the last inspection, AginCare, a large national provider has taken over the ownership of Tilford. Upon acquiring the service, the new providers devised development plan to improve the service. A large-scale renovation project, along with personnel changes had resulted in a period of challenge and disruption to those living at the service.

The provider focus over recent months had been on maintaining a safe service. The risk assessments and increase in staffing levels reflected our findings that appropriate consideration had been given to keeping people safe. Transition plans however, had not fully assessed the effect on the quality of care during this period. As this work had spanned many months, people had experienced variable standards of care and their enjoyment of life at the service had been disrupted by excessive noise, dust and restrictions to parts of the building.

Staff morale had also been affected by the challenges of working at Tilford during the building work; which in turn had created an increased use of temporary staff. Day to day leadership of the service had not always been effective and some staff required skill development in respect of supporting people living with dementia. The management team were open about the quality improvements which now needed to be addressed. They shared their action plan with us which highlighted how the improvements to areas such as staff training, communication and record keeping were being addressed.

People received care that was safe, and staff understood their roles in managing risk and safeguarding people from harm. There were sufficient staff to support people safely and appropriate recruitment processes were followed to ensure new staff were suitably employed. People received their medicines as prescribed. Systems were in place to manage infection control and prevention. Accidents and incidents were monitored, and lessons learned when things went wrong.

People's needs were appropriately assessed, and nursing staff ensured their medical needs were regularly reviewed. People were supported to have 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. People were supported with their food and drink. Staff worked in partnership with other healthcare professionals to deliver holistic support.

People had positive relationships with the staff who supported them. Staff knew people well and delivered care in a kind and compassionate way. People's friends and relatives were welcomed in to the service and staff encouraged people to engage in activities and conversation that enabled them to remain connected with others and the local community.

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 29 January 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about how people were being supported during the building works. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Effective, Responsive and Well Led sections of this full report. Prior to our visit, the provider had already taken action to mitigate the risks and had a clear improvement plan in place.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Tilford Care & Nursing Home

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 Care Act 2014.

Inspection team

The inspection was carried out by three inspectors to enable us to quickly respond to concerns that had been raised. The lead inspector returned to the service on the second day because we needed to speak with the registered manager about some of the issues we found at our first visit.

Service and service type

Tilford is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service. This included the feedback received from our partner agencies, complaints and statutory notifications that had been submitted since the last inspection. Notifications are changes, events and incidents that the service must inform us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, two visitors and the local GP about their experiences of the care provided. We spoke with 16 members of staff including senior managers for the provider, the registered manager, nursing staff, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Tilford and were observed being relaxed in staff company. People's representatives confirmed that staff supported people with kindness and kept them safe from harm.
- Staff demonstrated that they understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. One staff member told us, "If I have seen something that was not right, I would go to my care manager and then to the nurse, I would phone safeguarding myself if I had to."

Assessing risk, safety monitoring and management

- People and their representatives told us people were cared for in a way that kept them safe. For example, one relative told us, "I do feel that [person's name] is safe here." They went on to explain how the person had settled at Tilford and was effectively supported with behaviours that had previously placed them at risk.
- The renovation project had increased risks at the service, but these were being mitigated by the allocation of additional staff to support people safely around the service. Care and building staff were clear about their roles in keeping people safe at this time.
- Risks associated with people's medical needs were identified and monitored. Whilst it was not always easy to navigate people's care records, staff had a good understanding of the risks associated with people's mobility, nutrition and skin integrity. Nursing staff managed these risks and we saw that wounds had healed, and people had maintained consistent weights.

Staffing and recruitment

- Staffing levels were sufficient to support people safely. We observed a high staff presence and the representatives we spoke with confirmed that staff were always available. Staff confirmed that staff numbers had increased during the renovation period to ensure people were safely supervised around the premises.
- The registered manager used a dependency tool to calculate the required numbers of staff. Our observations and review of the staff rota confirmed the appropriate level of nursing, care and domestic staff were deployed. One person required one-to-one support, and this was now being appropriately provided with a named staff member allocated to the person each day.
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services. There was evidence of up to date registration with the Nursing and Midwifery Council (NMC) in respect of nursing staff.

Using medicines safely

- People were supported to take their medicines in their preferred way. For example, staff had liaised with

the GP about how one person took their medicines due to swallowing difficulties.

- There were systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- Medicines were stored in appropriately locked facilities and in accordance with manufacturer guidelines.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. Protocols were in place and followed for occasional use medicines. There were some signature gaps in MAR charts and staff were not routinely keeping a record about the application of topical creams. As there was no indication that people had not received their medicines as prescribed, this shortfall has been addressed along with other recording issues under the Well-Led domain.

Preventing and controlling infection

- People and their representatives told us that except for the dust associated with the building works, the service was kept clean. We also found this to be the case.
- Staff demonstrated that they understood their role in preventing the spread of infection and used appropriate personal protective equipment when needed.
- Housekeeping staff followed best practice in respect of the laundering of clothes, despite operating from a restricted area. The provider confirmed that the renovation project included upgrading the laundry area which included a designated entry and exit system as an additional measure to reduce the risk of cross-contamination of washing.
- Infection audits had been undertaken and records identified that two infection outbreaks had been contained and managed effectively.

Learning lessons when things go wrong

- There had been a period of considerable change and disruption over recent months. Both staff and management spoke candidly about the challenges they had faced and the things they had learned. The registered manager was clear that the changes at provider level had given her the support to review the service in a more reflective and transparent way.
- The provider shared their improvement plan for the service which evidenced their commitment to learn from recent safeguarding incidents, complaints and the way they maintained records. One senior staff member told us, "We've been on a real learning curve with paperwork. We always provided the care, but we didn't always have the records to back it up." Part of the improvement plan was to introduce a new electronic recording system which the area manager confirmed was shortly due to be in place.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People and their representatives spoke positively about the staff who supported them and consistently told us staff were kind and caring towards them. One relative told us, "They [staff] are very on the ball and I've had no complaints."
- Despite the positive feedback and observations of staff treating people with kindness and compassion, staff did not consistently support people in accordance with best practice. We observed that the language used by staff was not always person-centred. For example, two staff were overheard talking about a 'toilet round' in reference to people's continence needs.
- Staff understanding of people's diverse needs was variable and they did not always communicate with people effectively. For example, we observed a staff member offering people living with dementia a choice of drinks across a noisy room and making choices for them when they did not respond.
- Staff commented that whilst training was available, it had not always developed their skills. For example, one member of staff told us, "There is a need for some improvements around staff development." This was in reference to staff knowledge in respect of supporting people living with dementia. Where staff had completed training, competency checks had not been consistently completed to ensure the training was implemented in their practices.
- The provider and management team had already identified the improvements needed in respect of staff training and a new programme of staff development had been implemented. One senior member of staff told us, "Staff training had previously tended to be e-learning, but more face to face training is now being booked."
- A specialist dementia course was in the process of being rolled out to all staff. Where staff had attended the new training, their practice of supporting people living with dementia had improved. One staff member who had attended this training told us, "It was like looking through their eyes, what it's like to have dementia and how memory is affected. Very good training and I learnt about how people think, for example that they might think they are still 21 and courting."
- New staff completed induction training that was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Feedback about the support staff received was mixed. Some staff had received regular supervision, but this had not been the case for all those employed.
- The provider had already identified how recent challenges at the service had impacted on the morale of staff and additional management support had been allocated to the service to ensure planned improvements were delivered in a timely way. Subsequent to the inspection, the provider informed us that a

quality team was working with staff and management at Tilford to address the shortfalls. We have received a copy of the provider's action plan and will continue to engage with the provider regarding the progress being made.

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

- People told us they liked the food and at lunchtime were observed enjoying the main meal. One representative told us, "When [person's name] first moved in, she didn't eat, but is now eating well."
- People on a soft diet did not receive a choice in respect of their meals. We noticed at lunchtime that everyone was given the same meal. Staff told us that people were told the main meal the day before and given an opportunity to choose an alternative at that time. One member of staff also commented that people who required pureed meals would automatically be given the main meal. This does not reflect best practice and was referred to the management team. The area manager agreed that this was not appropriate and took immediate action to address this with staff.
- Support with eating and drinking was not always provided in a person-centred way. For example, at lunchtime we observed that two staff members were supporting more than one person to eat at the same time. For another person, the staff member got up and left the table in the middle of helping them to eat. We noticed that the person then lost interest in their meal. The provider had a new 'dining with dignity' programme that was about to be implemented as part of the provider's improvement plan for the service. This addressed the concerns we had about people's meal time experience.
- Nursing staff regularly monitored people's food and fluid intake and maintained a check of people's weight. The GP confirmed that staff appropriately raised concerns with them and took proactive steps to fortify or supplement people's meals as necessary.

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

- An extensive refurbishment project was ongoing at the time of our visit. This period of renovation had commenced in April 2019 and was scheduled to last until October 2019. During this period, it had been necessary for people to move bedrooms and they had restricted access to parts of the service. Risk assessments in respect of this work focused on keeping people safe, but the impact to people's daily occupation had not been fully considered.
- The provider shared their plans which, once finished will provide people with a significantly improved and more accessible living environment. Following the inspection, they confirmed that the works involving major disruption had been completed.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the need to gain people's consent and what to do if this was not given. For example, one staff member told us, "I ask them before I do things, like I'll say, can I give you a wash and if they say no I'll leave them and come back and try again."
- Where people lacked the capacity to make decisions for themselves, appropriate best interests' processes had been followed. For example, one person had been assessed as needing to take their medicines covertly (without their knowledge) and this had been assessed and agreed in partnership with the GP, pharmacist and the person's representative.
- Appropriate DoLS applications had been made and where authorised, the conditions were adhered to.

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

- Whilst records did not always reflect the information gathered at the pre-admission stage, it was evident from discussions with the registered manager that she adopted a holistic approach to assessing people's needs before they moved in. The registered manager had completed all assessments herself and visited people in their previous setting to get a better understanding of their needs. People's physical and mental health as well as their social and emotional needs had been considered.
- People's nursing needs were assessed using evidence-based tools. For example, a Malnutrition Universal Screening Tool (MUST) was used to identify nutritional risks and a Waterlow assessment was used to understand people's skin integrity.

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

- People and their representatives told us they were supported to access the health care services they needed. For example, one person had been visited by the community dentist and assessed as needing an extraction. Staff were now working with the GP and dental services to enable this to happen safely.
- The service worked in partnership with the local GP surgery, with an allocated GP visiting the service at least weekly. This professional told us, "They keep in regular contact and seek support in a timely way. We have an ongoing dialogue about people and I think they receive the right support when they need it."
- Records showed that people received input from other health professionals, including accessing domiciliary services from a dentist, optician and chiropodist. Nursing staff told us they liaised with the tissue viability nurse and community mental health team in respect of people's more specialist needs.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were supported by staff who treated them with kindness and compassion. One relative told us, "Staff are just lovely. They are always chatting and very kind. Similarly, another commented, "It's wonderful. Everyone is so caring." We observed staff crouching to talk with people at eye level, using gentle touch and overheard lots of endearments towards people which they received positively. For example, we heard one staff member talking with a person who was a little frustrated and saying, "Your husband is lucky to have you," to which the person then smiled and engaged happily.
- People's individual and diverse needs and preferences were known and respected. Staff had a good knowledge of people's personal histories and used this information to engage with people in a respectful and meaningful way. One staff member said the best thing about the job was the people and told us, "I love the people and different personalities here and listening to their stories." Similarly, another staff member told us, "We have conversations with people in their moment, whatever they are thinking about." We observed staff talking to people about their families, pets and their faith.

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

- Staff encouraged and supported people to be involved in their care. For example, one staff member told us, "Whatever they want, we help them as far as possible to do that." People's representatives were welcomed into the service and where appropriate, were involved in planning people's care. One relative told us, "I get notified about everything. Staff and management are always open to talking."
- People were consulted and engaged with as their care was delivered. We observed staff using a hoist to help someone mobilise and at every stage they talked with the person to ensure they knew what was happening and they were ok. Another member of staff recognised that someone needed to increase their fluid levels and offered gentle encouragement as they supported them to do so.

Respecting and promoting people's privacy, dignity and independence

- People were supported with their personal care needs in a way which promoted their privacy and dignity. For example, we saw a staff member get a tissue to discreetly wipe a person's face after they had had a drink.
- Staff took time and thought in assisting people with their appearance. People were dressed appropriately for the weather and we overheard staff complimenting people on the outfits they had chosen.
- People were encouraged to be as independent as possible, but staff also recognised when more help was in their best interests. For example, we observed two staff supporting a person to stand, they took their time

and offered words of gentle encouragement. When it was clear the person couldn't manage it, a staff member recognised this and reassured them there was another way to help them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's representatives told us that staff had a good understanding of the needs of their loved ones and supported them appropriately and in the way they wished.
- Staff were knowledgeable about people's individual needs and delivered support in a person-centred way. For example, one person had a complex history of mental health needs and staff were aware of the importance of routine and managing the person's known triggers in order to support them effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Whilst care records did not always provide clear information to staff, it was evident that staff were aware of people's individual communication needs and were observed engaging effectively with people. For example, where people had visual or hearing loss, staff ensured they positioned themselves appropriately to facilitate meaningful conversation.
- People's representatives confirmed that where people were unable to verbally communicate their needs, staff responded to other indicators of communication. For example, one representative told us, "When [person's name] first moved in they were very restless at night. Staff recognised that she was happier when staff were more visible, so they spoke with me and we agreed to move her to downstairs room nearer the nurses' station. She is much more settled now."

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

- The building works had negatively impacted on people's ability to spend their time as they wished. For example, access to some parts of the service were restricted which limited people's ability to walk freely around the service and spend time in different areas. Similarly, people told us that noise levels had at times, affected their enjoyment of activities.
- Despite the disruption to the service, staff continued to offer people opportunities to engage in meaningful activities. We observed staff spending time with people individually and tailoring games to people's ability levels. A musical was playing on the television which several people were actively enjoying and singing along too.
- People talked positively about recent activity sessions they had taken part in. For example, a pottery class in which they had painted their own pots was repeatedly mentioned as having been enjoyable. Similarly,

people, their representatives and staff highlighted outings to the canal and local garden centres as having been successful. The improvement plan for the service included expanding external activities and increasing community presence. The registered manager told us, "We know exactly what we want to achieve, and the provider has given us the budget for it, it's just the building works that has put some of the things on hold."

End of life care and support

- No one was receiving end of life care at the time of our inspection, but staff were able to describe the support they had provided to other people. For example, one staff member told us, "We assess end of life with the GP and follow whatever the person wishes and consult with their family. For one person this meant we kept music on for them, for another we arranged for the priest to come in."
- Not everyone had an advanced care plan in place and this was discussed with the registered manager who said she was working with the GP on this. The GP confirmed, "Not all people have an advanced care plan yet, but if you ask me if you think people receive the right support when they need it, yes they do."

Improving care quality in response to complaints or concerns

- People were observed speaking freely with staff and representatives told us they felt able to raise issues with the management team. For example, one relative said, "They seem on the ball and are willing to talk to you."
- We noticed that there had been an increase in complaints since the commencement of the building works. Where these had been received, they had been responded and investigated in accordance with the provider's complaints procedure.
- Where things had gone wrong, the management team had apologised and implemented steps to learn lessons from past mistakes. For example, in respect of one complaint about the building works, the provider had responded, "We apologise, and lessons have been learnt for both Tilford and future refurbishment projects."

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Despite the provider's clear vision for the service and commitment to improvement, people were not consistently receiving a service that fully met regulatory requirements. As outlined in the Safe and Effective domains, record keeping did not always accurately reflect the care being provided. In particular, care plans and daily records did not present the most up to date information about people's care needs in a way that could usefully be monitored and appropriately shared.
- The risk assessment for the building works, whilst focusing on safety, had failed to adequately address the impact of the quality of services people received. Furthermore, staff had not consistently received the leadership and support to continue to deliver the most effective support to people.
- The provider's own quality checks had identified the shortfalls found during this inspection and they had a clear plan of improvement for the service. Alongside the completion of renovation project, this included enhanced staff training, the introduction of a new electronic recording system and an increased presence from the organisation's governance and quality teams. Subsequent to the inspection, the provider submitted an action plan and we will be continuing to monitor the service against this to ensure areas of improvement are completed in a timely way.

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

- People and their representatives spoke positively about the management and culture of the service, telling us that they found the registered manager "Open" and "Approachable."
- The culture across the staff team was mixed and it was clear that factors, including the ongoing renovation project had affected staff morale.
- The provider had a good understanding of the current challenges at Tilford and had allocated considerable investment and resources to Tilford. The voluntarily halt on admissions during this difficult period also demonstrated a provider-led commitment to improving outcomes for people living at Tilford.

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

- People and their representatives felt engaged and involved in the running of the service. For example, one relative told us, "Staff and management are always open to talking." Likewise, another representative said, "They keep me informed about everything." The people and representatives we spoke with said they had

been kept fully informed about the progress of the building works.

- Daily handovers and formal staff meetings were used to ensure that staff were kept up to date with changes at the service and delivered care in line with best practice.
- Annual satisfaction surveys were used to gather feedback from a range of stakeholders and the most recent of these were in the process of being collated.

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; Continuous learning and improving care

- There were processes in place to monitor incidents and events that occurred within the service. Where mistakes had occurred, these were openly accepted, and plans put in place to make improvements going forwards. For example, there had been a misunderstanding in respect of a person who required 1-1 support. This had been addressed with the relevant parties and a plan put in place to ensure all staff understood what was expected.
- At both provider and management levels, reflective practice was now promoted which enabled both people and staff to discuss any concerns they had with them.

Working in partnership with others

- Staff and management worked in partnership with other professionals to support people effectively. For example, the service had good links with the local GP surgery and domiciliary health services.
- People were starting to be supported to access community events which enabled them to meet other people and create a sense of belonging that was wider than the service. The registered manager said community visits within the service would continue once the building work was finished. She told us the visits from the local toddler group were especially popular with people living at the service.