

# Ideal Carehomes (Number One) Limited

## Brinnington Hall

### Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Brinnington Hall is a residential care home providing care and support for people living with dementia. The service can accommodate up to 67 people. At the time of our inspection there were 65 people using the service.

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

Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Staff confirmed that they had been safely recruited and pre-employment checks and references had been carried out. Risks associated with people's care and support had been identified and actions taken to minimise risks. Medicines were managed in a safe way to ensure people received their medicines as prescribed.

The premises were safe, well maintained and exceptionally clean with infection prevention and control measures in place. It was well lit and decorated and furnished to a high standard. There were coloured doors and signage for ease of recognition and access for those living with dementia.

People's needs were assessed, and care was delivered in line with their preferences and choices. Staff received support, induction and training to ensure they had the skills to carry out their role. Staff were complimentary about the management team and felt they were supported in their role. People were supported to eat and drink enough to maintain a healthy and balanced diet in line with their dietary requirements. People had access to healthcare professionals.

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.

Care plans showed that people's preferences and choices had been considered when planning their care. Staff enjoyed their role and were happy to know they had made a difference and supported people well.

We observed staff interacting with people in a positive way. People were happy with the care and support they received and were content in the company of staff. Relatives were complimentary about the care provided to their loved ones. The provider was thoughtful and compassionate about how they supported people receiving end of life care and worked in partnership with other professionals to ensure comfortable and considerate care was provided.

Care plans were held on electronic hand-held pads. They clearly identified people's risk and support needs and how these were to be met.

People were supported in line with their needs and preferences and were involved as partners in their care.

People enjoyed a wide range of creative social activities which were meaningful and there was good community involvement including a work placement. This helped to enable people to live as full a life as possible.

People who used the service had access to a complaints procedure and were encouraged to make complaints where required and had the opportunity to express their views. The provider had a range of audits in place to monitor the service delivery.

Staff were complimentary about the support they received from the registered manager and the management team. The registered provider and manager were committed to ensure continuous improvements were made at the service. The registered manager was passionate about increasing the range of activities available and the homes presence in the local community.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last comprehensive rating for this service was requires improvement (published 20 September 2018) This was because of concerns about the safety of medicines. We returned to the home in September 2018 and carried out a responsive inspection found improvements had been made (published 23 October 2018). This improved the overall rating back to good.

#### Why we inspected

This was a planned inspection based on the previous rating of the comprehensive inspection.

#### 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?

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?

Outstanding ☆

The service was exceptionally 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.

# Brinnington Hall

## 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

This inspection was carried out by two inspectors on the first day and one inspector on the second day

#### Service and service type

Brinnington Hall 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and seven relatives/visitors. We spent time observing staff interacting with people. We spoke with the registered manager, the care manager, a deputy manager, two

seniors and four care staff including night staff members. We also spoke with the maintenance manager, chef, an activities co-ordinator and a visiting professional.

We looked at documentation relating to five people who used the service and information 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 the last inspection this key question was rated good. At this inspection this key question had remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At this inspection we found improvements to the medicine management system found at the last inspection had been sustained.
- We saw at the morning handover that people's medicines records were thoroughly checked by senior staff to ensure medicines had been given.
- Electronic care records we saw gave detailed information about a person's medicines and links for further information about the medical condition that applied.
- Information was also available about end of life medicines and the arrangements in place with district nurses to administer them as well as people's ability to communicate pain.
- Prior to our inspection we spoke to our partners in the local Clinical Commissioning team. They confirmed that they had monitored the medicines system and were satisfied with their findings.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from the risk of abuse.
- Staff we spoke with confirmed they had received training in safeguarding people from abuse. Staff could explain what they would do if they suspected abuse and were confident that the registered manager would act to address any concerns they raised.

### Staffing and recruitment

- Staff were recruited safely. This included obtaining pre-employment checks prior to applicants commencing employment. These included references from previous health and social care employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.
- Information we received showed that there had been a high turnover of staff. The registered manager told us this had been for a wide range of reasons for this which included career progression.
- The registered manager told us the home was now fully staffed and there had been an overall increase in staffing levels. Relatives said that the constant change of staff faces was sometimes difficult for them. Staff told us that during this period the team had all pulled together to ensure that people were supported by staff that knew them well.
- We saw that there were enough staff available to meet people's needs.

### Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risks associated with people's care and support had been identified and actions taken to minimise risks occurring.

- We looked at people's care records and found they contained risk assessments which detailed how staff should support people to remain safe.
- During the inspection we accidentally set off a sensor alarm. We saw that staff came quickly to the room to offer their assistance.
- If serious incidents occur the provider carried out a Root Cause Analysis (RCA) to find out what went wrong and what action needed to be taken to prevent it happening again.

#### Preventing and controlling infection

- The premises were exceptionally clean and infection prevention and control measures were in place.
- Following a recent choking incident at another home we asked that disposable gloves in people's en suites were kept locked away. The registered manager took immediate action to address this.



# 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 good. At this inspection this key question had remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support; induction, training, skills and experience

- We were told that since our last inspection changes had been made to the induction training programme for new staff. New staff now completed a two-week induction prior to starting at the home. This is followed by a new 'in house' programme 'My care home induction' as part of the care team.
- The provider had introduced a new online training and supervision systems which enabled the registered manager to monitor whether staff training, and supervisions had taken place.
- Staff completed specialist dementia training empowering them with the skills to provide high quality care to people. Staff had made links with other local projects to keep learning about ways to support people living with dementia.

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

- People told us, "The food is good. Very edible", "The food is okay, I can eat in my room if want and watch my television" and "I have sausage and bread for breakfast every day. The food is good. I could have a full breakfast if I wanted."
- Tables were seen to be nicely set, with napkins, flower displays and jugs of juice on each table. Hot and cold options at any time of day. Drinks and snacks were offered throughout the day.
- We saw that people were offered as much choice as possible. Lunch was a lively affair, lots of chatter and a fun atmosphere.
- The home had introduced protected meal times. This was so that people were not distracted from eating and drinking by the presence of visitors.
- The catering manager met with people and families to discuss their likes and dislikes. Each person's individual nutritional needs report could be found in the kitchen.
- The registered manager said that the provider sent some staff to a silver service restaurant as a learning exercise to show them how to offer a high-end service.
- A chef had also visited the home to show catering staff how to pipe pureed food to make it look more appetising and encourages people to eat.
- People's weight was checked monthly unless they were at risk of losing weight when it was increased to weekly.
- The home had a system in place that supported staff to monitor fluid intake. Staff closely monitored the set targets to ensure they were met, and people did not become hydrated.

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

- We spoke with a district nurse who visits the home twice a week. They told us the home was responsive in referring people to district nurses, they held monthly meetings with managers and staff followed their guidance.
- The home was involved in the digital health out of hours project and were able to use video links as means of getting a swift diagnosis to determine if they could stay at the home or needed an ambulance and go to hospital.
- The home was involved in the 'red bag' scheme to help ensure all a person's records and other items such as glasses would be returned to the home. This helped ensure seamless care and reduce distress associated with admission and discharge from hospital.
- The home's new minibus had proved to cut people's time spent waiting in hospital to return from an average of 7 to 2 hours. This was because the minibus could pick people up to save them waiting for ambulance transport.
- Healthcare professionals were now able to access people's records at the home
- A dementia specialist had been to the home to carry out workshops for families as part of the 'Lean on Me' project.
- A new health and wellbeing suite was being put in place that visiting healthcare professionals can use for examinations. This would provide a confidential, well lit place for people to receive consultations. An aromatherapist visited the home.
- A short-term care plan was put in place if a person's health needs change. An additional 72 hours increase observation period was put in place if a person had experienced a fall.

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

- The service was purpose built and designed to meet people's needs
- The gardens were well maintained and had outdoor furniture and plants which created a pleasant environment for people to enjoy.
- We saw that the service had undertaken a Brinnington Hall Garden in Bloom Project. We saw photographs and people told us that they had taken part in this event and that local people and shops from within the community had also taken part.

The communal areas had large picture windows which looked out over the main road, the bus stop and the bowling green next door. The windows had the effect of drawing the community into the home. For example, watching children going to school or people out walking their dogs. We saw some people wave as they passed by and people enjoyed this.

- We saw the environment was attractive and had effective dementia friendly décor. This included signage, names and meaningful personalisation on bedroom doors.
- The home had wide range of facilities that people could use, such as a cinema room, a pub, a hairdressing salon and a soon to be opened shop that was partially stocked and was to be run people who used the service. One person told us, "I go to the hairdresser every month to have my hair done in the salon downstairs which is lovely."

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

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.

- We saw information to show that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). We saw that information was available to guide staff on the MCA and DoLS procedures.
- Assessments had been carried out to determine whether a person lacked capacity. The electronic care planning system pad that staff used clearly identified if a person lacked capacity and if they had a DoLS in place, so they could be appropriately supported.
- The service had been involved in the hospital trusted assessor programme. This is a system where the home is reliant on the hospital to carry out an assessment to discharge a person into the home. However, this had not gone to plan so they had returned to carrying out their own assessments to ensure that they could safely meet people's individual risks and support needs.
- People's needs were assessed prior to admission by a member of the management team to ensure that the service could meet their needs.
- Admissions only took place Monday to Thursday to ensure that the correct medication and any equipment needed by the person was available.

# 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 good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved in partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, "Carers are kind and do well with some complex people. It's not home but it's the next best thing", "I'm happy here. The staff are nice" and "The staff are caring and always someone around to help me."
- Staff told us they enjoyed working at the home, which made for a pleasant and inclusive atmosphere.
- A relative said, "Generally I am very happy with the care here and [relative] is usually well presented but this can depend on their frame of mind" and "We visit regularly and feel that [relative] is well cared for and we would know if [relative] was not happy."
- The registered manager had recently developed a new cultures, religions and traditions information pack. The pack was to be issued to staff to enable them to care for and work effectively people with diverse needs and beliefs and to be aware of projecting their own values on others.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff knew people well and ensured people were involved in decisions about their care.
- We saw staff explaining the task they wanted to carry out and they only proceeded when they had consent from the person to do so.
- People's likes, and dislikes were recorded in care plan documentation and we saw staff had a good understanding of people's preferences.
- Monthly meetings took place with the managers including front of house managers and activities organisers to check that people were happy with the service they received.
- A digital survey was used to get feedback from relatives about the service.
- The service had celebrated dignity day and introduced screens and door hangers as a means of promoting people's dignity.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely and access on electronic devices was set on a permission system which maintained people's confidentiality.

# 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 good. At this inspection this key question had improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 told us, "I like to sing and do karaoke. I have been known to sing for the other residents and the staff support me to do this" and "I've been here a year. It's good really. I've made some friends here. We have a chat and a laugh. There are activities to tap into. I'm going down to watch the singer later on. There is usually something happening."

● Arrangements for social activities, and where appropriate work, were innovative, so people could live as full a life as possible.

● The registered manager told us that their aim was to increase the level of activities available to people and improve opportunities for community participation both within and outside the home. We saw a wide range of new initiatives that were in place to support this aim and many more planned.

● The service had increased their activities to two co-ordinators working opposite each other to provide activities over seven days a week. Two family members had also become volunteers to help support the provision of activities at the home.

● The addition of a minibus had meant that the service had increased people's opportunity to get and about. For example, we saw a group going out to a weekly exercise class in the local community.

● We were told that some people who may get anxious from time enjoyed going for rides out to the local countryside or where they had previously lived, and this helped to calm their anxiety. There was also a walking club.

● A 'mums and tots' group from the local community used the home and people who used the service could attend sessions. We saw photographs of people enjoying these sessions and spending time with young children.

● The service understood the importance of music particularly for people who lived with dementia. The registered manager had been in touch a fellow from the Royal Northern College of Music (RNCM) who has worked with the home to develop a community choir.

● We took part in a thoroughly enjoyable practice session of the choir which included people who used the service, relatives and staff. The community choir had their first public performance planned to take place at Chethams School of Music in October and a second Christmas performance at the RNCM.

● We saw that there was a pop-up restaurant event which was held every month. Relatives paid £10 for a 3 course dinner and wine with their loved ones. This enabled relatives to develop good relationships with the home and spend quality time with their relatives. Due to its popularity there was a waiting list for this event.

● The home worked in an extremely person centred way to make sure the opportunities and activities available for people met their individual likes and preferences.

- One person who lived with dementia continued to attend their work placement at a local garage. This intervention had helped to significantly to reduce behaviours that may challenge others.
- The service had put a wish tree in place in the entrance hall. One person wanted to be an elephant keeper for the day and this was in the process of being arranged with a local zoo. We saw from photographs that a wide range of animals had come into the home which included a Shetland pony, frogs and snakes.
- One person who had previously enjoyed crown green bowling had had the opportunity to bowl again. Another person who had previously been involved with the Brownies had received old badges and pictures from someone in the community which they were very pleased about.
- It was recognised that some people did not want to be involved in group activities and preferred one to one time in their rooms. This was fully respected by staff. For example, one person enjoyed beating staff at cards.
- During the inspection we saw that people came into the home to carry out an armchair exercise class as well as a singer who encouraged people to join in. There was also a craft and painting session taking place.
- We saw and experienced a new initiative of using virtual reality glasses with an 'app' from a mobile phone. This method was a way to transport people back to VE day and the Queen's coronation. This could help the person reminisce and reduce any anxieties they were experiencing. It was planned that this method would be tried in the very near future.

#### 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 that people are given information in a way they can understand. This standard applies to all people with a disability, impairment or sensory loss and in some cases their carers.

- We saw that the activities available were displayed in picture form on the notice board and the menu was also set out in pictures to help people choose their meals.
- There had been workshops held with families with health professional input on how to use cue cards with people who lived with dementia to help them communicate.
- We saw on people's care records that their communication needs had been considered. For example, staff taking their time for the person to respond and using facial expressions and gestures to make their needs known.
- We saw that people who used the service and the whole staff team had engaged in a 'This is Me' project. Each person had a 'buddy' and they had worked together developing scrapbooks with the help of families. This helped forge strong relationships with others.
- We sat with a person living with dementia and a staff member with their scrapbook. The person became very pleased and excited when they saw a photograph of a dog that resembled theirs.

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

- A relative said, "I recently attended a review to update the care plan and we made some positive changes. I feel listened to."
- We looked at care records and saw they were very informative and reflective of the care and support being delivered and people's personal preferences, likes and dislikes.
- An additional afternoon handover had been introduced to help further ensure continuity of care.

#### Improving care quality in response to complaints or concerns

- The registered manager works until 7pm on week days so they were accessible to people, relatives and staff if they wanted to raise any concerns.
- In the absence of the registered manager there was always a member of the senior management team on

duty that people could raise concerns with.

- In addition, a monthly relative's surgery was held, and the home had access to relative's email addresses if they were not able to attend in person to any messages could be sent via email.
- People, relatives and staff could also use the suggestions box anonymously if they had any concerns.
- A relative said, If I have a niggle I can report this to staff or the manager and know a concern would be acted upon."
- We saw that the home had received many 'thank you' cards from relatives. Comments included, "Thank you so much for making [relatives] birthday so special. Who would have thought that 101 years old [relative] would join in [person's name] Karaoke" and "Wow! What an incredible job you all do. There aren't enough words to express how much we appreciate you all."

#### End of life care and support

- The provider was thoughtful and compassionate about how they supported people receiving end of life care and worked in partnership with other professionals such as district nurses to ensure comfortable and considerate care was provided.
- Relatives were able to stay at the home if their loved one was nearing the end of their life or was poorly.
- The registered manager had reviewed the provision of end of life training with a view to enrolling the home on the local Six Step programme. The Six Steps programme is aims to enhance end of life care by supporting staff to develop their roles.

# 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 good. At this inspection this key question had remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team consisted of a registered manager, a care manager, two deputy managers and a team of senior staff. All staff understood their roles and level of accountability.
- The registered manager and the team were supported by a new regional manager. The regional manager had settled into the role quickly and described the service as, "A breath of fresh air."
- The registered manager had introduced a list of questions relating to the Regulations for senior staff to answer and familiarise themselves with in management meetings.
- The registered manager was keen to maintain their continuous professional development and had enrolled for Level 7 in strategic management and leadership. They had also been involved in a research project with Manchester University looking into physical health older people.
- A new three-week introduction programme for managers had been introduced. We saw that close shadowing of new senior staff was taking place throughout our inspection.
- We saw that the registered manager was passionate, and the staff team were fully committed to working towards becoming an outstanding care home. We saw that there was significant improvement made in the last year in relation to activities and community participation both inside and outside the home with further work in progress or planned.
- The provider had a range of audits in place to ensure standards were maintained in line with the providers expectations. An external company also came into the home to carry out independent compliance reports.
- Actions identified through the audit system were addressed appropriately and in a timely way.

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

- The registered manager and provider wanted to promote a culture where staff felt valued. They recognised that caring for people in a person-centred way was a highly skilled and responsible role.
- The provider had developed a new in-house training model 'How to become an Ideal carer'. This looked at ways of building 'all rounders' through acknowledging, showing initiative, relationship building and excellent communication skills.
- In addition, the service had introduced the 'CREWS' Awards badge scheme for seniors and managers which recognised supporting staff motivation, showing a caring attitude, strong evidence of best interest decision making, talking about how equality and diversity applies to staff and their work.
- The service ran through a nomination process an employee of the month scheme. The provider also



financially supported staff team building events.

- The service had been recognised in the local authority 'Stockport Stars Awards'. Brinnington Hall was shortlisted as in the top 3 best care homes, the maintenance manager won the 'hidden star' award and the registered was awarded a judges highly commended award.
- The homes work had also featured in the local quality assurance team's newsletter in an article about a person's work placement.

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

- The service worked in partnership with relevant external stakeholders and agencies to support care provision consistent care for people.
- The registered manager and staff team had good relationships with GP's and other external professionals. This meant people receive appropriate support when they needed it.
- Staff felt well supported in their roles. They told us training and professional development was encouraged and supported.
- The provider involved people who used the service and their relatives. Meetings were regularly held, and people and their relatives were involved in decisions about the home. For example, concerns raised about the laundry provision had led to an increase in staff.
- A community base professional commented, "I love it here and wouldn't hesitate for a loved one to come here."
- The service continually sought to engage people and relatives in new and more creative ways. For example, creating an online Facebook page and updating relatives via email.
- We received positive feedback about the home from the local authority quality assurance teams and the clinical commissioning group (CCG).
- The service worked in partnership with relevant external stakeholders and agencies to support care provision consistent care for people. A weekly 'professionals breakfast' invited healthcare professionals and community workers to the service to build relationships with people and staff, whilst they enjoyed complimentary food and drinks.
- Relatives were encouraged to use an online review service to give their views about the services. We looked at this information and saw the following comments, "As a visitor, I found the place always welcoming, clean, well run and the staff were lovely, helpful and above all cheerful. My [relative] was in safe good hands, loved to sing songs and the animal visitors", "Here [relative] has lots of company and great activities every day including really good entertainment. I know [relative] is well cared for and you only have to look at [relative] to see that they are happy" and "[Relative] has settled in extremely well thanks to the wonderful staff and management. [Relative] is now taking part in some of the activities within the home and we honestly never thought [relative] would join in."