

The Royal Masonic Benevolent Institution Care Company

James Terry Court

Inspection report

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Date of inspection visit:
27 September 2022

Date of publication:
17 October 2022

Ratings

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

Summary of findings

Overall summary

About the service

James Terry Court is a care home providing personal and nursing care to up to 76 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 58 people using the service.

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

People were safe at the service. Staff knew how to safeguard people from abuse and keep them safe from identified risks to their safety and wellbeing.

There were enough staff to support people and meet their needs. The registered manager was taking action to review and increase staffing levels as people's needs changed. Recruitment and criminal records checks were carried out on staff to make sure they were suitable to support people. We noted decisions to employ staff had not been formally recorded, where a gap in information or concern about their previous employment had been identified. The registered manager was taking action to address this going forwards.

Health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises was clean and tidy. Staff followed infection control and hygiene practice to reduce the risk of infections. Although staff did not routinely wear face masks at the service in line with current government guidance, the provider had taken action to ensure infection risks to people were mitigated.

People were involved in planning and making decisions about the care and support they required. People's records set out their preferences for how their care and support needs should be provided. Staff understood how people's needs should be met and provided the care and support which had been planned for people. Staff were provided with relevant training to help them meet people's needs. Staff were well supported and encouraged to learn and improve in their role and to put people's needs and wishes at the heart of everything they did.

Staff were kind, caring and treated people well. They supported people in a discreet and dignified way which maintained people's privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to stay healthy and well. Staff helped people to eat and drink enough to meet their needs and to take their prescribed medicines. Medicines were managed safely. Staff supported people to manage their healthcare and medical conditions and made sure people could access support from healthcare professionals when needed. The service worked well with other healthcare professionals to ensure a joined-up approach to the care and support people received.

People were supported to participate in a wide range of activities and events at the service. Relatives and

friends were free to visit people if they wished without any unnecessary restrictions. There were a range of comfortable spaces around the premises where people could spend time, when not in their room. Since our last inspection the provider had improved the premises to make this a more comfortable and pleasant place for people to live. Further refurbishment was planned.

The service was managed well. People and staff spoke positively about the management of the service, particularly the new registered manager who had been appointed since our last inspection. The registered manager and senior staff team were experienced and had a clear understanding of how people's needs should be met. They undertook audits and checks at regular intervals, to monitor, review and improve the quality and safety of the service. The provider undertook their own checks of the service at regular intervals to make sure the service was meeting required standards.

There were systems in place to obtain feedback from people, staff and others about how the service could be improved. Accidents, incidents and complaints were fully investigated and people were informed of the outcome.

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 10 October 2017).

Why we inspected

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

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

James Terry Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

James Terry Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. James Terry Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they were registered. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people using the service and two relatives. We asked them for their views about the safety and quality of care and support provided to people at the service. We observed interactions between people and staff to understand people's experiences. We spoke with the senior staff team which included the registered manager, the deputy manager, the business relationship manager, the training manager, the facilities manager and the provider's health and safety director. We also spoke with two team leaders, six care support workers, the chef and four staff responsible for housekeeping. We reviewed a range of records. This included six people's care records, records relating to medicines management, five staff recruitment files, staff training and supervision information and other records relating to the management of the service.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- There were adequate numbers of staff to support people and meet their needs. We saw staff were present and provided appropriate support and assistance to people when this was needed.
- We asked people if there were enough staff and comments we received included; "There seem to be enough"; "I think so, they are very quick to respond when I need something"; "Sometimes they are a bit rushed but still patient and tolerant"; "Sometimes yes and sometimes no. They are always there if we are in the sitting room"; and "Whenever I am here there seem to be enough and [family member] looks clean and tidy and well looked after".
- The registered manager reviewed staffing levels on a weekly basis to make sure there were enough suitably skilled staff to meet people's needs.
- Staff told us people's needs had changed recently in the residential wing of the service and as such they would benefit from increased staffing support to make sure people's needs were met. We discussed this with the registered manager who told us they were already aware of staff's concerns. They had arranged a meeting with staff in the week after our inspection to talk these through and discuss how these additional needs would be met.
- The provider, on the whole, operated safe recruitment practices. They carried out checks on staff that applied to work at the service to make sure only those suitable were employed to support people.
- We noted when a decision was made to employ a staff member where information indicated a gap in their work history or a concern about their former employment, the registered manager did not always formally document the reasons why the staff member was deemed suitable and how any potential risk to people would be mitigated. The registered manager told us they had sought assurances of staffs' suitability but acknowledged this information should be formally documented in staff files going forwards.

Preventing and controlling infection

- Staff did not routinely wear face masks around the service in line with current government guidance. However, the provider had undertaken a risk assessment and had measures in place to ensure infection risks to people would be mitigated.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. One person said, "I think it is safe here. There is always someone to help." Another person told us, "I feel safe. Whenever you need someone they are there." A relative said, "My [family member] is 100% safe here." Another relative told us, "I am confident that [family member] is safely looked after."
- Information about how to report concerns about abuse was available to people, visitors and staff.
- Staff received training and support to help them safeguard people from abuse. They were aware of how and when to report concerns to the appropriate person or authority.
- The registered manager understood their responsibility to liaise with the local authority and other relevant agencies when a safeguarding concern was reported to them. When a concern had been raised, the registered manager took appropriate action to make sure people were safe from further risk of abuse.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe at the service. People's records contained current information about identified risks to their safety and wellbeing and the measures staff should take to manage these risks and keep people safe.
- Staff were vigilant when people were moving around the service or undertaking activities and made sure people remained safe. For example, during the lunchtime service people were supported into the dining rooms and helped to take their seat by staff who did not rush them and made sure they were safe and comfortable.
- Staff understood risks to people and gave us examples of the action they took to support people to stay safe.
- There were regular health and safety checks of the premises and staff dealt with any issues arising from these promptly. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff had received training to deal with emergency situations if these should arise at the service.

Using medicines safely

- People received their medicines safely and as prescribed. People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way.
- Our checks of stocks and records showed people consistently received the medicines prescribed to them. Medicines had been stored safely and appropriately.
- Senior staff audited medicines stock and records at regular intervals and checked staff's competency to make sure they were managing and administering medicines safely.
- When issues had been identified with staff's practice, action was taken to provide the appropriate support to staff to reduce the risk of these issues reoccurring.
- Staff were required to refresh their training in medicines administration at regular intervals to make sure their skills and knowledge remained up to date.

Learning lessons when things go wrong

- The provider managed accidents and incidents at the service well. There were systems in place for staff to report and record accidents and incidents.
- Staff understood when and how to report and record accidents and incidents.
- The provider investigated accidents and incidents and made sure action was taken to reduce the risk of these reoccurring. Learning from investigations was shared with staff, to help them improve the quality and safety of the support provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider made sure people's care and support needs could be delivered by the service, in line with standards, guidance and the law.
- The provider undertook assessments with people and others involved in their care, prior to them using the service, to obtain the information they needed to plan and deliver the care and support people required. This included information about people's medical history, current healthcare conditions, their care needs and the outcomes they wished to achieve from the support provided.
- Information from assessments was used to develop care plans which set out the care and support people required from staff. People had been able to state their choices about how and when support was provided and this information was available to staff, in people's records. One person said, "My preferences are listened to and acted on."

Staff support: induction, training, skills and experience

- Staff were able to meet people's needs and received relevant training to help them do this. One person said about staff, "Very well trained, I am impressed with it all." Another person told us, "Their greatest asset is that they care but they have the knowledge and skills as well."
- Staff updated their training and attended refresher courses to help them continuously apply best practice when providing care and support to people.
- Staff received support in the form of supervision and appraisal at regular intervals to support them in their role and to identify any further training or learning needs they had.

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

- People were supported by staff to eat and drink enough to meet their needs. One person said, "The food is good and there are choices." Another person told us, "The food is ok. There is always plenty."
- We observed the lunchtime service and saw people were supported by staff to make choices about what they wanted to eat. People's meals were served hot and looked appetising. Staff were attentive to people's needs, providing appropriate support to help them eat when this was needed.
- Staff understood people's dietary needs and any specialist needs due to their healthcare conditions and took this into account when planning and preparing meals.
- Staff monitored people were eating and drinking enough. When they had concerns about this, support was sought from the relevant healthcare professionals and staff acted on any recommendations they made.

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

- People were supported by staff to manage their healthcare conditions and needs. Their records contained information for staff on how they should do this.
- Staff understood people's conditions and how they needed to be supported with these. People's healthcare conditions and needs were discussed and reviewed on a weekly basis by staff which helped them identify any further support people might need to help them stay well.
- People were supported to access healthcare services and healthcare specialists involved in their care. When people became unwell, support was sought for them promptly.
- The service was well supported by healthcare professionals to make sure people received consistent and timely care with their healthcare needs. The GP visited the home every week and there was also a weekly visit from the local NHS Rapid Response Team, who provided clinical advice and support to staff when needed.

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

- The design, decoration and layout of the home was meeting people's needs. People's bedrooms had been individualised and furnished to their choice.
- There were a range of comfortable spaces where people could spend time in when not in their room including communal lounges, dining rooms and specially designed social spaces around the service.
- There was signage around the premises which helped people identify and locate areas such as the lounges, dining room or toilet.
- The registered manager told us refurbishment of some of the communal areas was planned to make the living space more comfortable and enjoyable for people to spend time in. For example, the roof garden was being refurbished and external space on the ground floor was being adapted to make this accessible to people to spend time in.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider undertook assessments of people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions the provider would involve others involved in people's care and healthcare professionals to ensure decisions would be made in people's best interests.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were looked after well by staff. One person said, "They are really lovely. Can't do enough." Another person told us, "They are angels. Always kind and pleasant." Another person said, "They are so kind. My own family couldn't do better." A relative told us, "They are mostly lovely and very patient. There is a lady who calls out all the time and they are wonderful and never impatient with her."
- We spent time observing people interacting with staff. People were relaxed and comfortable with staff. When people asked for their support, staff did not hesitate to provide this. Staff clearly knew people well. They greeted people warmly and asked how people were and what their plans were for the day.
- Conversations between people and staff were friendly and cheerful. We heard and saw laughter and genuine warmth and appreciation when people and staff were chatting with each other.
- Staff were kind and patient when supporting people. People were not rushed and could take as long as they wanted, eating their meals, doing activities, talking to others and when moving around the home.
- Staff were quick to comfort and reassure people. They calmly and discreetly supported people who became anxious or started to show signs of distress.
- People's specific wishes in relation to how their social, cultural and spiritual needs should be met were recorded in their care records so staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- People had been supported to express their views and be involved in making decisions. People's care records reflected the choices and decisions they had made about how their care and support was provided. One person said, "I have been involved at all stages...they do their best to make sure I can choose things."
- People's feedback was obtained at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff were respectful when talking to people. They listened to what people had to say and then responded in an appropriate way.
- Staff made sure people were clean and dressed appropriately for the time of the year.

- People's right to privacy was respected. Staff made sure people could spend time alone in their rooms and did not enter people's rooms without seeking their permission first.
- Personal care was carried out in the privacy of people's rooms or in bathrooms. Staff sought consent from people before carrying out any care. One person told us, "They are fantastic. Always polite and ask before doing anything."
- Staff prompted people to do as much as they could and wanted to do for themselves. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves.
- Adapted cutlery and plates were used to help people eat independently. Staff only helped when people could not manage and complete tasks safely without their support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People had choice and control about how they wanted to receive care and support from staff.
- People's records informed staff how people's care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day.
- Staff understood people's needs and gave us examples of how they provided care and support to people in the way people preferred.
- Staff recorded the care and support they provided to people which helped the provider make sure people received the care and support planned and agreed.
- People's care and support needs were reviewed at regular intervals to check this was continuing to meet their needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- Information at the service could be adapted to meet people's specific communication needs. For example, information could be made available in large print or in braille if this was required.

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 were encouraged and supported to take part in a wide range of activities and events at the service. One person said, "There is a lot going on and I like the handicrafts and singing especially." Another person told us, "There is a lot to do if you want to. I like to hide away sometimes but I like the interactive screen for games."
- There was a programme of activities for people to take part in such as quizzes, light exercises, games and arts and crafts. There were regular visitors to the service such as musical entertainers and a magician. The service was recently visited by an organisation who brought in penguins to meet and interact with people, which people very much enjoyed.
- A wide range of events were also planned and delivered for people by a volunteer committee known as the 'Association of Friends', including a family fun day, hog roast, party nights and a golf day.

- People told us they would like more outings in the community. We saw upcoming trips were planned to a cathedral in Surrey, an old time music hall and a garden centre.
- People received support to maintain relationships with the people that mattered to them. People's friends and family were free to visit with no unnecessary restrictions.
- When friends and family were unable to visit, staff made sure people could still maintain contact with them through, for example, video and telephone calls.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's concerns and formal complaints.
- People had been provided information about what to do if they wished to make a complaint and how this would be dealt with. One person said, "I know how to complain but I haven't." Another person told us, "I certainly know how (to make a complaint) but I don't need to"
- When people had raised concerns and complaints we saw these were dealt with appropriately by the service.

End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This was recorded in their records. This helped to make sure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- Where this was appropriate, 'do not attempt resuscitation' orders (DNARs) were in place and records showed people and those important to them had been consulted.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated requires improvement. The rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since our last inspection, the provider had taken action to ensure the service was now well led. People had more opportunities to share their views and have their say in how the service could improve. Senior staff were more accessible to people and their photographs were displayed at the service to help people recognise who they were. One person said about the management of the service, "Very well managed judging by results. They exceeded my expectations in every way". Another person told us, "It is well managed and I am comfortable."
- A new registered manager had been appointed in May 2021. The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The registered manager had oversight of the service. They used governance systems to monitor and review the safety and quality of the service and took action when needed to address any gaps or shortfalls at the service. This helped to ensure people were safe and experienced good quality care and support.
- The provider undertook their own checks of the service at regular intervals to make sure the service was meeting required standards.
- The registered manager had a clear vision for how the service needed to improve and taken appropriate action in response. Changes made at the service since they had taken up their post included improvements to the general environment to make the service a more comfortable place for people to live. Improvements had also been made to records systems leading to better quality, up to date information about people's care and support needs.
- People's feedback confirmed staff delivered good quality support consistently. One person said, "They are lovely and know what they are doing. Always respectful." A relative told us, "They know what they are doing and they do it in a very nice way. Always polite." A relative had recently written to the service to compliment them on the care and support provided to their family member. They wrote, "You have no idea what it means to us to have my [family member] in such a lovely safe and caring environment." Another relative had written in to say, "There is not enough chocolate or thank you's to express our gratitude. Thank you for your wonderful work."
- Staff were focused on meeting people's needs and helping them to achieve positive outcomes in relation to their care and support. A staff member told us they enjoyed "going the extra mile" to make sure people got the care and support they wanted in the way they preferred.
- The registered manager understood and demonstrated compliance with regulatory and legislative

requirements.

- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had worked hard to improve the culture of care at the service in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. They encouraged and supported staff to put people's needs and wishes at the heart of everything they did.
- The registered manager and the senior staff team were available and accessible and took a genuine interest in what people, visitors and staff had to say. People told us they felt comfortable speaking to the registered manager and senior staff if they had any issues or concerns. A staff member told us, "[Registered manager] does come out and talk to people and you do feel you can talk to her."
- Staff felt respected, supported and valued by the registered manager and senior staff. Staff felt able to raise concerns without fear of what might happen as a result. A staff member said, "I quite like [registered manager]. She is approachable and trusts us to get on with our jobs. She doesn't micro manage us...her door is always open."
- People's feedback and views was used to make improvements. For example, staff sought people's feedback about the menu to help them improve the mealtime experience for people. People's views had also been sought about the activities they would like to see more of at the service. Staff were using this feedback to plan and deliver activities that people wanted.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved and help people achieve positive outcomes.

Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care and support. The service acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing. The deputy manager told us, "The GP is a great help and very involved. Rapid Response are also on site today. They are a great support to us in terms of nursing and clinical care."