

Prime Life Limited

# Southfield House

## 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Southfield House is a domestic dwelling situated close to the centre of Brigg. It is registered with the Care Quality Commission [CQC] to provide care and accommodation for up to 14 people with mental health needs.

This inspection took place on the 9 and 12 September 2016 and was announced. At the last inspection on the 2 April 2013, the registered provider was compliant with the regulations we assessed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people who lived at the service received differing levels of support from staff based on their personal needs. We saw support was individualised and people's needs were fully understood by staff. Staff worked with people to develop and equip them with the necessary life skills to live as independently as possible and we saw their best interests were promoted.

People who used the service told us they were well supported by staff and liked living at the service.

We found risk assessments were completed to guide staff in how to minimise risks to people's wellbeing without taking away people's rights to make decisions. There were also policies and procedures, and training, to guide staff in how to safeguard people from the risk of abuse. In discussions with staff it was clear they knew how to recognise abuse and how to report it to the appropriate agencies.

Staff had been recruited safely and the registered provider's recruitment procedures ensured, as far as practicable, people using the service were not exposed to staff who had been barred from working with vulnerable adults.

Medicines were handled safely and staff had received training in this area.

People who used the service were provided with a varied and individual diet. We saw they were consulted and involved with meal choice. Staff liaised with healthcare professionals on people's behalf if they needed support accessing their GP or other professionals involved in their care.

Records showed people had assessments of their needs and support plans were produced; these showed people and their relatives had been consulted and involved in this process. We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it.

There was a complaints procedure in place which was available in a suitable format, enabling people who used the service to access this information if needed. The service had developed systems to review the quality of service provision and highlight areas which required further action. Action plans with identified timescales had been produced to address shortfalls. However, we found that not all daily diary records contained detailed information about the level of care and support people had been offered. We have made a recommendation about this in well led.

People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote people's independence whilst protecting their privacy and dignity. We saw people were supported to access the local community and engage in activities they enjoyed, including voluntary work placements.

Staff had access to induction and on-going essential training, supervision and appraisal. This ensured staff had the skills and knowledge to support people who used the service safely and effectively.

We observed that positive relationships with the staff and people who used the service had been developed.

## 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.

People who used the service were cared for by staff who had been trained to recognise the signs of abuse and how to report this.

There was sufficient staff provided to care and support people effectively.

Staff had been recruited safely.

People received their medicines as prescribed and staff had received medicines management training.

The service was clean and hygienic and safety checks had been undertaken on a regular basis.

### Is the service effective?

Good ●

The service was effective.

People who used the service were cared for by staff who had received essential training in how to effectively meet their needs.

We saw people who used the service were supported to have a healthy, nutritious diet and to receive appropriate healthcare when they required it.

Staff understood the principles of the Mental Capacity Act 2005 [MCA], which meant they promoted the person's rights and followed least restrictive practice.

### Is the service caring?

Good ●

The service was caring.

We saw staff had developed both positive and caring relationships with the people who used the service.

Staff showed respect when communicating with people.

People's privacy and dignity was maintained.

Staff promoted people's independence and assisted them to live a full and active lifestyle.

### Is the service responsive?

Good ●

The service was responsive.

There were arrangements in place to ensure people had the opportunity to engage in activities both inside the home and within the wider community. This promoted people's independent living skills and developed their confidence.

There was a complaints policy and procedure to guide people who wished to raise a concern.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led,

There were systems in place to monitor the quality of the service.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

The registered manager promoted a fair and open culture where staff felt they were supported.

Although records were overall well maintained, we found some daily records lacked detailed information about the level of care and support that had been offered. We have made a recommendation about this.

# Southfield House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 12 September 2016 and was unannounced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. They had no concerns at the time of the inspection. We also looked at the information we hold about the registered provider.

During our inspection we spoke with six people who used the service, three members of staff, the registered manager, the regional director and the maintenance director and one visiting professional. We also spent some time observing how staff interacted and supported people who used the service. Following the inspection we spoke with two healthcare professionals and the relatives of three people who used the service.

We looked at the care records for three people who used the service; this included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff. We reviewed records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints.

The recruitment files for three staff, training records, staff rotas, supervision records, minutes of meetings with staff and people who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus were also looked at. We undertook a tour of the building with the registered manager.

# Is the service safe?

## Our findings

People who used the service told us they liked the staff and liked living in the home. They said, "Of course I am safe, if I wasn't I wouldn't stay here." Other people told us, "I love it to bits, I am safe, absolutely." and "If we have any problems with anything, I would speak to staff, they will help us with anything."

Relatives spoken with told us they felt there were sufficient staff on duty to meet people's needs. One relative said, "There is always someone about and they always make time to talk to me." Another told us, "Yes, I think my relative is safe and he is well looked after. I am very happy with the service."

We observed how people were in their environment and saw they were relaxed and happy. We spoke with three health and social care professionals who told us they had no concerns about the care and support offered to people. One social care professional told us, "The service do a really good job, it is very rare there are any issues and they will always contact us for advice."

During the inspection, we spoke with staff and they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff had clear lines of accountability and told us they could also contact the registered manager out of hours if necessary. We looked at training records which showed staff had received training in how to safeguard the person from abuse and how to recognise abuse.

The registered manager and regional director were aware of the risk matrix tool used by the local safeguarding team and how to refer any allegations of abuse; they confirmed they used the risk matrix tool and described the situations when it would be used. There was evidence the regional director and registered manager had used the safeguarding policies and procedures correctly. Prior to the inspection we received information about an allegation of potential abuse. The local safeguarding team have asked the registered provider to investigate this and provide them with details of the investigation when completed.

We saw audits had been completed, which ensured the safety of people who used the service. For example, the environment was checked and risk assessments were seen including a personal evacuation plan in the event of an emergency. We saw certificates and documentation to confirm that the building was maintained safely.

Staff understood the importance of respecting the person's rights and ensured they were treated with dignity and respect at all times. We observed staff interacting with people and this was carried out in a caring and supportive way that ensured choice and inclusion were promoted.

We looked at the care plans for three people and found they identified potential risk and how this was to be managed. Examples of this were; road safety, going out into the community and indicators of when people's mental health may be deteriorating. When changes had occurred, we saw the risk assessments had been updated.

Discussions with registered manager and staff confirmed that physical restraint was not used within the service. Staff had undertaken training with regard to changing behaviour and managing potential aggression. The care records we looked at showed that distraction techniques were effective in managing incidents of behaviours that challenged. The registered manager kept an on-going record of any incidents which happened at the service.

Staff were provided in enough numbers to meet the person's identified needs. We spoke with the registered manager and three members of staff who all confirmed that adequate staffing levels were available to meet people's current needs. People who used the service told us, "There are plenty staff about and we don't have to wait for anything when we ask." Another person told us, "The staff are always available for us and we are able to go out every day, it really isn't a problem."

We looked at recruitment files for three staff who worked at the service and found that safe recruitment processes had been followed. We saw that appropriate disclosure and barring services (DBS) checks and references had been sought prior to staff commencing work in the service. This meant, as far as practicable, staff had been recruited safely and the person was not exposed to staff that had been barred from working with vulnerable adults.

We saw there was a system in place to ensure the people who used the service received the 'personal allowance' part of their support benefit. These systems, and policies and procedures helped to keep people safe and to ensure their finances were not mismanaged. One person told us, "I choose to keep my money and card in the safe and get it as I need it. If I didn't I would fritter it away and not have any savings. I now enjoy two holidays a year and trips out as well as having savings, it is the best decision I could have made."

Medicines were administered as prescribed. We saw the recording was accurate and medicines were checked in and out of the building as required. Regular audits were undertaken to ensure the correct procedures were followed. Medicines were kept securely and stored appropriately. Individual protocols were in place for the use of 'as required' medicines such as paracetamol. Records showed us staff received regular training with regard to the safe handling and administration of medicines.

We found the home to be clean, hygienic and well maintained. People who used the service were relaxed and happy living there and considered it their home. Individual rooms were personalised, reflecting the preferences and personalities of each individual.



# Is the service effective?

## Our findings

We spoke with six people who used the service and they confirmed they enjoyed living at the service and said, "I enjoy the food there is always plenty of choice and we are involved in putting the menus together so we all get what we like." Other comments included, "I have learned how to cook meals from scratch now, so this will help me when I get my own flat.", "One lady doesn't eat meat so vegetarian options are offered" and "We are all involved in deciding menu's we talk about it at the meetings every week and we get what we want." Another person commented, "The house is nice and clean, staff help us with cleaning our rooms. Mine is lovely, I have an en-suite."

Relatives we spoke with were complimentary about the environment. One relative commented, "I am often invited to eat with my relative and the food is lovely. I was invited to have Christmas lunch there last year." Another told us, "They are in safe hands and I can't fault the care. I am kept fully informed about any changes."

From observation, it was evident people had access to all areas of the home and freely walked around with staff available to support them. A café area had been developed in one room so people were able to make their own hot and cold drinks at any time and help themselves to snacks between meals.

Staff told us they felt supported by the management team and also they could raise concerns or issues and these would be acted upon. We looked at the training records for all of the staff who worked at the service and saw what the registered provider considered to be mandatory training and more diverse training had been undertaken and kept updated.

One member of staff told us, "I have worked here for three years and my induction training was very good, but also what I have done since then has given me the skills I need to support [person who used the service] effectively. I think the training is good and I get the support and supervision on a regular basis." They also said they had completed other training which included behaviours that challenged and equality and diversity.

We spoke with three health and social care professionals who told us they felt the people were supported by well trained and caring staff. Comments included; "People are very well supported and have been successfully supported to return to live independently." Another professional said, "Staff are open, approachable and listen to the advice given." Others told us that they felt staff always responded to all recommendations made.

We looked at the supervision and appraisal records and saw staff received regular support and had an annual appraisal regarding their personal development. We spoke with the registered manager and they told us regular staff meetings and supervision was offered to staff. This was to ensure they were following the procedures and care plans in place, but also to assist staff to further develop themselves and achieve their potential. Staff spoken with confirmed they attended regular staff meetings and received regular supervision and told us they felt well supported.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us there were currently no people who used the service who were subject to DoLS authorisations.

Staff we spoke with told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation. They were able to provide examples and demonstrate their understanding clearly and how they would apply this in practice.

We checked whether people had given consent to their care, and where people did not have capacity to consent, whether the requirements of the Act had been followed. 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 were being met. The registered manager told us there were no current authorisations in place for people who used the service. We saw best interest meetings had been held and those who had been designated as decision maker for the person had been consulted along with other health care professionals. We saw policies and procedures about these subjects were in place.

Records showed people who used the service or those acting on their behalf (relatives with power of attorney with the proper authority to be agreeing to decisions on their relatives behalf) had signed their care plans to confirm they had agreed to the care and support outlined in the records.

People we spoke with told us staff always sought their consent prior to assisting them. They understood people had the right to refuse care and in such situations they would always speak to the registered manager for further support and advice, comments included, "I always check with the person and gain their consent. Sometimes when they decline it may be that they want their routine changed slightly that day, be anxious about an appointment or that they are feeling unwell, in which case we would get in touch with the doctor."

A notice board promoted healthy eating and healthy lifestyle choices including reading labels of food and what to look for and swapping to more healthy snacks. Photographs of ideas for different types of exercise were also displayed. We saw people who used the service were provided with food that was wholesome and varied. There was a four weekly menu in place which had been developed with input from people who used the service based on their individual preferences.

During the inspection, we observed a meal time and saw that people had a choice of where they wanted to take their meal and choices of what they would like to eat. We saw staff gave people options. For example, we observed staff asking people what they would like to have from the options available on the menu. When one person declined both choices, further alternatives were offered and the person requested a ham and pickle salad, which was prepared for them.

People's care plans showed they had access to health care professionals when needed. We saw from records that people had seen their GP, community mental health nurses, dentists and physiotherapists. The outcome of any appointments were recorded in the person's care plans and changes made where necessary.

# Is the service caring?

## Our findings

People who used the service and professionals we spoke with were complimentary about the staff at the service. People told us they liked the staff and from our observations we saw both positive and supportive relationships had been developed. Comments included, "I like all of the staff they are really kind and caring. I don't know where I would be without them." Another person told us, "Their (staff) approach has helped me to improve all areas of my life and they are always available to have a private word." and "We all have keyworkers and we are involved in everything about our care, we are able to decide and we are listened to."

Relatives we spoke with told us, "He is really happy there," and "The staff are lovely, really kind." Another relative told us, "The staff are very caring and there is not a lot of turnover, which is good," and "It is a really nice place to visit and we are all made welcome."

We spoke with health and social care professionals and they confirmed staff had a good rapport with people who used the service. They also felt that staff respected people's privacy and dignity.

We observed the interactions between the staff and people who used the service; staff were kind and caring with their interactions. When one person became anxious we saw staff used positive and encouraging words to reassure the person to remain calm and to share the cause of their anxiety with them. The atmosphere was relaxed and the person responded to the communication with staff.

The registered provider had policies in place in relation to promoting respect and dignity. The staff spoken with were clear about how to best support the person in ways that would show respect and maintain their dignity. We observed this throughout the inspection and observed the staff to be caring at all times.

We were told that some people had religious needs but these were adequately provided for within the local community. Staff spoken with told us people with disabilities due to illness or age were assisted to access services in the community without bias. We saw no evidence to suggest that anyone that used the service was discriminated against.

People who used the service were involved with their care. We saw evidence in their care plans they had attended reviews and their input had been recorded. We also saw when help or guidance had been sought from other professionals including the GP and community mental health team, records of any advice or actions were maintained.

People's wellbeing was monitored on daily basis. There was a communication book and daily notes that demonstrated what support had been offered. Although we saw the majority of records maintained were well documented, we found some daily recording records required more detail of what support had been offered. For example, one person's record identified the person had declined their evening meal and there were no further entries to demonstrate they had had anything further to eat that day. Staff spoken with knew how to care for people but there was a risk of care being overlooked if not planned for fully. We spoke with the registered manager and regional director about this and they offered assurances this would be

addressed.

## Is the service responsive?

### Our findings

People told us how they were involved in making decisions about activities, outings and where they would like to go on holiday. One person told us they had been asked to be an ambassador for the local authority and what this entailed. They said, "I really wasn't sure whether or not to do it at first, but staff sat with me and explained what it was all about. Once I had all the facts I found it easier to make the decision to go ahead. The staff helped me to put a folder together with questions and other information I might need. I'm glad I have done it and I am really enjoying it."

Other people told us, "We go out regularly on day trips and outings and we always plan in advance so we all get a chance to go somewhere we want to go. Some people like the sea side, while others prefer museums or garden centres." Another person commented, "There is always plenty for us to do, some of us like to do things together, like a group of us go out for coffee every day, while others like to do their own thing, like going swimming or to the gym." Others told us, "I like it better here, we do more here than we ever did at the other place. It is so much better here." Another person commented, "We all have regular reviews and know what is in our care plans, we can look at them if we want to."

Relatives told us, "We are fully involved in meetings about care and when reviews are held. We are always kept up to date about any changes with anything." Another told us, "The staff always let me know if he is unwell and once when he was in hospital, they took me to visit every day."

The registered manager and staff spoken with told us people were actively encouraged to engage in their local community and people did voluntary work at the local church. One staff member told us how they had involved people in growing their own vegetables in containers in the garden and people who used the service were keen to show us these. The registered manager told us they had found out about accessible courses for people with mental health issues which focussed on aiding their recovery. They told us they had spoken with people who used the service about the courses and the topics they covered for example anxiety management, motivation and self-esteem and confidence building, this had led to three people enrolling onto the courses.

We saw details of activities people had been involved in each day and what their response to these had been were recorded. During our inspection we saw a group of people going out together for coffee; two people go to the cinema, two other people go out swimming and to the local gym, while another person went out for a bike ride, One person was seen reading a book, they told us they enjoyed reading and regularly participated in reading challenges at the local library.

We also observed that staff were responsive in their approach, we saw when two people approached staff for support they assisted them to find out when the film they wanted to see started and finished, so they could plan their bus journeys.

We looked at three care files and documentation that described what people's needs were. There had been various assessments undertaken which were detailed and gave a very good picture of individuals needs

were, their likes, dislikes and preferences, and how staff should support them in a person-centred way so that choice and involvement were promoted.

Health action plans were in place which outlined people's health needs. These listed any help people might need in order to stay healthy and makes it clear about what support they may need.

The registered manager told us these were taken to health appointments to ensure all professionals involved fully understood the person's needs. They also confirmed staff would support the person with health care appointments whether planned or in the event of an emergency to ensure there was consistency and alleviate any unnecessary anxiety for them. They also told us some people attended appointments independently.

We observed staff interacting with people and saw they understood their individual needs and they were responsive in their approach. The staff told us how the people may present if they were anxious or agitated and how they would support in order to diffuse the situation.

There were a variety of assessments which identified areas of daily life where the person may be subject to risk. These included road safety, participating in community based activities such as voluntary work placements and bowling and identifying any deterioration in people's mental health. Records detailed what the risk was and how this could be managed.

The registered provider had a complaints procedure in place and this was available in a symbol format. The registered manager told us there had been no complaints since the previous inspection, but they could describe what action they would take if any were received. Review of the complaints log confirmed this. This showed us the registered provider had a system and process in place in order to deal with concerns and complaints should the need arise.

## Is the service well-led?

### Our findings

People who used the service told us they could access the manager at any time and that they would always make time for them. Comments included, "We can see her at any time and her office door is always open unless there is a meeting going on." Another told us, "She always makes time for us."

Relatives we spoke with told us they attended relatives meetings and were asked for their input about the service. Comments included, "We are fully involved and even asked if we want to go on day trips. They want to know what we think about everything and fill in forms about the service and if we think any changes need to be made." Another told us, "We can call the manager at any time and she will make time to speak to us, but all of the staff are friendly and helpful."

During the inspection, we saw the registered manager was approachable and observed people approach them throughout the day with queries or just to pass the time of day.

Staff told us, "The support is very good and if it is needed you can ring out of office hours, someone is always available." Another staff member told us, "The manager is always there for us and always willing to come in and support us if we need them." and "[Name of registered manager] is absolutely brilliant, willing to help and supports you to build your confidence."

We spoke with health and social care professionals who confirmed they thought the service and staff were approachable, listened to advice and guidance and contacted them when necessary. They also told us they were always made very welcome at the service and the service felt homely.

There was an organisational wide quality monitoring system in place and regular compliance audits had been undertaken. However, we found the quality monitoring system had not been implemented fully and had not been effective in highlighting areas to improve such daily recording records. Action plans had not been produced in order to address shortfalls and there was a risk of care being overlooked if not planned for fully. Improvement was required to ensure any shortfalls identified had clear timescales for action to be completed.

We recommend that the service seek advice and guidance from a reputable source, about the formulation of detailed daily records.

The registered manager had systems in place to gather the views of people who used the service, their relatives, staff and health professionals. They also met with people who used the service regularly to seek their views further. We reviewed questionnaires completed by people who used the service, and the feedback provided was very positive. Comments included, "Whenever possible I would choose to recommend the use of Southfield services, efficient, caring people." Others had written "I have always found the staff at Southfield to be welcoming. Clients appear well cared for and needs appear to be well met."

The outcome of the meetings and surveys completed were analysed and a report produced which detailed

the findings, any areas of concern and how these were to be addressed, within specified timescales.

We saw meetings took place for registered managers in the organisation to share information. The registered manager confirmed they felt these meetings were helpful to them and good practice was shared to ensure consistency.

Staff also told us they attended meetings where the registered manager would go over new policies and procedures or discuss good practice. We spoke with the registered manager who confirmed staff meetings were held on a monthly basis. We saw evidence that a staff meeting had taken place in August 2016 and this had included various topics for discussion.

We looked at how incidents and accidents were recorded and managed and found the registered manager analysed this information and determined whether any further corrective action was required. This information was also shared with the regional director during their monthly audit visits, this helped to identify any patterns or trends in behaviours of people who used the service and assisted in making improvements to incident management and learning lessons.

We saw shift handovers took place so that incoming staff were made aware of any issues to monitor. Shift handover records seen identified who was on duty and which staff were allocated to support specific people who used the service. It also identified tasks they had to complete such as checking medicines, petty cash and people's personal allowance. There were cleaning schedules for staff and logs identified the completion of daily and weekly tasks.

There was a repair log completed and a redecoration/refurbishment plan for the service. We spoke with the maintenance director who told us an annual audit of the whole environment was completed and following this any areas which were identified as requiring refurbishment were prioritised and time schedules agreed for the work to be completed. In addition to this, staff had a 24 hour on call maintenance manager to deal with breakdowns and repairs that required an immediate response, for example the boiler breaking down.

Handymen employed by the organisation were qualified to carry out maintenance checks including fire systems, legionella checks, and PAT testing (Portable Appliance Testing). Records seen confirmed regular checks had been completed. The technical services department carried out further testing of electrical systems and air conditioning,

The service had been awarded a five star rating in November 2015 by the food standards agency. A recent visit conducted by the local authority quality and monitoring team to assess the performance and quality of services being provided at Southfield House, rated the service as 100% in the thirteen areas they assessed.

At the time of our inspection there were thirteen people using the service. The registered manager's hours were calculated within the staffing hours, without any dedicated hours for their management role. When we spoke to the registered manager about this they told us they currently were able to complete their management tasks at quieter times of the day and if additional people accessed the service they would discuss the possibility of dedicated management hours being made available.

When we asked the registered manager about their management style and the philosophy of the service, they told us, "Our aim is to promote people's independence. We have an inclusive approach and encourage and support people to engage within their local community, for example, local clubs, voluntary work and using local services. We build up people's confidence and self-esteem and try to de-stigmatise people's misunderstanding of mental health conditions, by raising awareness. We promote a healthy lifestyle and



equip people with the skills they need to lead a more independent lifestyle. First and foremost I am a carer first and manager second, I lead by example in a hands on way. I would never expect anyone to do anything I wasn't prepared to do myself. The residents' needs are paramount and always come first, but I am aware of my registered manager's responsibilities and the need to fulfil this."

They went on to say, "I am very much a people's person and encourage and support my staff to develop in their roles."