Methodist Homes

Avonleigh Gardens

Inspection report

Clyde Street
Oldham
Lancashire
OL1 4HT

Tel: 01616275722
Website: www.mha.org.uk/ch17.aspx

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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?	Good

Summary of findings

Overall summary

The inspection took place on 26 October 2017 and was unannounced. The last inspection took place on 18 and 19 April 2016 and the service was rated as Requires Improvement. There were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and premises. The service had produced an action plan and at this inspection we found significant improvements in all areas.

Avonleigh Gardens provides care and support for 58 older people with a variety of health care needs including dementia. The layout of the home is divided into four suites over two floors. Each suite has its own lounge and kitchen diner and between 14 or 15 bedrooms each with en-suite shower and toilet. A passenger lift is available within the home and there is an enclosed garden. Local amenities such as shops, public houses and local health care services are close by and there are good transport links to Oldham.

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

The recruitment process was robust and appropriate checks were made to help ensure staff were suitable to work with vulnerable people. There were sufficient staff to meet the needs of the people who used the service.

There was an appropriate safeguarding policy and staff had undertaken safeguarding training and understood the issues. Health and safety records were complete and up to date.

We looked at the medicines systems and these were robust. Medicines were stored appropriately and records were complete and up to date. Staff undertook appropriate training and competency checks in medicines administration.

The staff induction procedure was thorough and included mandatory training. Training was on-going for all staff and regular refreshers were undertaken for all mandatory training.

Care plans included relevant information about people's health, well-being and support needs. Appropriate referrals were made to other agencies and monitoring charts were completed when appropriate.

The environment was pleasant and we saw good signage to help people orientate around the home. People's bedroom doors had numbers and pictures on them to help people identify their own room.

People we spoke with told us the food was good. Care staff were aware of people's preferences and special dietary needs.

The service was working within the legal requirements of the Mental Health Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Interactions between staff and people who used the service were polite and friendly. People were offered explanations about support given and staff gave lots of reassurance to people.

Privacy was respected by staff by knocking on people's bedroom doors and waiting to be admitted. Assistance was offered in a polite and discreet manner. The service had appropriate confidentiality and data protection policies in place.

People had personalised their rooms with family photographs and their own furniture and belongings. People who used the service were encouraged to be as independent as possible, whilst being offered assistance and support where required.

Clear information was given to people who used the service and their relatives. There were regular residents' and relatives' meetings and satisfaction surveys were sent out at regular intervals.

There were activities meetings where people who used the service were asked to make suggestions and plan activities. There was a range of activities on offer at the home. There were also appropriate pictures to aid reminiscence around the home. There was music playing in the corridors and we saw a coffee shop and a fish tank in the foyer of the home.

Care plans were person-centred and included information about people's background and their wishes for when they were nearing the end of their lives, if these had been expressed.

An appropriate complaints policy was in place and complaints or concerns were documented and actions logged. These had been addressed appropriately. The service had received a number of compliments.

People we spoke with told us the management team was approachable and visible around the home. Staff were supported via regular one to one supervisions and appraisals. We saw minutes of regular staff meetings.

Notifications about incidents such as deaths, serious injuries and allegations of abuse were forwarded to CQC as required. Accidents and incidents were logged, monitored and analysed for trends and patterns and followed up appropriately.

We saw a number of other audits and checks undertaken by the service. There were action plans where changes were documented. Feedback from satisfaction surveys were followed by action plans to address any suggestions or comments.

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.

The recruitment process was robust and checks were made to help ensure staff were suitable to work with vulnerable people. There were sufficient staff to meet the needs of the people who used the service.

There was a safeguarding policy and staff had undertaken safeguarding training. Health and safety records were complete and up to date.

Medicines systems for ordering, storing, administering and disposal were robust. Staff undertook appropriate training and competency checks in medicines administration.

Is the service effective?

Good

The service was effective.

The staff induction procedure was thorough and included mandatory training. Training was on-going for all staff and regular refreshers were undertaken for all mandatory training.

Care plans included information about people's health, well-being and support needs. Appropriate referrals were made to other agencies and monitoring charts were completed when appropriate.

The service was working within the legal requirements of the Mental Health Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Interactions between staff and people who used the service were polite and friendly. People were offered explanations about support given.

Privacy was respected and assistance was offered in a polite and

discreet manner. The service had appropriate confidentiality and data protection policies in place.

Clear information was given to people who used the service and their relatives. There were regular residents' and relatives' meetings and satisfaction surveys were sent out at regular intervals.

Is the service responsive?

Good

The service was responsive.

There were activities meetings where people who used the service were asked to make suggestions and plan activities. There was a range of activities on offer at the home.

Care plans were person-centred and included information about people's background and preferences.

An appropriate complaints policy was in place and complaints or concerns were documented and addressed appropriately. The service had received a number of compliments.

Is the service well-led?

Good

The service was well-led.

People we spoke with told us the management team was approachable and visible around the home. Staff were supported via regular one to one supervisions and appraisals. We saw minutes of regular staff meetings.

Notifications were forwarded to CQC as required. Accidents and incidents were logged, monitored and analysed and followed up appropriately.

A number of audits and checks were undertaken by the service. There were action plans where changes were documented. Feedback from satisfaction surveys were followed by action plans to address any suggestions or comments.

Avonleigh Gardens

Detailed findings

Background to this inspection

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

The inspection took place on 26 October 2017 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

During the inspection we spoke with the registered manager, the deputy manager, the area support manager, activities coordinator, eight members of staff, four relatives, seven people who used the service and two visiting health professionals, the chaplain and a visiting music therapist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five care files, five staff personnel files, training records, staff supervision records, meeting minutes and audits. After the inspection we contacted four health and social care professionals to gain their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe and secure at the service. One relative said, "Really happy, had peace of mind that [relative] is happy and safe".

Security codes for entry to the home and the different areas were changed regularly to help ensure people's safety and visitors were admitted and let out of the premises by staff. There was a signing in book which visitors were required to use on entering and leaving the home.

We looked at five staff files to check the service's recruitment system. Each file included a job description, application form, interview questions, two references and proof of identity. All the files contained a Disclosure and Barring Service (DBS) check. These checks helped ensure staff were suitable to work with vulnerable people.

We looked at staff rotas and saw there were adequate numbers of staff deployed within the home. On the day of the inspection there were sufficient staff to meet the needs of the people who used the service. The service used a dependency profile for each person who used the service. These calculated the level of need of each individual, and helped to inform staffing levels. A staff member told us, "To me there should be more staff, some days are harder than others, we manage as best we can". Another said, "There are three staff on the top floor of the building to get people up in the morning, but it is manageable. People have personal alarms in their rooms". A person who used the service told us, "The staff are fine, they are busy but don't feel rushed". A relative said, "I do think they are sometimes short staffed", but another commented, "There are always staff about, they always had time for [relative]".

The service had an up to date, appropriate safeguarding policy and procedure, which included definitions of abuse and guidance for staff. There was a safeguarding log with details of the allegation, actions and who was responsible for the actions documented. There was also a whistle blowing policy in place. Staff had undertaken training in safeguarding and were able to demonstrate an understanding of the issues. Staff told us they were confident to report any issues they may witness.

Individual and general risk assessments were in place at the service. We identified that some of the radiators were very hot and could potential cause harm to people. These were immediately turned down to a lesser heat and the management assured us that radiator covers would be purchased and fitted as part of the upcoming refurbishment.

We saw complete and up to date records of weekly fire systems and fire alarm call point checks. Where faults were found, these were recorded and addressed. There were monthly emergency lighting checks and quarterly fire door checks. A fire drill had been undertaken recently and this had identified some gaps in staff knowledge. Training had been arranged to help ensure this was addressed.

Rooms were monitored on a monthly basis and this included looking at nurse call system, window restrictors, wardrobe, carpet and bed rails to ensure all were fit for purpose. Actions, if required, were

recorded. We saw records of water temperatures and weekly flushing of the system. There were regular checks of profiling beds and bed rails, wheelchairs and frames

There were up to date gas and electrical safety certificates in place at the service. There were personal emergency evacuation plans (PEEPS), for each individual who used the service. These were kept in an emergency tin in the entrance of the home and could be accessed easily in the event of an emergency situation.

The laundry was locked via a keypad entry system and was clean and well organised. There was a separate area for soiled items and clean laundry. Colour coding was used to help ensure all remained organised.

We saw that staff used personal protective equipment (PPE), such as plastic gloves and aprons, to help control the spread of infection. Staff had undertaken training in infection control and were aware of how to contain any outbreaks. We saw that the premises were clean and a visiting health professional, who visited daily, said, "The home always seems clean and tidy".

We looked at the medicines systems and these were robust. Medicines were stored appropriately within locked rooms on each unit and Controlled Drugs (CDs) were stored in a locked cupboard within another locked cupboard. The CD book was signed by two staff as required. The medicines fridge was clean and medicines stored correctly within. Fridge temperatures were recorded daily and were within the manufacturers' requirements and records were complete and up to date. Medicines counts were carried out regularly to ensure they were correct. Medicine Administration Record (MAR) sheets had up to date photographs of the individual on them and these photos were updated yearly. There were separate MAR sheets for topical creams, which were clear and complete and included body maps. These indicated exactly where the creams should be applied. Creams were stored in locked cabinets in people's rooms.

Medicines given as and when required (PRN) were recorded appropriately to help ensure the correct amount of time elapsed between each dose. Thickeners for drinks were stored within locked cupboards on each unit and were recorded appropriately. There was guidance for staff about the consistency of the liquids to be used. One staff member commented, "Some people have thickened fluids, we know what consistency they are made to from the SALT (Speech and Language Therapy) guidance and the care plan". All staff undertook yearly training with the pharmacist and annual competency checks.

Good

Is the service effective?

Our findings

We saw evidence of the staff induction procedure. This was also undertaken by all volunteers at the service. Each new staff member or volunteer was required to read and understand the policies and procedures and was made aware of the standards required by the provider. They were then required to undertake relevant training.

Staff had a booklet which outlined all the mandatory training they had completed. The probation period was six months and after this they were expected to undertake a National Vocational Qualification (NVQ) or equivalent.

Training was on-going for all staff and regular refreshers were required to be undertaken for all mandatory training. Training was monitored through a matrix which helped ensure all staff were up to date with training and personal development. A staff member said, "I have done my NVQ 2, I'm dyslexic but have been well supported by colleagues".

We saw evidence of regular staff supervision sessions, where they were provided with a forum to discuss any work issues, training needs and personal development. There were annual appraisals, allowing the opportunity for staff to reflect on progress made in the previous year and goals for the next year. Staff commented, "There are regular supervisions every couple of months".

Care plans included relevant information about people's health, well-being and support needs. Appropriate referrals were made to other agencies when required and records were complete and up to date. Monitoring charts for food and fluid, weights or pressure relief were used when appropriate and we saw that these had been completed appropriately.

Care plans included a transfer form which included a summary of people's health and support needs. These were to be used if an individual was admitted to hospital or moved to another service to help them receive the correct level of support.

Appropriate equipment was used for transferring people if required. One person who used the service said, "When I first came I was being hoisted, the staff generally have been confident using the equipment. Staff have supported me in my rehabilitation, I'm walking again now". A visiting health professional told us, "I have never seen anything that concerns me. If they need equipment they get it".

The environment was pleasant and we saw good signage to help people orientate around the home. People's bedroom doors had numbers and pictures on them to help people identify their own room.

The home had received a food hygiene rating of 5, which is the highest rating. Each wing of the home had its own kitchenette where snacks and drinks could be prepared. Menus were displayed in the dining rooms and there were pictorial representations of the food on the units where people were living with dementia. We spoke with kitchen staff and saw that the food was home-made and there was plenty of fresh produce.

Kitchen staff were aware of special diets and could explain what these were and how they were addressed. There was a separate fridge for dairy produce and fridge temperatures were monitored and were within range. Staff told us broken equipment was replaced immediately, rather than fixed. Probes were used to test food temperatures and food was transported to all wings on hot beds (insulated food transporters) at 75 degrees or over.

Care staff were aware of people's preferences and special dietary needs. One told us, "We weigh residents monthly and communicate concerns to the kitchen staff who will adapt their meals, like adding more cream to mash to fortify the meals". A relative said, "[Relative] put a stone on when she arrived, from being quite underweight". Comments from people who used the service included; "They look after me, I'm diabetic and they bring me a snack. The food is OK"; "Food is good, they will make me cheese on toast if I ask, they look after me"; "The food is alright. I choose to eat in my room", and, "They always ask me what I would like to eat but they know me well anyway, they know what I choose". There were drinks and biscuits available around the home all day, for people to help themselves if they wished to.

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 so that they can 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).

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.

There were signed consent forms for issues such as the use of photographs, administration of medicines or going out on trips within people's care files. These had been signed by the person who used the service or their representative, where appropriate. There was information within people's care files about their decision making abilities. We saw evidence of best interests meetings, with relevant representation from professionals and family, within some people's records. There were currently eleven people who were subject to DoLS authorisations. There was a DoLS file and we saw that the authorisations were monitored in order to ensure they were renewed in a timely manner if required. Staff had undertaken training in MCA and DoLS and demonstrated an understanding of the issues. Comments included; "A few people are being assessed as being under a DoLS, people can't leave the building without support"; "I know some people are under a DoLS and they need support if they leave the building because they may be confused"; "I know the people who are on a DoLS, some are going through an assessment at the moment" .

Good

Is the service caring?

Our findings

People who used the service told us; "The majority of people are nice"; "They [staff] are kind to me and sometimes have a chat"; "I'm as happy as I can be, I'd rather be out"; "Can't complain, staff are pleasant".

Relatives' comments included; "[Relative] has always been happy, he has never complained. We have visited once or twice a week for years, only the odd blip like he had a wrong shirt on. The senior [name] has been really good with [relative], staff are genuinely very good"; "I chose this place for [relative] because a friend's relative is here and it got a good review. The staff here are absolutely fantastic"; "Excellent, the staff are friendly and approachable. We come three times a week and it always seems calm in here, nice atmosphere" and "This is one of the best. [Relative] felt like this was her own home and her room was personalised. She was always clean and well presented".

A staff member told us, "Everyone's generally happy here. I enjoy the job. Everything runs smoothly, staff have good relationships with the residents. I worry that people that are nursed in bed don't get enough time because staff are too busy to spend time to talk for long". A visiting health professional we spoke with told us, "I love coming to this home. I have no concerns at all". Another told us, "I would be happy for my parents to stay here".

We observed interactions between staff and people who used the service throughout the day. We saw that staff were polite and friendly and gave explanations of what they were doing and why. We observed staff offering lots of reassurance to people and saw one member of staff giving comfort to a person who was clearly distressed. People were well presented in clean, well laundered clothes, men were clean shaven if this was their wish and ladies wore make up and jewellery according to their preference. Staff were observed promoting wellbeing, taking into account physical needs and offering to assist an individual with a shower and a shave.

Privacy was respected by staff and we witnessed them knocking on people's bedroom doors and waiting to be admitted. Assistance was offered in a polite and discreet manner. A staff member told us, "I try to treat people with respect and dignity, we all do. I would be happy to have my mum or dad receive care here".

We asked relatives if the staff communicated well with them. One told us, "Communication has improved in recent years; we can access the information we need". Another said, "Communication between family and staff has been good". The service accessed independent advocates for people who had no family member or friend to represent their views.

We looked at a number of rooms which were nicely decorated and were en-suite. People had personalised their rooms with family photographs and their own furniture and belongings. The provider undertook equal opportunity monitoring to help ensure people who used the service and staff recruited were not discriminated against. We saw that people who used the service were encouraged to be as independent as possible, whilst being offered assistance and support where required.

The service had appropriate confidentiality and data protection policies in place. Staff were required to read this on induction to help ensure they understood the importance of maintaining people's rights with regard to these issues.

There was a service user guide given to people who used the service or their relatives. This included the philosophy of the provider, aims and objectives, information about care planning, privacy and dignity, medication, fire, call system, food and drink, additional services, complaints procedure and a guide for relatives. There was a statement of purpose which also included aims and objectives, information about the service and some information about the governance of the home.

There were regular satisfaction surveys to gain people's views about the care they were receiving. The service had just sent out one of these surveys. We saw minutes of residents' and relatives' meetings. Discussions included menus, complaints, visitors, laundry, staffing levels, access to the garden, security privacy and feedback from the survey.

Care plans included people's wishes for when they were nearing the end of their lives, if these had been expressed. Some staff had undertaken on line training in end of life care and one of the senior staff members was currently undertaking Six Steps training in end of life care. Six Steps is the North West End of Life Programme for Care Homes. This means that for people who are nearing the end of their life they can remain at the home to be cared for in familiar surroundings by people they know and can trust. The plan was for the member of staff to complete the course and disseminate the information to other staff at the home. The person who was facilitating the course was visiting the home and was positive about the commitment of the staff member. They commented, "[Name] is always positive and enthusiastic. I have never known her to be judgemental about anyone".

Good

Is the service responsive?

Our findings

We saw that there were activities meetings where people who used the service were asked to make suggestions and plan activities. One person who used the service told us, "I go out a few times a week. I don't get bored, I do get invited to do things/activities, but I don't want to join in"; "I've no grumbles, we don't do bad for entertainment". Another said, "I do take part in some activities and I use the garden".

Relatives said, "[Relative] enjoys music therapy, activities coordinators are fabulous"; "[Name] had his 90th party here, they put a buffet on for the family"; "[Relative] joined in activity and was given lots of choice about what to do with her time. In summer people sit outside, they brought water melon and lollies"; "There are regular residents' meetings and there are fairs and events". A visiting professional told us, "There are lots of activities; a man comes in with instruments and works one to one with people".

A staff member told us, "They could have more in the way of activities; lots of people do their own thing. People do puzzles, watch TV". Another told us, "People seem happy, there is lots of laughter and fun during activities". And a third said, "People seem happy, they love their music and we have some fun".

We spoke with the activities coordinator and saw there was a range of activities on offer at the home. These included music therapy, pet therapy, reminiscence, quizzes, poetry, church services, dementia karaoke, outings, reflexology and one to one chats. We saw photographs of people enjoying activities on the walls along the corridors. There were also appropriate pictures to aid reminiscence around the home. There was music playing in the corridors and we saw a coffee shop and a fish tank in the foyer of the home.

There was a hair salon, which was well appointed and doubled as a therapy room. A chaplain visited twice weekly to see people who wished to speak with him and there were regular communion services. The chaplain told us, "The service is varied, singing and visual for people with dementia. It is geared towards people accessing worship. It is imperative to people's well-being". There was also a catholic priest who visited and other religious leaders could be contacted if required.

The service had a number of volunteers who assisted with various activities around the home. We observed activities on both floors in the afternoon of the inspection day. People were thoroughly enjoying interaction and games with visiting young people, involved with the National Citizens Service (NCS). This is a government funded initiative supporting community engagement and bringing together schools, businesses and communities to build a stronger more cohesive society. We witnessed lots of laughter and happy chatter amongst the people taking part in this activity. We also saw people joining in with a musical activity and being completely engaged with the music. Throughout the day we saw a lot of one to one interaction between staff and people who used the service.

We undertook an observation at the service using the Short Observational Framework for Inspection (SOFI). This was carried out over a 30 minute period, and focussed on five people that were using the service. The environment was calm, relaxed, quiet and an ambient temperature. The TV was on low volume. Staff were observed encouraging people to take part in activities and we saw people were facilitated to make choices

and express a viewpoint. Staff were observed offering comfort to an individual that was uncomfortable and we saw them interacting in a humorous way with people who used the service having fun. People were engaged in an activity and relaxing.

We spoke with a health professional following the inspection, who told us that staff were helpful, obliging and polite. They were willing to engage with people who used the service and made efforts to provide people with activities.

Care plans were person-centred and included information about people's background, including school, working life, family and friends, special memories, holidays, hobbies and interests, likes and dislikes, routines and favourite things. There was also a section on spiritual well-being where people's spiritual needs and religious beliefs were documented. People's preferences for times of going to bed and getting up and daily routines were also recorded. All the care plans were reviewed and up dated on a regular basis to help ensure information remained current and relevant. We asked if people got the choices they had stated. One staff member told us, "I offer people as much choice as possible, I key work for people so I know them really well".

An appropriate complaints policy was in place and was available for people to access if required. We saw the complaints log where details of any complaints or concerns were documented and actions logged. These had been addressed appropriately.

We saw a number of compliments received by the service. These included, "The environment has been pleasant and all the staff throughout the building have shown [relative] great respect and love"; "Thank you for all the love and care you gave [name]" and, "Many thanks to all the staff for their care and kindness shown to [name] during her time at Avonleigh Gardens".

Good

Is the service well-led?

Our findings

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home's current rating was displayed on their website and prominently within the home.

There was an area manager and an area support manager who provided support to the home manager. People we spoke with told us the management team was approachable and visible around the home. A relative told us "The ethos of care is brilliant here. I have only ever seen a good standard of care".

We asked staff if they were supported by management. One staff member told us, "You can say anything, voice an opinion and be listened to. You can make suggestions". Another told us, "Staff are happy to report things to managers as they are approachable". Other staff comments included, "Good managers, approachable, either with work stuff or personal"; "We have regular one to ones and team meetings. I feel well supported"; "I was helped through my induction and feel well supported. The managers treat us well".

Staff were supported via regular one to one supervisions and appraisals. We saw minutes of regular staff meetings at which discussions included fire drills, dissemination of information, new staff, maintenance updates, training, laundry, new policies, team work, volunteers, rotas, staffing levels.

Notifications about incidents such as deaths, serious injuries and allegations of abuse were forwarded to CQC as required. The manager was responsible for collating and reporting information monthly on tissue viability, people's weights, falls and accidents. Accidents and incidents were logged, monitored and analysed for trends and patterns and followed up appropriately. Falls were analysed and actions such as referrals to the falls team or the implementation of equipment were documented.

We saw a number of other audits and checks undertaken by the service. There were monthly area manager's health and safety audits and an annual audit and regular activities audits. Care plans were audited on a monthly basis, or when changes occurred, and updated as required. We saw action plans where changes were documented. The dining experience was audited quarterly and suggestions for improving the experience put forward and implemented.

The results of the residents' satisfaction survey were provided in a report format along with their comments. These were then shared with the staff and people who used the service and followed by action plans to implement suggestions and views. A survey had just been sent out at the time of the inspection. We saw the results of the annual staff survey. This showed that 96% of staff understood why their work was important, were clear about expectations of the role and believed they were trusted by the manager.