Lancashire County Council

Favordale Home for Older People

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?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Favordale Home for Older People on 13 and 14 February 2018.

Favordale Home for Older People is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to a maximum of 45 people. The home is divided into three areas known as Wycoller View, Noyna View and Pendle View. Wycoller View and Noyna View provide care for older people with personal care needs and Pendle View provides care for older people living with dementia. At time of the inspection there were 43 people accommodated in the home.

At the last inspection, in September 2016 the service was rated as good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People living in the home told us they felt safe and staff treated them well. People were supported by enough skilled staff. The registered manager monitored staffing levels to ensure people's needs were met. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People's medicines were managed appropriately.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. 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. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them. A visiting healthcare professional provided us with positive feedback about the service.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and had been involved in the support planning process as appropriate. We observed people were happy, comfortable and relaxed with staff. Support plans and risk assessments provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the support plans were reviewed and updated regularly.

The service was responsive to people's individual needs and preferences. People were given the opportunity to participate in social activities both inside and outside the home. People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Favordale Home for Older People

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.

We visited Favordale Home for Older People on 13 and 14 February 2018 to carry out an unannounced comprehensive inspection. The inspection was carried out by one adult social care inspector and an expert by experience on the first day and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with seven people living in the home, two relatives, four care staff, two cooks, the registered manager and the senior operations manager. We also spoke with a visiting healthcare professional.

We had a tour of the premises and looked at a range of documents and written records including four people's care records, two staff recruitment files and staff training records. We also looked at information

relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People continued to feel safe and secure in the home. For example, one person told us, "I do feel safe here. There are always plenty of staff" and another person commented, "All the staff are good and very kind." Relatives spoken with also expressed satisfaction with the service and had no concerns about the safety of their family members. Their comments included, "I am over the moon that [family member] is here. I do think she is safe. She is safer here than she was when she was at home."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. We noted staff had received training in safeguarding vulnerable adults and understood their responsibilities to identify and report any concerns. Staff spoken with were confident that action would be taken if they raised any concerns relating to potential abuse. For instance, one member of staff told us, "I'd make sure the person was safe and then report immediately to the person in charge. They'd call social services, but if not I know I could ring myself if necessary." There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

Staff had access to a set of equality and diversity policies and procedures and people's individual needs were recorded as part of the care planning process.

Effective systems were maintained to ensure potential risks to people's safety and wellbeing had been considered and assessed. We found individual risk assessments had been recorded in people's support plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. Records showed the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff were provided with up-to-date information about how to manage and minimise risks.

Environmental risk assessments had been undertaken and recorded in areas such as slips, trips and falls, the use of equipment and hazardous substances. All risk assessments included control measures to manage any identified hazards. The assessments were updated on an annual basis unless there was a change of circumstances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances and equipment. Emergency plans were in place including information on the support people would need in the event of a fire. We also saw the gas safety certificate, the five year electrical certificate and other safety certificates were all within date. The provider had arrangements in place for ongoing maintenance and repairs to the building.

Following an accident or an incident, a form was completed and details were entered onto an electronic database. All forms were seen by the registered manager and referrals were made as appropriate, for example to the falls team. The registered manager explained accidents were discussed at the monthly management meeting in order to identify any lessons learnt and minimise the risk of reoccurrence. We saw minutes of the management meetings during the inspection and noted accidents and incidents were a standing agenda item.

The care home was clean and odour free and the provider had effective systems to prevent and control infection. This finding was reflected in relatives' comments, for instance, one relative told us, "The home is always very clean and I visit most days." Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these being used appropriately during the visit. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure and had completed relevant training. We saw the registered manager completed a range of infection control audits on a regular basis.

All people spoken with told us there were sufficient staff to keep them safe and meet their care and support needs in a timely way. For instance, one person said, "There are always plenty of staff about. If you ring the bell they always come quickly." Since the last inspection, there had been an increase in the level of staffing. The home had a rota, which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. We saw staff were not rushed in their duties and had time to sit and chat with people. Staff told us they usually worked on the same area. This helped to ensure people received consistent care. We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. The registered manager was also allocated a bank of flexible staffing hours to respond to any changing needs.

We looked at the recruitment records of two members of staff and noted the recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also noted two written references and an enhanced criminal records check had been sought before staff commenced work in the home. We found one minor shortfall in the recruitment records which was rectified during the inspection.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these remained in line with good practice and national guidance. Medicine administration records were well-presented and contained an accurate record of any medicines that people had received. They also contained guidance for staff on the administration of any medicines that had been prescribed as needed. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were proficient at this task. We saw staff had access to a set of policies and procedures.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. People spoken with told us they felt well cared for by staff who had the knowledge and skills to meet their needs effectively. For instance, one person said, "I think the staff do very well. They are very good and they have a lot to do. It is not an easy job. The standard of care here is very good" and another person commented, "They [staff] help me with everything. They are very good and know how I like things done."

Before a person moved into the home, the registered manager or a representative from the management team undertook a pre admission assessment to ensure their needs could be met. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. People were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

Staff demonstrated a good awareness of the principles of the Mental Capacity Act 2005 (MCA) and had received appropriate training. The 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's capacity was considered as part of the pre admission and support planning processes so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the registered manager involved their family or other social or health care professionals as required to make a decision in their 'best interests' in line with the MCA. We noted best interests decisions had been made in respect to people's admission to the home.

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. We found the registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, she had submitted 15 applications to the local authority for consideration. The registered manager had a central register of the applications and checked progress with the local authority every three months. We noted there was information in people's support plans to provide guidance for staff on the least restrictive practice in order to protect people's rights.

Staff received training that enabled them to support people in a safe and effective way. Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their supervision meetings with their line manager and annual appraisals. Individual

staff training records and an overview of staff training was maintained. A training plan was also in place to ensure staff received regular training updates.

Staff told us they had completed a variety of courses relevant to the people they were supporting including moving and handling, equality and diversity, food hygiene, health and safety, infection control, safeguarding, MCA and DoLS, first aid, and communication. Care staff also undertook specialist training which included best practice in dementia care, falls prevention and end of life care. Staff spoken with confirmed their training was useful and beneficial to their role.

New members of staff participated in a structured induction programme, which included a period of shadowing experienced staff before they started to work as a full member of the team. The induction training included an initial orientation to the service, familiarisation with the provider's policies and procedures, completion of the provider's mandatory training and where appropriate, the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

People told us they were happy with the range of meals available at the home. For example, one person told us, "The food here is first class. The chef comes round and asks you about the food, what you like, any suggestions, those sorts of things." We observed the meal time arrangements in two areas of the home on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was cheerful and good humoured. The meal looked well presented and appetising. The dining room tables were set with clean tablecloths, napkins and condiments. People living with dementia were served their meal on blue plates and were asked to make a choice before the meal was served. We saw the menu was displayed in all areas. This meant people were aware of the forthcoming meals.

All food was made daily on the premises from fresh produce. There were established arrangements in place to ensure the cook was fully aware of people's dietary requirements. The cooks spoken with were committed to providing people with good quality food in line with their preferences. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We looked at how people were supported to maintain good health. Where there were concerns, people were referred to appropriate health professionals. Records looked at showed us people were registered with a GP and received care and support from other professionals, such as chiropodists, speech and language therapists, occupational therapists, physiotherapists and the district nursing team as necessary. People's healthcare needs were considered within the support planning process. From our discussions and review of records, we found the registered manager and staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We spoke with a visiting healthcare professional during the inspection, who told us the staff were knowledgeable about people's needs and made prompt and appropriate healthcare referrals. We noted information was prepared and shared in the event a person was admitted to hospital.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We noted people's names were displayed on bedroom doors and there were memory boxes outside bedrooms on Pendle View. These included photographs and memorabilia, which had been chosen by the person as something they related to. We also saw adaptations had been made to support people's mobility, for instance the installation of handrails, ramps and grab rails.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We noted where people were at risk of falls they were supported by the use of sensor mats. The home also had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link.

Good

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We saw that staff gave their full attention when people spoke to them and noted that people were listened to properly. One person commented, "We are well looked after here" and another person said, "I find the staff are all caring and I am treated well, with respect. I am quite happy here."

Relatives gave us positive feedback about the service. For instance, one relative told us, "The staff are all really good and caring. [Family member] is really well looked after. She is happy. In fact the staff are brilliant, they are lovely staff, every single one of them." They also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed many relatives visiting during our inspection and noted they were offered refreshments.

We noted the home had a pleasant and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I absolutely love working here. I love helping people and I wouldn't swap my job with anyone."

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat.

People's privacy and dignity was respected and people could spend time alone in their rooms if they wished. All people were provided with a single room, which was fitted with an appropriate lock. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Staff had also completed the provider's mandatory training on dignity and safeguarding in a health and social care setting.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions.

People were encouraged to express their views as part of daily conversations, consultations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were involved in the support planning process and we saw people had signed their plans to indicate their participation and agreement.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance, the registered manager told us a about a person who was unable to walk following their return from hospital. Following close liaison with the physiotherapist and occupational therapist the person gradually regained their mobility skills. Staff spoken with were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "We help and support people to be confident in doing things for themselves. It helps their self esteem and their ability to live without any restrictions."

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance, one relative had written, "Staff and management are extremely caring and attentive with all residents, often going above and beyond to create a happy and safe environment."

Good

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. For instance, one person told us, "The carers are lovely. If you want anything all you have to do is ask." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative commented, "[Family member] gets on with all of the staff. They [staff] are all very good, very approachable."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined four people's care files and other associated documentation. We noted all people had an individual support plan, which, was underpinned by a series of risk assessments. The support plans were split into sections according to specific areas of need during both the day and night. The plans were detailed and were easy to read and follow.

We noted all files contained a one-page profile and details about people's life history as well as their likes and dislikes. The profiles set out what was important to each person and how they could best be supported. We saw evidence to indicate the support plans had been reviewed and updated on a monthly basis or in line with changing needs. Staff told us they referred to the support plans on a regular basis and were confident the information was complete and up to date.

Where possible, people had been consulted and involved in developing and reviewing their support plan. The plans included information about their capacity to make decisions, and also included consent forms signed by the person or their representative about important aspects of their care, for example medicine administration.

The provider had systems in place to ensure they responded promptly to people's changing needs. For example, we saw the staff had a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This approach ensured staff were kept well informed about the care of people living in the home. We noted that when any part of the support plan was reviewed and updated, the staff were given a prompt by the computer system to consider reviewing other aspects of people's care documentation such as their risk assessments.

Daily reports provided evidence to show people had received care and support in line with their support plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour.

People had access to various activities and told us there were things to do to occupy their time. For example, one person said, "We go out on a trip monthly. We get entertained by the staff at weekends. The entertainment here is very good" and another person commented, "There are all sorts going on. We have bingo once a week on Wednesdays, which I really enjoy." We saw there was a monthly activity planner displayed in each area and noted activities included, bingo, armchair activities, skittles and arts and crafts.

Once a week children from a nearby nursery school visited to spend time with people living in the home.

Since our last inspection, an activities care assistant had been employed to organise and coordinate activities in the home. The activities care assistant and other staff had completed training in OOMPH! (Our organisation makes people happy). OOMPH! is designed to improve people's mental, physical and emotional well-being. We observed OOMPH! techniques being used and other activities including the choir on the first day of the inspection and noted there was cheerful and positive atmosphere.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and service user guide was available in different font sizes to help people with visual impairments. We found there was information in people's support plans about their communication skills to ensure staff were aware of any specific needs.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. One relative told us, "I would speak with the [registered manager] if I had a complaint and she would sort any problem out." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there were information leaflets about the procedure. We looked at the complaints records and noted the registered manager had received seven complaints during the last 12 months. We saw there were systems in place to investigate complaints. Records seen indicated the matters had been investigated and outcome letters had been sent. This meant people could be confident in raising concerns and having these acknowledged and addressed.

People's end of life wishes and preferences were recorded and reviewed as part of the advanced care planning process. The registered manager worked closely with the GP, district nursing team and the local hospice to ensure people had rapid access to support, equipment and medicines as necessary. All members of the management team had completed Six Steps to Success in End of Life Care training and staff had completed end of life care training. The registered manager explained people's relatives were also fully supported by the home.

Good

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person said, "I recommend the home to people. There is nothing they could do better. I am happy with everything". Relatives spoken with also told us the home was organised and well managed.

There was a manager in post who was registered with the commission. 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. People knew the registered manager who was present throughout the inspection and she interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people and the registered manager.

The registered manager was knowledgeable about the needs of all the people living in the home and was aware of their personal preferences and wishes. She said she was committed to the ongoing development of the service and over the next 12 months planned to improve the court yard areas, ensure church services were re-established and ensure lounge and corridor areas were redecorated. The registered manager had also set out planned improvements for the service in the Provider Information Return. This demonstrated the registered manager had a good understanding of the service and how it could be continually improved.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties, for instance staff were allocated to work in a specific area. This meant they were aware of their tasks for the day and worked well as a team. Staff spoken with were aware of the lines of responsibility and told us communication with the registered manager was good. They said they felt supported to carry out their roles in caring for people and felt confident in carrying out their duties. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a member of staff on duty with designated responsibilities.

People and their relatives were regularly asked for their views on the service. This was achieved by means of regular meetings, consultation exercises and an annual customer satisfaction survey. We saw the minutes from recent residents' meetings and noted a variety of subjects were discussed. People new to the service also participated in a smaller survey known as "How was your week?" We saw documentary evidence of the meetings and surveys during the inspection and noted action plans had been devised following any suggestions for improvement. Feedback had been given to people using the format "You said, We did." This helped to ensure people were aware of the action taken. The annual customer satisfaction questionnaire was last distributed in March 2017. The results of the survey were displayed on a notice board.

The registered manager used various ways to monitor the quality of the service. These included audits of the medicines systems, support plans, staff training and supervision, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of

the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The registered manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The registered manager also met with the Head of Service at an annual quality and development meeting. We saw an action plan had been developed following the meeting, which the registered manager was working to; this included the development of areas of good practice. The action plan was being monitored by a senior operations manager.

A senior operations manager visited the home at regular intervals and completed a monthly report. We saw the report included feedback from people using the service, their relatives and staff. The report was detailed and included an action plan, which was monitored and reviewed. The senior operations manager also completed a section of an overall service audit. The service audit covered all aspects of the operation of the home and followed the topic areas of CQC's methodology. We noted each section was awarded a rating and an action plan was formulated.

The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. We noted the provider was meeting the requirement to display their latest CQC rating.

The registered manager and staff had strong links to the local community and there was a well established, Friends Group. The Friends Group arranged events and activities to raise funds and the profile of the home.