

Monarch Healthcare Limited

Clifton Manor Residential Home

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

About the service

Clifton Manor Residential Home can accommodate 47 older people and people living with dementia in one adapted building. Accommodation is provided on two floors; a passenger lift is available. At the time of our inspection 29 people were living at the service.

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

People received safe care. Staff had received safeguarding training and were aware of their responsibilities to protect people from abuse and avoidable harm. Risks were assessed and planned for and staff had detailed guidance of how to mitigate and manage risks. There was a positive approach to risk taking and people's lifestyle choices were respected.

There were sufficient staff available to meet people's individual needs and staffing levels were flexible and reviewed to meet people's dependency needs. Safe staff recruitment checks were completed when new staff were appointed. People received their prescribed medicines and they were protected from the risks associated with infections and cross contamination. Systems were in place to monitor accidents and incidents and lessons were learnt to reduce further risks.

People received effective care from staff who were well trained and supported. National best practice guidance and current legislation were used to support the assessment process, to ensure care standards and expectations were met.

People received sufficient to eat and drink and their choices and preferences were respected. Health care needs were monitored and staff worked effectively with external health care professionals in people's ongoing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received care that respected their dignity and privacy and they were involved in their care. People were encouraged to participate in activities, interests and hobbies. End of life care was planned with people. People's care records were person-centred and contained guidance for staff to support them in their preferred way. People had access to the provider's complaint policy and procedure.

There was a robust approach to audits, checks and continued monitoring, and oversight of the service. Quality assurance processes helped the provider and the registered manager to monitor quality and safety. The registered manager had a good knowledge of their regulatory requirement to report concerns to the CQC.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 27 April 2017). The service remains rated Good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Clifton Manor Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector.

Clifton Manor Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked commissioners for their feedback about the service.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, four visiting relatives and a visiting health care professional and asked them about the quality of the care provided. We also spoke with the registered manager, deputy manager, compliance manager, regional business manager, internal trainer, a senior care staff, four care staff, the cook and domestic. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including accidents and incidents and numerous medicine records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the regional manager to provide us with further details of quality assurance information, records of meetings and current action plan. We also contacted the GP, dementia outreach community nurse, community physiotherapist and community pharmacy lead and invited them to provide feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were cared for by sufficient numbers of staff, who were skilled and competent and understood their care needs. A person told us staff were always available and that they did not have to wait when they requested assistance.
- We received a mixed response from staff about staffing levels. Whilst some were positive staffing levels were sufficient, others told us it could be a struggle. The registered manager told us how people's dependency needs were assessed and used to determine staffing levels. The registered manager also gave examples how staffing levels were flexible and adjusted to meet people's individual needs. With the feedback received from staff, the registered manager agreed to review staff deployment to ensure this was safe and effective.
- Overall, we found people's care needs were responded to in a timely manner and we saw staff had time to spend with people. An exception to this was the observation of breakfast, where one staff member was supporting a high number of people. We shared this with the registered manager and they agreed to discuss this with staff.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse and avoidable harm. A person said, "Yes, I feel quite safe living here. The staff are all lovely." A relative said, "I have no concerns about safety, I trust the staff to care for [relation]. They are always around and keep them and others safe."
- Staff knew how to recognise and protect people from the risk of abuse. A staff member said, "We are here to protect people they are vulnerable and it's our job to make sure they are safe." Another staff member said, "I have completed training recently and I know what to look out for, some people may become withdrawn, signs (of abuse) are not always physical."
- The provider ensured staff received refresher safeguarding training and provided them with a safeguarding policy to support their practice. The registered manager followed the multi-agency safeguarding procedures to report any safeguarding concerns. This included taking action to reduce risks to people where required. Information about how to report any safeguarding concerns was on display for people, visitors and staff.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs had been assessed and planned for. Staff had detailed guidance of the support required to manage known risks and keep people safe. Risks were monitored regularly, and guidance reviewed, to ensure staff had up to date information.

- Staff were knowledgeable about people's needs in relation to their safety. Recommendations made by external health care professionals were included in the guidance for staff. There was a positive approach to risk taking, whereby people were involved, and their wishes respected. An example of this was how a person was supported in their choice to smoke. Another person enjoyed the opportunity to purchase their own alcohol. There were no restrictions that prevented people enjoying their lifestyle choices.
- Staff understood the balance between providing support for people and maintaining independence. For example, a staff member said, "We have one person who is high risk of falls, but instead of using the wheelchair we support them to walk with aids, someone always walks with the person."
- Some people could experience periods of heightened anxiety that impacted on their mood and behaviour. Care plans provided staff with guidance of any known triggers to a person's anxiety and the strategies required to support the person based on what they responded well to.
- Health and safety checks were regularly completed on risks associated with the premises and environment. This included the maintenance and safety of equipment and fire safety. People's personal evacuation plans were available for staff. These provided guidance on how to safely evacuate people from the building if required. Water testing was also completed to assess and control the risk of exposure to legionella bacteria, that can cause serious illness.

Using medicines safely

- People received their prescribed medicines when required. Staff had detailed guidance about people's preferences of how they received their medicines. Information included known allergies. A person said, "The staff look after my tablets, if I'm in pain I just ask, and they bring me the tablets." Positive feedback had been received from an external pharmacist with the local clinical commissioning group about the management of medicines at the service. For example, in September 2019 they congratulated the deputy manager in how they managed medicines. Comments included, "Her knowledge about all the residents (in relation to medicines) have been very impressive and valuable."
- Medicines systems were safely organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. There was one exception to this, medicines were not all dated when opened. Expiry dates need monitoring to ensure medicines remain effective and safe to use. The deputy manager was aware of this requirement and assured us action would be taken to make improvements.
- Staff responsible for the management of medicines, received refresher training and their competency assessed. The provider had a medicines policy and procedure to support staff practice that reflected national best practice guidance.

Preventing and controlling infection

- Staff were aware of infection control and prevention, required to reduce the risk of spread of infection to others. We found the service to be visibly clean and free of malodour.
- The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the safe management of food.

Learning lessons when things go wrong

- There was a process in place that ensured accidents and incidents were recorded, investigated and analysed. These were also reported to senior managers for further review and oversight.
- Where there was any learning required from these incidents, this was discussed with staff during supervisions, or collectively in team meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in the assessment and ongoing review of their care. People and their relatives felt individual choices about their care were respected and their needs were understood by staff.
- People's physical health, mental health care and well-being were assessed and care needs supported in line with current legislation and best practice guidelines. People's protected characteristics were considered when care was planned, and risks assessed. This ensured people did not experience discrimination.

Staff support: induction, training, skills and experience

- People were cared for by trained and competent staff. People and relatives were positive about the staff employed at the service. A person said, "The manager is lovely and always around." A relative said, "I would describe the staff as very competent, there has been over the years staff coming and going but it's more settled now."
- Staff were positive about the induction and ongoing training and development. A staff member said, "I have just been put forward to do my NVQ level three, they are really good here, supporting us to do not just mandatory training but additional training as well."
- Staff training reflected the care needs of people and staff were up to date with their training. The provider's internal trainer told us about the training staff were expected to complete and how staff's understanding and competency were assessed. This ensured staff met and maintained care standards.

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

- People had enough to eat and drink. Nutritional needs, including preferences and any religious or cultural dietary needs were considered and planned for. People were positive about the choice and quality of meals and drinks. A relative said, "The food always looks nice and if it's something my relative doesn't want they will accommodate that." This was confirmed by a person who said, "You can choose something not on the menu, it's not a problem and you can ask for drinks and snacks anytime."
- Staff were aware of people's nutritional needs. For example, people's preferences and support needs were recorded. Information included if meals were required to be presented in different ways to support a person with any swallowing difficulties. Food and fluids were monitored to ensure people's nutrition and hydration needs were met. Weight monitoring was also completed, and action was taken when concerns were identified such as a referral to the GP.
- The cook showed us a two-week rotational menu that changed seasonally. Food stocks were plentiful with fresh foods and stored in accordance with best practice guidance. The cook explained that staff completed menu selections with people each day, but for some people, choice plates were offered so people could visually choose what they wanted. We observed people being offered drinks and snacks,

People were shown the food on plates, so they could visually choose what they wanted to eat. Staff were attentive and unrushed when supporting people with meals and drinks.

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

- A visiting health care professional told us staff made timely and appropriate referrals to support them in people's care needs. Comments included, "The manager and deputy are very knowledgeable about people's health conditions, any recommendations are followed. Action is taken quickly when needed. A new mattress was required for someone and this was provided during a weekend without any problem."
- The service participated in the 'red bag scheme.' This is an NHS innovative approach to ensure important information is shared for people between care homes, ambulance staff and hospitals. The red bag contains key information about a person's needs. The registered manager gave examples of multi-agency working that had led to positive outcomes for people. Positive links had been made with community health professionals such as GPs, community nurses and with specialist nursing teams that supported staff in caring for people living with dementia.
- People's health conditions were assessed and monitored. People were supported to receive health services. A person confirmed they saw the GP when required and how they had had an eyesight examination, a dental check up and a podiatrist for their nail care.
- People received support with their oral health care needs. National best practice was followed and staff had guidance about the support people required.

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

- The environment met people's individual needs. People had personalised their bedrooms to suit their preferences. There was good use of signage to support people to orientate around the service. The environment was bright and spacious. People had a choice of communal spaces to use, including opportunities to meet with relatives and friends privately and a pleasant outdoor garden they could access and enjoy. An additional kitchen facility, enabled people to be independent with domestic activities such as making drinks, snacks and doing their own laundry. People had access to a purpose-built hair salon, and a nail bar was planned to be added.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, no person had any conditions attached to their authorisation.
- MCA assessments and best interest decisions had been completed when people lacked mental capacity to consent to a specific decision about their care.
- Staff understood the principles of MCA and ensuring people were supported as far as possible, to be involved in their care.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's individual needs, preferences and what was important to them was known and understood by staff. People spoke highly of the approach of staff whom they found to be kind and caring. A person said, "I like living here. I can go to bed when I want and get up when I choose. I used to stay in my room a lot, but the staff encouraged me to be in the communal rooms with others. It's better for me to mix, I feel happier." Another person said, "Yes, the staff are very caring and kind they really do care, the night staff tell me if I need anything just press the buzzer and they will come straight away."
- We observed staff to be caring and kind with interactions with people. Staff were polite, respectful and they demonstrated good knowledge and understanding of people and their needs. Staff were seen to encourage people to maintain independence around mobility, encouraging people to stand and transfer, staff offered reassurance and support during transfers. One person arrived into the lounge in a wheelchair, they wanted to sit in a particular spot, staff moved things around to accommodate this request. When buzzers were activated staff were prompt to respond.
- Staff were positive about their role and showed great interest in the care and well-being of people living at the service. A staff member said, "We use a person-centred approach, we see residents as family really, we use different care approaches dependent on the person we are supporting."

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

- People who used the service and their relatives, were involved in discussions and decisions about their care. A person said, "The staff always ask me all the time about how I want things, they ask if I'm alright." Relatives confirmed they were involved and felt communication with staff was positive. A relative told us how staff had got to know their relation well and what was important to them and about their personality and how best to involve them in their care.
- We saw letters sent to relatives inviting them to attend review meetings with the registered manager, to discuss and review the care provided. The registered manager told us how they used the 'Resident of the day' approach, to ensure every person received the same opportunities of being involved as fully as possible in the care. This approach meant the person was the focus for the day and every aspect of their care was reviewed with them. The registered manager said, "It's like a mini birthday for the person, they have one to one time with the activity coordinator and all staff such as the cook and care staff spend time with the person. It works really well."
- Staff told us how they encouraged and supported people in their care. They understood the importance of keeping people actively involved in decisions. We saw good staff engagement with people. Staff used effective communication and listening skills.

- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People received care from staff who respected their privacy and dignity and where independence was actively promoted. A person said, "The staff knock on my bedroom door before entering, they are polite and respectful." A relative said, "My relation always looks clean and tidy when I get here, which is important to them."
- During the inspection we observed consistent positive interactions between staff and people. This demonstrated staff knew them as individuals and their dignity and independence was respected. A staff member said, "I always knock before entering a person's room, even if they can't respond verbally, I knock and wait a few seconds and then go in." Another staff member said, "When assisting people with their personal care I always make sure that they are covered where possible, it just maintains their dignity which is important to everyone."
- The provider recognised people's diversity and they had policies which highlighted the importance of treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- There were no restrictions on when people received visitors.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they received care that was individual to them and they felt involved in their care. Relatives told us they were confident their relations needs were known and understood by staff.
- A pre-assessment was completed before people transferred to the service, to ensure their needs could be met. Care plans were then developed to provide staff with guidance of the support people required. The registered manager told us for people who may have difficulty in expressing their views and wishes, a 72 hour assessment was used to gather further information to assist in the development of care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and registered manager were aware of their responsibilities under the AIS. The registered manager told us how information could be provided in accessible formats if this was required, such as large print, braille and audio. This demonstrated a positive approach to communication and helped to ensure people were not discriminated against because of a disability or sensory impairment.
- Communication care plans provided staff with guidance about people's communication and sensory needs and the support required. This included how best to communicate with the person and what support was required with glasses and hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain important relationships and develop new friendships. Social activities, interests and hobbies were encouraged. A person told us there were activities they could participate in if they wished. A relative said, "The staff are marvellous, my relation likes to be smart, I told them that when they came here, and they really make sure they are smart and clean."
- A person told us how they were supported to maintain contact with their family. They had also developed a new friendship and told us how staff recognised this and supported them to share the same lunchtime table. A staff member also told us about a group of people who enjoyed having their meals together and that this was facilitated.
- There was a positive approach and commitment to providing personalised care. Information about people's social history and background, including interests and hobbies were recorded. We noted a person's care plan stated how they liked to wear jewellery, a watch and apply their lipstick. It was clear this was

important to the person and we saw this person presented as described in their care plan.

- An activity coordinator provided daily activities either in small groups or individually spent time with people. Staff had received training in dementia care approaches and this included the butterfly approach to care. This is a well-recognised way of caring for people living with dementia. The activity coordinator told us they met with people to get to know their interest and hobbies to try and accommodate interests. Whilst external religious groups did not attend regularly, the registered manager told us any person receiving end of life care their religious and spiritual needs were discussed with them. Where requested, arrangements were made for people to receive pastor care.
- On the day of the inspection, we saw some people playing a game of bingo. One person was supported to go to the shops. Another person had their own visiting hairdresser come and style their hair. In the afternoon a Christmas fete was organised which was also available to the local community.

Improving care quality in response to complaints or concerns

- People told us they had no concerns or complaints about the service but felt confident to report any if they had. The complaint procedure had been made available for people.
- Whilst no formal complaints had been received, the registered manager recorded any minor concerns. This was good practice and enabled the registered manager to identify any emerging themes or patterns. It also showed the registered manager had a positive approach and how they continually had oversight of the service.

End of life care and support

- People's end of life wishes were discussed and planned with them. Staff worked closely with external community nurses, in providing end of life care to ensure people were comfortable, pain free and received care as they wished.
- Staff received end of life care training. Staff spoken with showed great care and compassion for people nearing the end of their life. The registered manager told us how they supported and facilitated the person's relatives to remain with them. However, if relative were not available, they ensured staff remained with the person.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Positive feedback was received from people, relatives and an external professional about the leadership and approach of the staff team. A relative said, "The manager and her team leaders are excellent they really care about us relatives as well as the people who live here." An external professional told us, "There has been improvements since the manger has been here, the staff communicate well and know people's needs, the manager and deputy are very approachable and knowledgeable."
- Staff were positive about their role and showed a clear understanding of the provider's vision and values. Staff said it was a nice place to work, with good team work and a nice atmosphere. Staff said that visions for the home were to offer good care to people and keep people safe.
- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had up to date operational care policies and safety procedures that reflected current legislation, best practice guidance and set out what was expected of staff when supporting people.
- A whistleblowing policy was in place and staff confirmed they would not hesitate to use this if required. Whistle blowers are employees who are protected by law to raise concerns about illegal, unethical activity; wrong doing or misconduct in within a service or organisation, either private or public.
- There was a robust system of audits and processes in place that continually checked on the quality and safety of people's care. These were completed, daily, weekly and monthly. These were included in areas such as health and safety, medicines, accidents and incidents, and care plans; to ensure the service complied with legislative requirements and promoted best practice.
- The registered manager completed a daily walk around of the service and recorded checks in a variety of areas. They provided senior managers with monthly reports to assist them with their monitoring of the service. The provider's regional business manager and compliance manager also completed additional audits and checks. Any shortfalls from these were added to an overall action plan for the service. This meant there was clear accountability and oversight of the service.

- Staff were clear about their role and responsibilities. Effective communication systems were used to share information internally and externally.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service and relatives, received opportunities to share their experience of the service received. This was by regular meetings and feedback questionnaires. Any actions in response to feedback was shared with people. A relative said, "They have regular resident and relative meetings, this gives me the chance to bring up any issues, although the manager is always around and she says her door is open so I can talk to her anytime."
- Staff told us they were well supported, there were clear communication systems and a good leadership approach that made them feel involved in the development of the service.

Continuous learning and improving care

- The registered manager attended forums with the local authority and attended internal meetings within the organisation to share good practice and learning.
- The registered manager used national best practice guidance and CQC alerts to continually drive forward improvements.

Working in partnership with others

- It was clear from talking with people, staff and viewing care records that the service regularly worked in partnership with external professionals and relevant care agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs.
- The registered manager showed a commitment in involving people in their local community and told us this was an area for future development.