Chigwell Homes Ltd

Merrie Loots Farm Residential Home

Inspection report

Merrie Loots Farm
East Tilbury Road
Linford
Essex
SS17 0QS

Tel: 01375673178

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12 April 2016

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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 11 and 12 April 2016. Merrie Loots Farm Residential Home provides accommodation which offers personal care to older people and those living with dementia. There were twenty seven people using the service at the time of the inspection.

A registered manager was in post. 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.

Staff had good knowledge of their responsibilities and how to keep people safe. People were cared for by staff who had been recruited and employed after appropriate checks had been completed. Staff had access to personalised, up to date information about people's needs which meant they were effective in delivering appropriate care. People and relatives were involved in the planning of their care and treatment which was delivered in a way that was intended to ensure people's safety and wellbeing. Any errors were addressed by the service which ensured safe management of medicine administration and secure storage of medicines.

Effective care was provided by care staff. People's rights were protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Management applied such measures appropriately.

Staff had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. People had enough to eat and drink and staff understood and met their nutritional needs. Staff and managers ensured access to healthcare services were readily available to people and worked with a range of health professionals to maintain good health of the people.

Privacy and dignity was valued by staff and who were observed to be respectful and compassionate towards people. Staff had positive relationships with people who were supported to be as independent as they chose to be. People knew how to make a complaint and processes were in place to deal with them.

The manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out quality monitoring audits to help ensure the service was running effectively and to make improvements.

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.

Errors were addressed by the service to ensure safe management of medicine administration and secure storage of medicines.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Appropriate checks had been carried out to ensure a robust and effective recruitment process was in place.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service. People were cared for by staff who had the knowledge and skills required to meet their needs.

People were supported with their nutritional choices and dietary requirements.

People were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care and the support they received.

People's choices were listened to and people felt able to express their views, wants and needs.

Privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans contained detailed information required to meet people's needs.

Complaints were investigated and acted upon appropriately.

Is the service well-led?

Good

The service was well led.

Staff aligned themselves with the values of the service.

The manager and provider sought the views of people who used the service.

The service had quality monitoring processes in place to ensure the service maintained its standards.

Merrie Loots Farm Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 11 and 12 April 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed information received from a local authority.

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.

During the inspection we spoke with seven people that used the service, ten members of staff, care administrator, registered manager and the provider. We also spoke with an advocate for a service user, a minister that visits regularly and local authorities who were also undertaking an unannounced monitoring visit.

We observed interactions between staff and people. We looked at management records including samples of rotas, four people's individual support plans, risk assessments and daily records of care and support given. We looked at four staff recruitment and support files, training records and quality assurance information. We also looked at the services arrangements for the management of medicines and reviewed five people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People consistently told us they felt safe using the service, one person said, "I am happy and safe here, all my things are safe too." Relatives told us, "I am content that my dad is safe, if anything happened I know they would phone us" and "I leave here knowing dad is safe and I don't have to worry."

People told us that they received their medication as they should and at the times they should. We found that daily medication administration records were consistently completed. We noted that the site of one person's medicated patch was not being recorded to ensure that the re-application of the patch to the same skin area was avoided. However, the care administrator implemented body maps for staff to use appropriately with immediate effect. This meant that we could be reassured that people were having their medicated patch safely applied to a different part of their body as required.

Although the medicines trolley was stored behind a locked door the lock on the medicine trolley was broken and was not able to be secured safely to the wall. The inability to lock the medicines trolley had resulted in senior staff needing to repeatedly return to the medicines cupboard to retrieve the next person's medicines to administer. We saw one senior care staff administer medicines to people and despite wearing their tabard was interrupted by a colleague and carried out another task before they returned to the medicines cupboard to sign the MAR sheets. MAR sheets should be signed immediately after administration to avoid administration errors. We discussed these findings with the registered manager and provider who told us that a new trolley had been ordered. Documentation confirmed this. On the second day of inspection we saw senior staff correctly signing MAR sheets at people's sides immediately after administration of medicines. Controlled drugs were stored appropriately and medicines stock records tallied with the medicines available. A drugs audit was completed monthly, however the registered manager told us modifications were being made to improve the robustness of monthly audits in order to analyse data more effectively. We saw documents that assured us improvements to medication audits had been made.

Permanent staff had the information they needed to support people safely. Care plans had current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. We saw risk assessments covering areas such as; care during the night, administering medication, mobility and nutrition.

The care administrator advised us that people's care plans and risk assessments were all created and stored on computer software, were up to date and reviewed monthly. The contingency plan, if the computerised system failed, was to revert to hardcopy care plans and documenting by hand. The care administrator told us that although the computerised care plans were all current, the hard copies of people's care plans were periodically printed off and had not been updated for all people at the time of the inspection. Reliance was placed upon the computerised system.

The registered manager and staff told us that agency staff were not often used. Although if it was necessary, night shifts were usually covered by agency staff who had worked at the service before. As agency staff did not have access to people's computerised care plans, the care administrator told us there were plans to

produce a file with people's information specifically designed for agency staff. This easy read care plan information would assist agency staff to effectively know people's needs and risks without having to access the computerised care plans or become reliant on permanent staff who provided information of care and support given to people.

The care administrator provided documentation which calculated how staffing levels were determined based on an assessment of support and care required for each individual. The registered manager and care administrator advised us that staffing levels were reviewed and adapted biannually and when a change in need was identified. The registered manager and provider assured us that staffing levels would be reviewed when necessary and that if more staff were found to be needed they would be recruited. The registered manager told us they were currently in the process of recruitment for a care worker, in order to cover shifts where required. One relative told us, "There's always plenty of staff around if you need help." One person's advocate told us, "There's always staff available, I'm never wandering around looking for staff."

Although a number of staff were multi skilled to enable effective deployment throughout the service at different times of the day, the registered manager told us that they were not expected to perform laundry or housekeeping services when they were rostered to provide care. For example one member of staff explained how they didn't feel pressurised to cross roles and liked helping colleagues. One member of staff told us, "I am rostered on in the mornings to do the laundry but in the afternoon I'm rostered to do activities after helping out at lunch time." Rotas we saw confirmed this. Another member of staff told us, "At times its busy, things happen and it's pressurised but not all the time and because a lot of us are care staff, as well as work in the kitchen or housekeeping, we can all help each other."

Staff were aware of people's individual risks relating to moving and handling. We saw that staff used safe moving and handling techniques and the required equipment when they supported people to transfer from one place to another. One person told us, "I always have two people help me up [out of chair and bed]."

People and relatives told us they did have to wait for care staff to help people move on occasions. One relative told us, "At night I'm not sure there's enough staff to help people get to bed." One person told us, "I have to wait sometimes, especially at night the girls are busy I don't always get to bed when I want." We observed staff waiting for equipment to support people with their mobility needs. The registered manager told us they had identified and discussed with the provider that more stand aids were required to meet the needs of the people currently using the service. We saw documentation that reassured us arrangements had been made to acquire more equipment to reduce the waiting times to support people's needs.

Equipment used by people, such as hoists, was tested regularly to make sure it was working safely. Pressure relieving mattresses were at the correct setting to support safe care in preventing and healing pressure ulcers. The manager had procedures in place to identify and manage any risks relating to the running of the service. These included infection control, fire, personal emergency evacuation plans, water safety and the environment.

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and they knew how to protect people from harm and keep people safe. The service had a policy for staff to follow on safeguarding and whistle blowing and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff told us, "If I had concerns they would have to be reported to safeguarding teams. I would tell my senior, [registered managers name] or the Council." The registered manager, care administrator and provider had a good understanding of their responsibility to safeguard people and knew how to make referrals to the local safeguarding authority to investigate if they needed to raise concerns.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff we spoke to told us they had worked at the service for several years and would recommend Merrie Loots "as a nice place to work" with "a family feel."

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they were supported to complete nationally recognised training courses. The registered manager also confirmed that suitable new staff would be enrolled on the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff. The registered manager told us that it was their intention for existing members of staff to also complete the Care Certificate and that staff updated essential training when required. Although one member of staff told us they had not yet received the training they had requested, other members of staff told us that training was given to them when requested. One staff member told us, "If I want any training it's usually planned within a week of asking, I most recently did my moving and handling refresher course." This corresponded with the training matrix. We asked people if they thought staff had the correct training to do their job. One person said, "The staff are brilliant, I'm happy how they care for my husband." Feedback from questionnaires included one person who remarked, "I always found staff to be competent."

Staff undertook a thorough induction into the service before they started at the service. All new staff received a staff handbook and the registered manager told us that they were always supervised and completed a minimum of two weeks shadowing with an experienced member of staff. We observed a new member of staff shadowing and asking questions to learn about processes of infection control. The registered manager told us supervisions and appraisals of staff had not been regularly completed in the past as reflected in documentation. Although, staff told us they had not always received supervisions in the past, they also told us they had received their supervisions this year. The care administrator told us a matrix had been devised to ensure supervisions and appraisals would continue to be completed every two months to ensure best practice.

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. The provider and registered manager told us they had regular interactions and discussions with local authorities which ensured their current understanding of the MCA.

Staff were aware that people had to give their consent to care and had the right to make their own decisions. Staff had undertaken online mandatory and refresher courses to update their knowledge of MCA and had a good understanding of how to support people in making decisions. Staff told us that they supported people in making day to day decisions and always offered people choice. We saw staff offering people choice. For example, we saw a member of care staff ask one person if he would prefer to eat their meal in the dining room or in the lounge. Another person was asked and given what they wanted to eat as they didn't want either of what was on offer initially. If people needed additional support with making decisions the registered manager requested an advocate for people. Where appropriate, mental capacity assessments had been made in people's best interest and were clearly documented with the reason why and what these decisions covered. This told us people's rights were being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The deputy manager assured us that they had assured themselves, that freedom was not being inappropriately restricted. Applications for DoLS had been made and liaisons with the local authority were ongoing to apply DoLS where necessary.

People were supported with their dietary needs. One member of staff told us, "People who work in the kitchen are also care staff so we know what people need, what they like and don't like." Staff supported people to eat textured diets and we saw three members of care staff all supported people to eat at a relaxed pace. One person told us, "A friend of mine has eaten a meal here with me and she is jealous of my meals." Other people told us, "I eat whatever comes my way it's all delicious, no grumbles" and "They [staff] say I don't drink enough they are always trying to get me to drink more." One member of staff showed me a picture book kept in the dining room which is used as a tool to help people with communication difficulties make food choices. We saw care staff offering people jugs of a selection of drinks in the mornings and afternoons.

People had access to healthcare professionals. A GP visited the service weekly to attend to people. Staff monitored people's weight and we saw correspondence within people's care records, such as advice from speech and language therapy teams and dieticians. One senior care staff told us how they had identified a person's increased need to have medications prescribed in liquid form and liaised with GP services to meet this need of safe administration. One person told us, "They [staff] make sure we get what we need, the chiropodist or the doctor, or whoever we need."

Although the premises were old, we saw that the building was used appropriately so as not to hinder people's mobility. People with risks when mobilising resided in rooms within the newer section of the building where there are no trip hazards. Whereas people who resided in the older section of the building, with slightly uneven floors, either had no mobility restrictions or used wheelchairs which required staff support. The registered manager told us, "I would not allow someone to use our services if the rooms were not suitable for their needs." People told us although the premises are old they had a, "Cosy, intimate, family feel."

The premises were clean and one relative told us, "I choose to do my mum's laundry but the staff here keep the rooms very clean. I'm very happy with the cleanliness of the place, the toilets are always clean." One person told us, "They [staff] come every other day to change my bed sheets and my room is always clean." Another relative told us, "My dad has got a lovely room, he has got a view of the sheep and we could decorate it how we wanted, to make it feel homely." The maintenance worker told us that if people want their rooms looking fresh or changed he decorated how they wanted it to make it their own. We saw them painting the doors to people's private rooms with odour free paint. People's private rooms all contained pull cords, placed within people's reach, the maintenance worker told us that he does regular tests to make sure they all work well.

The registered manager also told us how they are using a device which has eradicated the smell from a person's room which arose from urinary problems. This told us people's dignity and wellbeing was being protected alongside ensuring the environment was pleasant for everyone within it. The care administrator told us this device would also be considered to minimise the smell within the staff quarters, where cat litter and food trays of the service pets, which the people loved, were kept.

Good

Is the service caring?

Our findings

People were happy with the care and support they received from staff. One person told us, "As soon as I came here I knew it was the place for me." One relative told us, "Staff here are very caring and have helped my dad and the rest of my family through a very difficult time." Feedback from peoples completed questionnaires remarked, "[Relative's name] is cared for well and I have no concerns about her living there," and "Thank you for your care and devotion". Another person spoke positively of how staff cared for their relative during their end of life and remarked, "Thank you for caring for [person's name] in his last hours and through his time at Merrie Loots."

Many care staff were longstanding employees and knew people who used the service well, including their life histories and their preferences for care. We observed that care staff recognised people's needs and acted as quickly as possible to meet those needs. We saw kind and patient interactions between people and care staff. One person told us, "They are all lovely, always trying their best even when it's busy."

Staff had positive relationships with people who were supported to be as independent as they chose to be. Staff treated people as individuals and knew for example that one person liked to be involved with the caring and feeding of the animal's, kept by the service, for the people. This supported and provided a purpose for the person and addressed their positive wellbeing.

People told us how they enjoyed living at the service. One person told us, "I think you'll find we are all happy here." A minister who often visits people at the service told us, "I always find the staff courteous and as far as people's spiritual care goes, I have always found staff to be supportive whatever people's beliefs may be."

People were encouraged to maintain relationships with their friends and family. This included supporting trips home and encouraging families to visit their relatives at Merrie Loots. Many relatives of people visited during the inspection days. Relatives spoke highly of the care staff and told us that they made them feel welcome and felt that staff cared for and met the needs of their relatives appropriately. One relative told us, "If this wasn't a caring service my mum wouldn't be here."

People's privacy was respected. One relative told us, "We like to talk here [in conservatory] but we can go to mums room or If there are more of us from the family coming to visit, we sit in the dining room so we can all talk in private." We saw one person being visited by his immediate family and they all entered the dining room so they had more space to talk in privacy. Staff ensured they weren't interrupted by others during their visit.

People and their relatives were actively involved in decisions about their care and treatment and their views were taken into account. The care administrator discussed people's care needs with them so that they could develop a care plan that was tailored to their needs. People who used the service needed varying degrees of support which was identified in care plans and reviewed monthly or when a change in need was identified.

An advocate appointed to one person for their welfare told us, "I find the staff very helpful, friendly and

welcoming I've been brought here to provide a voice for people." Documents also indicated that eleven people had Lasting Power of Attorneys in place to make decisions on their behalf.

Good

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs. Before people came to live at the service their needs were fully assessed by the registered manager and the care administrator to see if they could be met by the service and at the premises. Care plans contained completed pre-admission assessment forms. During this meeting the manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. From this information a care plan was then agreed. People and their relatives told us that they were fully involved in this process.

The care administrator provided an example of how one person's care plan and risk assessments were continually being reviewed as they were relatively new to the service. Care plans required development from review meetings and feedback from care staff, as support was being identified whilst the person was settling in to their new environment. One member of care staff told us, "If I see a risk or something changes for a person I tell my Senior and then they will make sure the care plan is changed." The registered manager told us care plans were reviewed monthly and/or if additional support was identified. Colour mood maps were also used to document people's behaviour. Staff monitored and responded appropriately if there were adverse changes to people's moods. One relative told us, "I speak to staff about mum's care often so they can update the care plans and I know I can approach them if I think care needs changing."

The service listened to people's views and included them in the delivery and management of their care. People told us how their relative's needs were responded to. One person told us how the staff had contacted occupational therapists teams which resulted in their relative being supplied with a chair to meet his need for comfort and deteriorating mobility needs. Another relative told us how their husband had spent time in hospital and lost a lot of weight. "Since being here he has put weight back on and they always help him look presentable and smart, like his normal self." We also saw staff respond to people's immediate needs. One person started coughing violently during his lunch, three care staff immediately came to his aid, assessed the situation was safe and one care staff continued to reassure the person, while the others dispersed and continued supporting others. Care staff understood people's needs with dementia and told us how they had sensory and tactile objects such as mitts and blankets made for sensory stimulation.

People lived full lives and were given the opportunity to partake in activities that interested them and suited their needs. The registered manager told us that they had listened to people's views regarding activities from residents meetings. They had learnt that people only wanted activities in the afternoons. We saw from the staff rotas that one member of staff performed laundry duties on weekday mornings and activities between lunch and dinner in the afternoon. One person told us, "We read the Daily Sparkle together, I really enjoy that." The registered manager told us that the Daily Sparkle is a subscription of downloaded daily activities sheet which prompts appropriate topics of conversation, song and memories for people living at the service. We saw staff and people chatting about the topics instigated by the Daily Sparkle. One person said, "There are things to do if we want to do them, but sometimes I love just being in my room, I could stay in there for hours with my beautiful bed, views across the fields and TV, I love it in there." Another person told us, "I go out for coffee and to get my nails done every week."

One relative told us, "People can play bingo and do crafts and they have exercise class every Friday, but people of their generation generally just like to be visited and spoken with." The layout of the building allowed for a natural inclusion for people to be involved in conversations if they wished. We saw visiting relatives chatting with various people for lengthy periods and appeared that they knew each other well. One relative told us, "We are all like a big family, other people's relatives chat to my dad as we all know each other well now." This helped in the avoidance of social isolation. During the inspection people's day was filled with conversation and little physical activity as they told us they were tired from events over the weekend. The registered manager and people told us many of the people had chosen to visit the local church for a social gathering for afternoon tea the day before.

People and relatives were given dates for their diaries and at least once a month an event was organised for people and their relatives. The registered manager explained how much time it takes to organise activities and as a result a relative has offered to become an activities administrator to allow the registered manager to complete other managerial tasks. Upcoming events included; Mad hatters Tea Party, various singing entertainment, a summer fete and movie afternoon. The registered manager also told us how the animals encourage children to come along and visit their relatives as it's a fun place to visit. The animals in the service especially the cats served as a therapy to people who spent a lot of time patting and stroking the cats. One person happily told us, "I love stroking Colgate [the cat]."

A volunteer came to deliver sweets with a traditional sweet trolley during the second day of inspection. The volunteer took time to visit people and speak individually with them. They also offered diabetic sweets to cater for people's health needs. The majority of people spent their time in communal areas and there was only one person that was bed bound during the inspection. Documentation revealed that their needs were met with two hourly checks, regular repositioning and encouragement to take fluids, as detailed within their care plan.

The provider had a robust complaints process in place. The registered manager regularly gathered people's views on the service by talking with them. People told us that any complaints about the service were raised and discussed in meetings and told us they felt comfortable to speak with the staff or manager if need be. Staff knew how to support people in making a complaint should they wish to make one. We saw easy read documents explaining the complaints processes within people's rooms. One person told us, "I have no qualms, no complaints."

Good

Is the service well-led?

Our findings

The service had a registered manager. People were very complimentary of the manager and the service. The registered manager was very visible within the service and had created a transparent and open relationship with the provider. People approached the provider and registered manager with ease and we saw regular and consistent friendly interactions.

The service was led and managed effectively by a registered manager who delegated work to supportive staff. In addition to the registered manager the service had a care administrator who was heavily involved in the running of daily operations. The registered manager told us that they acted as a second manager and shared duties with the registered manager including being on call. Although the registered manager was normally the first point of call as they lived on the premises of the service. One staff member told us, "We don't need to call on them much but we know we can if we need to."

The registered manager told us the history of the premises which revealed how effective her knowledge was when providing services within a property of its age. The registered manager expressed their view for people to receive good care in a place that feels like home. Staff shared the manager's vision to provide good quality care and support people to meet their individual needs. One member of staff said, "We make sure we treat everyone as an individual and listen to what they want."

The primary aim of the service was to enable people, despite any health difficulties they faced, to live as normally as possible, by encouraging individuality and treating people in a dignified manner. This aim was being achieved by the recruitment of staff who had received a robust induction process and continued training to apply their knowledge to the service. As a result the service had retained the majority of care staff for several years who provided valuable, multi skilled, effective support and were deployed where necessary to meet people's needs.

The registered manager and care staff strived to deliver quality care. Senior staff told us that they had handover meetings every shift to discuss people's immediate support needs and to share any important information. Quality assurance processes were in place however the care administrator and registered manager were keen to make improvements and develop processes to allow for robust quality monitoring of the service. Particularly surrounding management of medicines, analysing falls audits and incidents and accidents.

The service promoted an open culture and people were actively involved in developing the service. The registered manager used questionnaires to gain feedback on the services from people. The information from these questionnaires had been used to identify improvements or changes that were needed at the service. An action plan had been produced as part of the on-going improvements to quality assurance systems. This was not the only means of gathering people's views. The registered manager also gathered people's views on the service through staff meetings, regular residents and relative's meetings every month and on a daily basis through their interactions with people. Minutes of the residents meetings were detailed and clearly showed that management monitored whether improvements could be introduced. For example,

minutes from the meeting in March 2016 identified that people requested a blackboard menu system to view the menu at meal times. We saw that this had been implemented at the service. This showed that although quality monitoring processes were being developed, there was an open and inclusive culture in which people felt comfortable expressing their views to staff in order to continue enjoying where they live.

The service worked in partnership with other organisations. Community links were seen to be active between the GP, local church and a new neighbourhood initiative to incorporate the service into the community was underway. The service hairdresser had organised a traditional themed tea party for people to attend. Additionally, the service had links with Duke of Edinburgh participants to volunteer at the service. We saw a young Duke of Edinburgh volunteer interacting with people well.