

# Hadley Care Limited

# Hadley Care

## 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

Hadley Care is registered with the Care Quality Commission (CQC) as a domiciliary care service where care and support is provided to older people who live in 12 lodges. At the time of the inspection 80 of the 82 people being supported by Hadley Care received a personal care service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. People understood they had the right to choose to receive care from an external agency if they wished.

The 12 lodges where Hadley Care provided a service were in various locations in the North Devon area and managed by Fremington Homes Limited. Five to ten people lived together in each lodge. Each person had their own en-suite bedroom, and there were communal areas where people could come together and socialise. The same provider owned both Hadley Care and Fremington Homes Limited, but they were run as separate organisations. People had separate tenancy agreements and all repairs and maintenance to the property were met by Fremington Homes Limited.

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

People and relatives were confident people were safe and well protected from the potential risks of abuse and avoidable harm. Staff received training to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. Safe and effective recruitment practices helped ensure staff were of good character and sufficiently experienced, skilled and qualified to meet people's needs.

People were supported to take their medicines as prescribed and other risks to their health and wellbeing were managed safely. The provider had good systems to manage safeguarding concerns, accidents and incidents and infection control.

Newly recruited staff completed a comprehensive induction programme. Staff received training in a range of subjects relevant to their roles and were well supported through supervision, appraisal and regular observations of practice. A focus on improving staff wellbeing helped them to carry out their roles confidently and effectively.

People's relatives complimented the staff team for the care and support they provided. Staff were caring, kind and passionate about their role. They knew people well and had developed positive and meaningful relationships with them. People were respected, and their privacy and independence promoted. The registered manager was proactive in ensuring that an equality, diversity and human rights approach was firmly embedded at the service.

People received personalised care and support. Their needs and preferences were assessed, and the care provided was based on this assessment. Detailed information and guidance helped staff provide consistent

care and support in a person-centred way. Care plans were reviewed regularly with people to ensure they still met their needs.

People and their relatives knew how to make a complaint, and complaints were managed in line with the providers complaints policy. There was an ethos of reflecting and learning from complaints and significant events, to identify any action needed to minimise the risk of recurrence.

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

The management team undertook checks and audits in a wide range of key areas to help ensure a safe service was maintained. The provider routinely distributed feedback forms to people, staff members, relatives of people who used the service and health professionals to gain their opinions on the service provided.

The management team were clear about the provider's values and were proactive in ensuring these were understood and put into practice by the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was Good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hadley Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

# Hadley Care

## **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 two inspectors.

#### Service and service type

This service provides care and support to people living in 12 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, lodge managers, senior care workers and care workers.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives by telephone. We sought feedback from three professionals who regularly visit the service but were unsuccessful.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the service being provided.
- There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse and had a clear understanding of the actions required to protect people.
- Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people. Safeguarding concerns had been escalated and managed appropriately.

Assessing risk, safety monitoring and management

- Effective measures were in place to protect people from a range of risks. This meant risks were well managed.
- Risks had been assessed including risks related to nutrition, falls and skin breakdown. This information informed the development of care plans, with clear guidance for staff about how to keep people safe and reduce the risk of harm. For example, "Check pressure areas for red or sore areas daily or ask [persons name] if they have noticed any red or sore areas. Ask for their consent to notify the district nurse or GP. Document the areas on a body map. Inform the manager."
- Risk assessments also supported people to take positive risks, such as making cups of tea and going out. The PIR stated, "We work hard with using individual risk assessments to encourage and enable positive risk taking: for example, to continue to walk to local shops independently or to visit friends privately or with minimal support." We found this was the case.
- Risk assessments were reviewed monthly or when people's needs changed, to ensure they remained accurate.
- Since the last inspection the provider had recognised that as a supported living service they could not safely support people with very complex needs. They had worked with the local authority to review their admissions criteria and ensure people were placed in a more appropriate setting for their needs where required.
- Equipment such as pressure relieving mattresses was in place and monitored to ensure it was at the right setting for the person. The equipment used by staff when supporting people in the lodges was regularly serviced.
- Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.

Staffing and recruitment

- People's individual contracted care hours were pooled within each lodge. They were used to provide staff

cover 24 hours a day to meet everybody's assessed needs. At the time of the inspection this meant one member of staff was on duty in each lodge, with additional cover provided when double up care was required or in the event of a person becoming unwell. People had also commissioned additional support from other agencies at times of increased need.

- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

#### Using medicines safely

- Within each lodge there were suitable systems for the storage, ordering, administering, monitoring and disposal of medicines. This ensured people received their medicines safely, and in the way prescribed for them.

- Staff received medicines training and competency checks were completed to make sure they gave medicines safely.

- People kept their medicines in a locked cupboard in their rooms. They could choose to administer their own medicines. A risk assessment determined whether it was safe for them to do so, and this was reviewed monthly to ensure it was accurate. One care plan directed staff to, "collect [medicine] boxes and give to [person's name] and they will take the medicines they require."

#### Preventing and controlling infection

- People were supported by staff who had been trained in infection control. We observed staff using personal protective equipment (PPE) such as gloves and aprons. This was readily available in the lodges.

#### Learning lessons when things go wrong

- The management team were proactive in learning from significant events and taking action to minimise the risk of recurrence. Falls, incidents, accidents and medication errors were reviewed by the locality manager and immediate action taken. A 'post falls huddle', meeting reviewed what had happened when a person had fallen, looking at risks, action taken, and further actions required. Further analysis of significant events was completed by the registered manager to identify any wider actions required to keep people safe.



# 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

- The provider had reviewed their criteria for supporting people. This aimed to ensure their needs and choices could be met in a supported living setting, and they were less likely to require a disruptive move to a residential placement within the next six months.
- There was a robust admission assessment, completed and signed by the person and /or their representatives to indicate their agreement. This was clear that the person was not suitable for the service if they had advanced dementia, required a high level of support overnight or displayed 'challenging or aggressive behaviour'.
- Initial assessments included information about people's support needs and preferred routines. They considered characteristics under the Equality Act 2010 such as sexual orientation, religion and disability. For example, asking about social interests, religious and cultural needs, and whether the person had a life partner.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about the skills and knowledge of staff. A relative described how staff had supported their family member when they became distressed, telling us, "They seemed to know what to say. They are very professional."
- New staff completed a comprehensive induction in the lodge where they were working. This incorporated elements of the care certificate (a nationally agreed set of standards for care workers), shadowing more experienced staff and observations of practice. Staff told us the induction equipped them for their role and they felt well supported.
- Staff completed ongoing mandatory training to ensure they could meet people's needs, which included both on-line and classroom-based training. Topics included moving and handling, infection control, safeguarding adults, and medicines administration. More specialist face to face training was provided by external health care professionals, for example related to catheter care, Parkinson's disease, dementia care and COPD (Chronic Obstructive Pulmonary Disease). Staff told us, "They are really good with training. If you need anything they will provide it for you."
- Staff had enjoyed their dementia training and said it had improved their understanding of living with dementia. One said, "We must stay in their world".
- Staff had regular observations of their practice, supervisions and annual appraisals, during which they received feedback and identified areas for development. An annual 'skills check' ensured staff had the confidence, knowledge and skills to work alone in the lodges.
- Staff were encouraged to continue with their professional development and gain other nationally recognised qualifications relevant to their role.

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

- People were weighed monthly with their consent, and a nutritional risk assessment completed. This meant any risks could be identified promptly and action taken.
- Care plans held information about people's dietary needs, including likes and dislikes. Staff gave us examples of different ways they supported people with special diets, such as preparing puréed food for people who were at risk of choking.
- Referrals had been made to external health professionals such as the speech and language team (SALT) if there were concerns about weight loss or choking. Their guidance was followed.
- One person told us that in their lodge they helped to decide the menus for the week.

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

- The service worked with other organisations and services to promote people's health and wellbeing. For example, they had worked closely with the local NHS care homes education team to develop and improve falls risk assessments and management.
- Records showed staff worked with a range of community professionals to maintain and promote people's health, including GP's, community nurses and SALT (speech and language therapists). External health professional could observe people's progress, with their consent, via the new computerised care planning system. People were supported to attend hospital appointments if required.
- Oral health care assessments and care plans were completed. This ensured staff knew what level of assistance people needed, and how to provide it.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had training in the MCA and understood how it linked to their practice. This meant people were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support. They assessed people's mental capacity and made best interest decisions when needed.
- One support worker explained how they discussed with the family of someone who had previously been vegetarian but suddenly requested to eat meat. They wanted to do what was in the persons best interests. .
- People's rights were protected. Their mental capacity to consent to care was assessed when they started with the service. If they were assessed as not having capacity, a notification was sent to the local authority and/or person with the legal authority for decisions about their health and welfare. This was to ensure any decisions made were the least restrictive and in their best interests.

# 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

- The providers mission statement said, "We aspire to be a thriving supported living community where our clients are able to continue living fulfilling lives, whilst being supported, respected and valued by our team of carers."
- Staff were caring and supported people with kindness. A relative said, "They [care workers] are just lovely. I cannot praise them enough." One person told us "I love it here. People are very friendly, home cooked food. Staff are kind and treat me respectfully."
- We observed warm interactions between people and staff. Staff gave people the time and support they needed. They knew people well and there was laughter and banter.
- All the staff we spoke with told us what they most valued about working for Hadley care was its person-centred approach. They were able to spend quality time with people and build relationships. One member of staff said, "If it's quiet I can sit with them and do a crossword. Getting to know them, that's the brilliant part of the job."
- The registered manager was proactive in ensuring that an equality, diversity and human rights approach was firmly embedded at the service. Staff completed Equality and Diversity training and the Registered Manager had completed an LGBT (lesbian, gay, bisexual and transgender) awareness course, with the learning being shared across the staff team. They had changed the staff application forms to include an Mx option, alongside Mr, Mrs and Ms as a consequence. The PIR stated, "Our 'Celebrating' poster/leaflet, which is circulated to all the lodges, includes information about different things including the 9 protected characteristics and our values, to grow understanding and spark conversation for anyone in the lodges".

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

- People, with their relatives, were treated as active partners in their care. They had a voice and opportunities to express their views about the running of the service and the support they received. For example, some people had been involved in interviewing prospective staff members. With the person's consent, relatives could have access to their care records on the new computerised care planning system, and observe the care being provided in real time.
- Six monthly 'clients and staff coffee mornings' were held in the lodges, and minutes taken. The minutes showed that people's views had been sought on a range of topics, including the food, activities and the quality of the support provided.
- People and their relatives were asked for their views of the service through annual quality assurance questionnaires. The service improvement plan showed action had been taken in response to feedback. For example, a member of staff was being trained to deliver chair-based exercises, because people wanted to

continue when the existing coach left.

- Relatives felt welcome at the service and were consulted and involved in aspects of their family member's care as appropriate. One relative told us, "They always keep in touch with the family. I've lost count of the number of times the phone has gone."

Respecting and promoting people's privacy, dignity and independence

- Hadley Care endorsed clear values, which included, "Dignity and Respect is treating others the way we would like and expect to be treated." Our conversations with staff showed this view was shared by the staff team.

- People were treated with respect and care workers promoted their dignity. For example, staff told us how they valued the skills and experience of a person who had previously been a member of the Women's Institute, saying, "When we make cakes we always run them past her."

- People's support plans promoted their independence. One care plan stated, "I like a small glass of brandy or whisky before bed. I can make this myself."

- Staff spoke in detail about how they supported people, including those living with dementia, to remain independent. People chose what time they wanted to get up and how they spent their day. They contributed to meal planning and shopping lists. Relatives commented on how staff did not tell people what to do, but made suggestions and respected their choice.

# 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's care plans were personalised. They contained information about people's physical and emotional support needs and how they wanted their care provided. They also included information about the person's history, culture, spirituality and interests, and the support they needed to maintain them. For example, "Talk to me about my family. I enjoy talking about my family tree."
- Care plans were completed with people, and their representatives where appropriate. They were reviewed every four months, or if people's needs changed, to ensure they remained accurate.
- The service was in the process of changing from paper records to a computerised care planning system. Staff were extremely positive about the difference this would make to them, and their ability to carry out their roles. The new system made it easier for them to access the information they needed to support people and communicate any changes or concerns about people's needs across the staff team.

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 engage in a wide range of activities and follow their own interests. This varied according to the needs of the people living in the individual lodges. Activities included visiting entertainers such as llamas and singers, as well as a knitting club, crafts, gardening club and chair exercises. People could participate in the running of their lodge, for example washing up, baking and folding laundry, and visit other lodges to socialise and join in with activities.
- People's participation in activities was reviewed regularly, to ensure the activities remained relevant to them and continued to meet their needs.
- People confirmed they went out and about. One person told us "I go out once a week, into town, the nursery, the Quay". People in one lodge explained how they had really enjoyed their Christmas party, with an entertainer. "We all had a bit of a dance, it was great fun!"

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.

- There was an Accessible Information policy at the service. People's communication needs were assessed when they moved into the home and reviewed regularly. Information could be provided in different formats if required.
- People's communication needs were assessed in line with the AIS and recorded in their support plans. This meant staff were aware of how people communicated and supported them to access information if

required. People used a hand-held computer or an alphabet or picture cards to express their views and choices. A relative told us how their family member, who was registered partially blind, had been offered a room with more natural light to help them see better.

#### Improving care quality in response to complaints or concerns

- The service checked people were aware of how to make a complaint during their reviews. People and their relatives told us they knew how to make a complaint and were confident they would be listened to and action taken.
- There was a complaints policy and process in place. We reviewed the four formal complaints that had been received in the previous 12 months, and found they had all been resolved in line with the complaints policy.

#### End of life care and support

- Since the last inspection the service had worked to improve the support provided to people at the end of their lives. They had reviewed their documentation about end of life care, to ensure it reflected people's wishes, and begun working with the local hospice to build on their knowledge of end of life care.
- The service was committed to ensuring people received the support they needed at the end of their lives to have a comfortable and dignified death in the best place for them. A relative, whose family member had passed away at the service, told us, "I cannot praise them enough [for the care provided], when they died." Staff had worked alongside the community nurses to support the person at their lodge. They also supported the relatives, providing food and drinks and inviting them to stay as long as they wanted, day or night. This enabled the person to be with their family when they passed away.

# 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 responsibility.

- There was an open and transparent culture at the service. The management team had worked with staff to encourage them to report incidents and concerns and reflect and learn from them. The registered manager told us, "Our culture is such that staff are not scared to step forward and say, 'I can't do something.' We will develop a strategy to support them."
- The provider promoted a clear values framework based on caring for everyone, dignity and respect, working together and continuously developing. There was a values-based recruitment process, to check the value base of prospective staff before they were employed. The PIR stated, "We have created our values and begun the work to embed these into the culture of the service through induction, posters, staff meetings and supervision." Progress was reviewed in the quality assurance surveys completed by people and staff, which were overwhelmingly positive.
- People were at the centre of the service's culture. It was clear when talking to both the managers and care staff that person-centred care was inherent to the culture of the service and informed its practice. A staff member told us, "Everyone's first priority is meeting the needs of the people."
- Feedback from people and their relatives described good outcomes. A relative said, "My family member is looked after extremely well. The staff are so nice. I wouldn't mind ending up there myself, they are so well looked after."
- People, relatives and staff spoke highly of the management team. Staff told us they felt well supported on a professional and personal level. Comments included, "If I've got any problems they are so easy to get hold of. They are very supportive" and, "They do genuinely care about clients and staff. They aren't just a number and names on the payroll."
- The service met its regulatory requirements to provide us with statutory notifications as required.

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

- Since the last inspection the provider and management team had reviewed and improved quality assurance processes, to ensure they were fully effective in monitoring the quality and safety of the service. This work was continuing with the introduction of the new computerised care planning system, which allowed oversight of the support being provided in real time.
- A comprehensive programme of audits and spot checks was carried out by the managers of the individual lodges, with a six-monthly overview audit completed by the management team. Feedback about the service

was also gathered from people, relatives, staff, other professionals, complaints and compliments. The findings from the quality assurance programme informed the development of a service improvement plan.

- The registered manager had increased monitoring of staff practice by introducing skill checks and personal development plans to staff supervision. Formal observations of practice were carried out to check that skills and knowledge were being maintained. The provider and management team were also highly visible at the service, monitoring what was happening on a day to day basis.
- There were regular, well-attended staff and management meetings and detailed records were kept. The meetings included discussions of good practice and ways the service could improve.

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

- The service was proactive in engaging and involving people, relatives, and staff, for example through surveys, meetings, newsletters and informal feedback.
- There had been a focus on improving staff wellbeing. The management team had attended mental health first aid training, to give them the skills and knowledge to support staff experiencing emotional difficulties. Flexible working arrangements enabled staff to achieve a good work/life balance. A supportive staff community was being developed through team building activities and social events, and staff were formally recognised for 'going above and beyond', in the staff newsletter.
- Hadley Care supported people to maintain and build links with their communities, for example attending their church, community groups and events, either independently or with a care worker. A local nursery and 'messy play group' visited some of the lodges where people enjoyed the company of the children and their families. A 'knit and natter' group held in one of the lodges was also attended by local people. Staff also engaged with the local community through fund raising activities, such as a sky dive and a 205-mile sponsored cycle ride.

Continuous learning and improving care. Working in partnership with others

- The registered manager was committed to improving knowledge and learning about best practice and sharing this with staff. Information was shared at regular managers meetings and disseminated across the staff team.
- The registered manager had worked with the local authority quality assurance and improvement team to improve quality and safety. They attended local forums, such as the PEN (Provider Engagement Network), and linked with providers of other services. They also accessed on line information, such as the Skills for Care and the CQC websites, reading the reports of other services to gain an insight into what their rating meant in practice.