

Haddon Court Limited

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Inspection report

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Tel: 01253353359

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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 visit at Haddon Court was undertaken on 16 and 18 November 2016 and was unannounced.

Haddon Court provides care and support for a maximum of 33 people who live with dementia. At the time of our inspection there were 33 people living at the home. Haddon Court is situated in a residential area of Blackpool close to the promenade. All bedrooms offer single room accommodation and there are communal lounges, dining areas and gardens for people's use. Accommodation is provided over three floors with lift access for individuals with limited mobility.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 29 August 2015, we rated the service as Requires Improvement. We made recommendations for the provider to improve people's safety and welfare. These related to recruitment documentation and employee background checks, varied meals and menu options, the provision of dementia-friendly mealtimes and medication recordkeeping.

During this inspection, we found the provider had completed the necessary improvements and people who lived at Haddon Court experienced a good service. For example, they implemented new recruitment procedures to protect people from unsuitable personnel. A staff member told us, "My recruitment was very good. It was very professional."

Additionally, we saw the management team had improved their medication procedures. For instance, we reviewed a sample of medication charts and associated risk assessments and found staff completed them correctly. Enhanced audits checked processes to safeguard people from unsafe management of their medicines.

Furthermore, the provider had enhanced people's experiences at mealtimes. For example, they encouraged people who were friends with others who lived at the home to sit together. The provider used an external agency to implement a 'scent delivery system' that produced pleasant food aromas to increase people's appetite. Those who lived at the home and their relatives told us they enjoyed their meals and had a varied diet.

The new 'scent delivery system' also provided a relaxation scent in another part of the home to reduce people's anxiety. This was an excellent way of enhancing people's experiences of living at Haddon Court. Additionally, people and their relatives told us staff were kind and courteous in the provision of good standards of care. A relative said, "The staff and [the registered manager] treat people as their own, like their grandfather. I love that."

The registered manager ensured staff had information about reporting concerns and had training to protect individuals from abuse or harm. They had suitable arrangements to reduce the risk of inappropriate or unsafe care. People told us they felt safe and comfortable whilst living at Haddon Court. A relative said, "We feel relieved because [our relative] is in a safe place."

The provider utilised a staffing model to check enough staff were consistently available to meet people's complex requirements. They additionally provided a range of training, including refresher guidance, to underpin staff understanding and experience. One person told us, "I find the carers here understand me. That's a help in itself because I feel confident in their abilities."

We discussed the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with staff who demonstrated a good awareness of related principles. Care files we looked at held evidence people or their representatives had signed their consent to care and support.

Staff agreed care planning with individuals who lived at the home and involved them in every aspect of their support at Haddon court. One person stated, "They talk with me frequently about my care, what I need and how they can support me." Records we looked at were person-centred and customised to people's preferences and requirements in relation to their support.

We observed the provider was caring towards people and their relatives and understood their needs. They confirmed Haddon Court had good leadership. One person said, "I would recommend the home to everyone. From the owners to the managers and staff, everyone cares and are interested in us as people." Staff told us the management team supported them in their roles. The registered manager undertook a variety of audits to check quality assurance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The management team made improvements following our last inspection. This meant suitable staff were employed correctly and they followed medication recordkeeping requirements. We observed safe medication processes utilised to protect people from unsafe management of their medicines.

People and their representatives told us they felt safe whilst living at Haddon Court. Staff had safeguarding training to underpin their knowledge and skills.

We saw staffing levels and skill mixes were sufficient and deployed well to assist people to meet their needs.

Is the service effective?

Good ●

The service was effective.

The management team made improvements to people's mealtimes and menu programmes following our last inspection. This included implementing systems to develop further a dementia-friendly approach during mealtimes.

Staff files we looked at held evidence staff had received training to ensure their effectiveness in supporting people.

Staff worked with people and their relatives in discussing and agreeing their care and support. They had training to underpin their awareness of the MCA and DoLS.

Is the service caring?

Good ●

The service was caring.

We observed staff supported people in a friendly, caring manner, which matched their care planning. People and their relatives said staff were compassionate.

The provider had implemented processes to enhance people's wellbeing. Relatives told us they were supported to maintain

their important relationships.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives said their care plans were personalised to their individual needs. Care records we looked at contained details about each person's preferences.

The provider had a programme of activities to assist individuals with their social requirements.

People and their representatives told us they had been informed about how to make a complaint if they chose to.

Is the service well-led?

Good ●

The service was well-led.

We observed the provider was accessible and very caring towards people and their relatives. Staff told us the management team supported them in their roles.

The provider had a variety of approaches to assist people to feedback about the quality of their care. Additionally, they completed regular audits to maintain everyone's welfare safety.

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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 team consisted of an adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems, a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Prior to our unannounced inspection on 16 and 18 November 2016, we reviewed the information we held about Haddon Court. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We were only able to discuss care with one person who lived at Haddon Court. Therefore, during our inspection, we also used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care on two occasions. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Additionally, we spoke with a range of people about this service. They included one person who lived at Haddon Court, five relatives, the provider and four staff members. Furthermore, we talked with two visiting professionals to check how the home worked with them. We did this to gain an overview of what people experienced whilst living at Haddon Court.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to four people who lived at Haddon Court and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People and their representatives said Haddon Court was a safe and comfortable place to live. One person told us, "There are always staff around to keep us all safe" A relative stated, "[My relative's] very safe here, which means I can relax at home." Another relative added, "They've been fantastic. I really do trust the staff and go home satisfied [my relative] is safe and happy."

During our last inspection on 29 August 2015, we made a recommendation the provider sought advice from a reputable source about correct recruitment procedures. This was because they had not fully checked staff employment histories and application and interview records were limited.

During this inspection, we found the provider had made improvements in the processes they had to recruit appropriate staff. We reviewed documentation in relation to two employees who had been recruited since our last inspection. The management team had implemented a pre-employment checklist to audit all requirements were in place before the individual commenced their post. This covered, for example, application forms, criminal record checks, references and exploration of employment history. Additionally, the management team completed a new form to record gaps in staff employment and assess their suitability. Other documentation we looked at included references and criminal record checks obtained from the Disclosure and Barring Service. This meant the provider had minimised the risk to people against the employment of unsuitable staff. A relative told us, "The new staff come in and just get on with it. That tells me they have good experience and have been employed with the right nature in mind."

We made a further recommendation at our last inspection on 29 August 2015. This concerned the provider following recognised guidelines about recordkeeping principals in relation to medication. We found gaps on people's charts and handwritten entries were not clearly documented.

We observed staff administered medicines safely by concentrating on one person at a time. They recorded in each individual's records to evidence they had taken their tablets. They offered a drink and explained the purpose of their medication. One person said, "I have lots of medication, which I couldn't begin to sort out myself. So I'm grateful the staff manage that and I get them when I'm supposed to." We reviewed a sample of medication charts and associated risk assessments and found staff completed them correctly. For example, handwritten entries were clear and instructive.

Staff locked the trolley that contained medication whenever they moved away from it. Medicines, including controlled drugs, were stored in a clean and secure cupboard. Training records we saw contained evidence staff had completed relevant training. The provider undertook separate audits of procedures and recordkeeping to check related processes were safe. We found this had been enhanced to check for the concerns we saw at their last inspection on 29 August 2015. This showed the provider had systems to protect people from unsafe management of their medicines.

We observed the home was clean, tidy and smelt pleasant. The provider employed the services of an agency to implement a 'scent delivery system.' This provided essential oil aromas designed specifically for people

who lived with dementia. One area of the home had a relaxation scent, whilst the dining area smelt of apple pie to increase appetite. The system was proven to work and had no effects upon those who experienced breathing problems. This was an excellent way of removing unpleasant odours whilst enhancing people's experiences of living at Haddon Court. Additionally, the provider installed new carpets and flooring to improve their welfare and comfort.

Hot, running water was available throughout the home. The management team checked for legionella and recorded temperatures to ensure water was delivered safely. Window restrictors were fitted to protect people from potential harm or injury. The service's electrical and gas safety certification was up-to-date. This showed the provider had systems to maintain people's safety.

We reviewed how the registered manager dealt with accidents and incidents to ensure people lived in a safe environment. Records we looked at indicated staff recorded the accident, including body maps of any injuries, and immediate actions they had taken. Further information included family notification and a management review of the incident. Consequently, the registered manager had systems to minimise the risk of accidents from reoccurring.

The management team completed and regularly reviewed risk assessments to protect people from unsafe care. These covered, for example, fire and environmental safety, ability to use call bells, pressure area care, falls, mental health and medical conditions. Staff reviewed the tasks involved, measured the level of risk and implemented controls to minimise the risk. We found the management team analysed environmental and personal risk assessments to check for themes and patterns to reduce the reoccurrence of incidents. For example, they improved the management of falls by introducing a detailed flowchart and pathway to better guide staff.

Staff were able to describe good practice in relation to protecting people from potential abuse or poor practice. They knew who they were required to report concerns and the management team provided them with related training. One staff member told us, "I wouldn't be afraid to whistleblow any poor practice. As a carer I have a duty to report to social services and CQC." The registered manager understood their responsibility in maintaining people's safety and welfare.

We looked at rotas to assess staffing levels and found these were sufficient and deployed well to assist people to meet their needs. For example, a senior staff member was available throughout the day and staffing was increased in the afternoons to support individuals with activities. A relative told us, "They have plenty of staff on. That gives them the time to just sit and chat with people, which is so important to their wellbeing." Kitchen, cleaning and laundry staff were on duty to enable care staff to carry out their roles fully. The provider utilised a staffing model to check on a monthly basis enough staff were consistently available to meet people's complex requirements. A staff member added, "I feel there's enough staff. Shifts are always covered and we use agency now, which is much better."

Is the service effective?

Our findings

People we spoke with and their relatives said meals were of a good standard and they were given plenty of choice. One person told us, "The food is great, I love it." A relative commented, "The food is very good. The staff do offer a choice and there's plenty to eat." Another relative added, "The food is really good. With their encouragement, [our relative] is eating more and putting weight on."

Following our last inspection on 29 August 2015, we made a recommendation the provider sought advice from a reputable source about mealtimes. This was because there was not always a variety of meals and mealtimes were not consistently provided with a dementia-friendly approach.

During this inspection, we found the provider had improved people's experiences at mealtimes. For example, placemats were set out on tables and staff provided condiments. They encouraged people who were friends with others who lived at the home to sit together. We observed lunch was an enjoyable and social occasion because staff chatted with people and joked with them. Where necessary, they sat with individuals to support them with their meals in a discrete manner, checking if they had enough to eat. People and their relatives said they enjoyed their meals and were offered choice of what to eat and drink. One relative told us, "The meals are lovely."

Care files we looked at contained an extensive list of people's food preferences, including breakfast, lunch, dinner, snacks and beverages. This covered a wide range, such as special diets, allergies, spicy foods and cold fluids. This was good practice to ensure staff understood people's individual needs and choices. Additionally, it maximised their nutritional intake through the provision of foods they preferred. Other records consisted of food charts, screening tools and weight charts intended to protect people from the risks of malnutrition. Although we saw nutritional risk assessments were limited, the provider assured us they would develop this to maintain each person's welfare. Part of the provider's new 'scent delivery system' produced pleasant food aromas to increase people's appetite. The management team completed quarterly reviews and questionnaires to assess the impact this had on individuals who were underweight. This was an excellent approach to enhancing people's nutritional needs and reduced the risk of malnutrition.

Staff files we looked at held evidence staff had received training to ensure their effectiveness in supporting people. This included induction, first aid, falls, fire and environmental safety, pressure care, movement and handling, recordkeeping, dementia awareness and infection control. One staff member stated, "We have training face-to-face in groups. The trainer is really good because I feel able to ask anything." Staff also told us the provider had updated their understanding and skills through refresher training. A relative added, "The staff are very well trained. They are always going on training, no worries there."

Staff files included supervision records and we noted this was provided to staff on a regular basis. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. The sessions were a two-way discussion between the staff member and line manager. They covered, for example, personal care, communication, health and safety, time management and safeguarding. A staff member told us, "I have supervision every few months. It's really

good because my manager gives me feedback about how I'm doing, which gives me confidence."

Staff worked with people and their relatives in discussing and agreeing their care and support. We found records contained the individual's signed consent. This covered consent to care planning, photographing, personal information sharing, understanding of the complaints procedure and retaining their bedroom key. One person who lived at the home said, "Oh no, the staff never take over. I'm in control of my life." We observed staff used a respectful and friendly approach to care, explaining tasks and involving the person in any decisions. A staff member commented, "Everyone has the right to choice and make decisions. I'm there to support and encourage them."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people were deprived of their liberty in order to safeguard them, we found care files contained legal authorisation processes and applications. A relative told us, "They never just come in and take over. They explain what's happening and ask if it's ok before they go ahead." We noted the provider ensured staff received related training to underpin their understanding of the principles of the MCA and DoLS. A staff member explained, "It's about giving simple details to not confuse someone in making a decision."

Staff demonstrated an awareness of the importance of working closely with other healthcare services to maintain people's ongoing health needs. One staff member explained the night staff informed them during handover of a person expressing pain in their foot. They added, "We looked at this and called the GP. [The person] had a blister, which is now healing." We noted care records contained contact details of those professionals involved, such as hospital and community services, GPs and social workers. A relative told us, "They let me know if there are any changes and keep me up-to-date." We observed staff had a good approach to communication, such as sharing information as they passed by and meeting together throughout the day. Staff informed the person in charge when they were about to have a break and updated them to people's progress. This was an effective approach in maintaining each person's continuity of care.

Is the service caring?

Our findings

We observed staff used a compassionate and respectful approach when they engaged with people who lived at the home. One person who lived at Haddon confirmed, "I watch how the staff are with other residents and find them really caring. They explain things and help them tenderly." A relative added, "I'm very happy with everything. It's a very good service and caring staff." Another relative stated, "The staff are so caring."

The provider's new 'scent delivery system' produced orchid aromas in the second lounge and entrance lobby. The purpose of this was to enhance the experiences of people who lived with dementia with a calming and relaxing scent. The provider had further implemented a number of systems to maximise their potential. For example, sensor light shows were installed for comfort and stimulation, as well as pictorial identification of the purpose of each room.

People who lived at the home had complex mental health conditions, as well as limited capacity. We observed staff supported them in ways that promoted their independence, decision-making and freedom with a dementia-friendly approach. For example, they engaged immediately to reassure individuals and reduce their anxiety. Staff did this whilst supporting the person in a friendly, caring manner. We saw this matched people's care planning. A relative explained they witnessed other people who lived at the home often became upset. They added, "The staff just use a touch here, a smile and use a really soft, quiet voice and they always settle down quickly. It's amazing." Additionally, staff offered each person choice and proactively enabled them to decide where they wanted to go and how they wanted to get there. People were assisted to personalise their bedrooms with pictures, photographs and soft, stuffed bears and other animals.

Information was made available to people who lived at Haddon court and their relatives in relation to advocacy services. This included contact details and reference to their purpose. Consequently, people could access advocacy if they required support for their voice to be heard.

We observed staff approached people with a calm and non-confrontational attitude. They engaged in a friendly, caring way with each person and made appropriate use of touch, eye contact and soft tones. A staff member told us, "I socialise with the residents, which is so important. It means we help them to have meaningful lives." When we discussed care with people and their relatives, we found they spoke highly of staff and the management. One relative said, "When my [family member] was in hospital they even came in and visited him in their days off. How amazing is that?" Another relative added, "The staff are genuinely caring. They get down on their knees and talk with residents in a calm, quiet, respectful manner."

Care records we reviewed, including care planning and risk assessment, clearly indicated staff included people and relatives in their care and associated records. Staff had recorded their discussions and support wishes in their documentation. Care planning was then agreed and consisted of established goals, how they could be achieved and review of how this impacted upon people. A relative told us, "Every time I come in they discuss [my relative's] care with me. They know I know her best." This showed us the staff and

management team fully involved people and relatives in their care.

We found recordkeeping and care practices associated with people's end of life was good. For example, staff checked people's related preferences and wishes and incorporated these into their care planning. One staff member told us those at the end of their life were supported on a one-to-one basis, 24 hours-a-day. They added, "It's about just being with them quietly. At the same time, it's continuing to make sure they have what they want and are well presented." A visiting professional said they were very impressed with the end of life care provided at Haddon Court, describing it as faultless. As a consequence of good care practices, they found they did not have to provide as much associated medication. This was because they found people were settled and comfortable and expressed staff deserved a 'huge star' for their care.

We observed staff welcomed and encouraged relatives and friends to attend Haddon Court. This formed part of each person's care planning and staff chatted with families when they arrived to enhance their important relationships. A relative told us, "They told me I could come and visit at any time and that I could just turn up. That was important to me."

Is the service responsive?

Our findings

People and their representatives said they felt their support was individualised and staff responded to their needs quickly. One person told us, "When I'm feeling down I mention it to a staff member and we go somewhere private so I can talk about how I'm feeling. It really helps." A relative added, "Everyone is treated differently. I have seen care is very much personalised." Another relative stated, "They explain things to us and help us understand."

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked the individual's requirements in relation to medication, mental and physical health, mobility and continence. This formed part of the person's care plan and staff regularly reviewed the assessments to monitor if care continued to be responsive. Records we looked at were customised to people's preferences and requirements in relation to their support.

We noted staff signed records to evidence who completed support and carried out assistance in response to people's requirements. The management team regularly updated care plans and involved the person or their relative in this process. A relative confirmed, "The staff respect my input when we talk about any changes and her care plan." Consequently, the provider had systems to ensure staff were guided to maintain people's changing needs.

Care records contained people's preferences whilst they lived at the home, as well as information about how they wished to be supported. This included choice related to preferred name, activities, getting up and going to bed times, food and a list of what was important to the person. A relative commented, "They asked me what my [relative's] likes and dislikes are. I see them checking the other residents' preferences all the time." We observed staff consistently offered individuals choice throughout our inspection. For example, staff checked where people wanted to sit, what they wanted to do and where they wanted to go. They used a respectful, personalised and friendly manner, which showed their awareness of each person and how they liked to be assisted. This showed the registered manager and staff supported people with a personalised approach.

People were relaxed and occupied throughout our inspection. The registered manager had an activities programme to assist individuals with their social requirements. This included trips out, fish and chip suppers, socialising at the onsite hair salon, external entertainers, ball games, dominoes and physical exercise. A relative explained, "My [relative] is well stimulated. The staff provide lots of activities." The registered manager provided other activities to improve the wellbeing of people who lived with dementia. For example, a tube contained plastic, floating fish and flashing, coloured lights for stimulation. Additionally, in the evenings staff dimmed the main lights in the lounge and commenced a light show for people's enjoyment and relaxation. A staff member told us, "It's had a really positive impact on people. We encourage those who become agitated to sit in the lounge and find they settle very quickly."

We reviewed how the provider ensured people and their representatives could make a complaint, if they chose to, or comment about their care. Staff had step-by-step guidance related to resolving issues before

they became full-blown complaints. Information about making a complaint was made available to people, including the steps taken to address them. One relative told us, "I have nothing to complain about, but they've told me how to do this if I wanted to." The provider had received two complaints in the last 12 months, which we assessed. We found they had followed their procedures by good communication, recordkeeping, action taken, regular meetings with complainants and identified outcomes. Another relative commented, "[The management team] are very approachable. I know if I had a concern they would deal with it straight away."

Is the service well-led?

Our findings

Staff, people who lived at Haddon Court and visitors told us the leadership and the organisation of the home was good. One person said, "[The management team] are marvellous. I trust them and have every confidence in their expert hands." A relative added, "I can honestly say things have improved dramatically over the last 18 months." Another relative stated, "[The registered manager] is a great manager. I can come and talk to her any time." A visiting healthcare professional commented the registered manager had a massive impact on the service and found Haddon Court had greatly improved.

The provider had implemented a variety of approaches to maintain the continuous improvement of Haddon Court. When we discussed the changes over the past year with staff, they demonstrated an enthusiastic attitude and felt involved in the home's development. A staff member explained, "[The management team] have done a lot to get things right. They really do care about the residents and us. They listen to our ideas." People and relatives we spoke with said they were excited about the improvements made and the positive impact this had on their experiences. One relative told us, "[The management team] has had a massive impact on Haddon Court."

The management team had suitable arrangements to assess quality assurance and people's wellbeing. These included checks of window restrictors, bedroom environmental safety, recruitment, staffing levels, falls, health and safety, supervision, policy review, medication and infection control. We checked a sample of audits and found the registered manager had taken action to address identified issues. This showed the management team had oversight of the service to maximise people's quality of life. A relative commented, "The owners are here very often, which tells me they care about the home and the people who live here."

We saw the provider had a 'hands on' approach to the management of Haddon Court. They were cared about people and understood their medical conditions, care planning and support requirements. A relative told us, "It's such a calm, happy place to come to." Our discussions with the provider showed they were passionate about dementia care and the welfare of those who lived at the home. We saw relatives greeted them and had positive relationships with the management team. Another relative said, "[The registered manager] is always organising things to benefit the residents. [The registered manager] really does care about the residents and the home itself."

Staff told us the management team's leadership was very good and they felt supported in their roles and responsibilities. We observed this during our inspection and noted there were good lines of communication, as well as guidance for staff in their roles. One staff member said, "The management team are very approachable and very easy to confide in." Another staff member commented, "[The registered manager's] lovely. She'll go out of her way to sort things out."

Regular team and management meetings were held to support staff to raise concerns or ideas about the development of the home. We saw the minutes from the last meetings, which covered a review of people's care, communication, infection control, environmental safety and training. Additional meetings were held to explore new medication and other care flowcharts to improve procedures, medication and recordkeeping. A

staff member confirmed, "Whenever we have a niggle between us, [the registered manager] sits down and discusses it with us and it's sorted."

People and their relatives were supported to give feedback in a variety of ways. For example, meetings were held between those who lived at the home, relatives and the management team. Minutes we looked at evidenced people were supported to discuss new menus and their food preferences. Another method employed by the provider to check quality assurance was the use of satisfaction surveys. These were provided to people who lived at the home, relatives and visiting healthcare professionals. We noted responses from the last survey were complementary about the home. The provider analysed feedback from the questionnaires to assess if there were any themes or patterns. They then implemented an action plan, with timescales and outcomes as a method for improving Haddon Court. For instance, the provider noted feedback highlighted limited activities and consequently they organised more trips out and considered purchasing a minibus.