

Hadley Care Limited

Hadley Care

Inspection report

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Date of inspection visit:
01 August 2016
02 August 2016

Date of publication:
06 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 1 and 2 August 2016 and was announced.

At our last inspection in May 2014, the provider was fully compliant in the areas we looked at.

Hadley Care Limited 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. Six to nine people lived together in each lodge. Each person has their own en-suite bedroom but the lodges have communal areas where people can come together and chat. These lodges are in various locations in North Devon area and are managed by Fremington Homes Limited. The same provider owns both services but they are run as separate organisations. People have separate tenancy agreements. On the day of inspection, with the exception of two people who looked after themselves, all the people living at Fremington Homes received care and support from Hadley Care. People understood they had the right to choose to receive care from an external agency if they wished.

All repairs and maintenance to the property were met by Fremington Homes Limited.

The service had a registered manager A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People felt safe with the staff who supported them. They told us, "Staff look after us so well and make us feel safe" and "I didn't realise how safe I was until I came to live here and it is as good as it is." People were relaxed and comfortable with the staff who cared for them.

People received care suitable for their needs. Staff knew people well, understood them and cared for them. Each person had risk assessments and a care plan in place to support their needs. However, some of those records seen required more information to enable staff to give care in a consistent way. People received their allocated care hours. The majority of people received their core care hours during the day but staff were also on duty during the night. There was an on-call service where a manager could be contacted for guidance outside of normal hours..

People said staff were kind, caring and friendly who helped them to maintain their independence. People were very complimentary of the staff and comments included, "Staff are very attentive ... nothing is too much trouble ... they are dedicated ... they are good all the way down the ladder with no exceptions" and "The attitude of staff here is very sympathetic and caring ... they are happy to help and it shows".

Staff were recruited safely, were well trained and received supervision in their work. They felt appreciated, listened to and part of a team. People's needs were being met but this was from staff working excessive

hours. The registered manager was actively recruiting to increase numbers. Staff were able to demonstrate an understanding of what abuse was and how to recognise and report it should they have any concerns.

People received the medicines prescribed for them. They chose to either manage their medicines by themselves or have staff support them. People had access to community healthcare services, such as community nurses, GP's, opticians and dentists. Accidents and incidents were monitored, recorded and followed up if any action was required.

People were complimentary of the food served and helped to choose the meals served each week.

There was a complaints policy and procedure in place with information about how to raise concerns or complaints. Complaints received were fully investigated. No complaints were raised during the inspection but one was raised after the inspection. The registered manager was in the process of addressing the concerns.

The culture of the service was open and welcoming. People were able to choose to see their relatives at any time they wished. People and their relatives were involved in making decisions about how the service was run.

There was a range of quality monitoring systems in place to improve the service. Despite these not always being recorded, the registered manager was aware of any shortfalls in practice and was addressing them.

Hadley care clear values about the service which the registered manager and care staff promoted.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Whilst appropriate risks to people were identified, all the information required was not always recorded in the care plans.

People's care needs were being met by care staff, but staff were working extra hours to cover the shortfall in staff numbers. The service was actively recruiting to meet people's increased needs.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

People received their medicines safely. They chose to have staff support them or manage them by themselves. People enjoyed meals prepared and served to them.

People were protected by a safe recruitment process which ensured only staff with the right skills were employed.

Accidents and incidents were managed and followed up when necessary.

Is the service effective?

Good 

The service was effective.

Staff offered people choices and supported them with their preferences.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005.

People were supported to lead a healthy and independent lifestyle, with access to healthcare services.

Staff received regular training to meet the needs of the people they supported and had regular supervision to discuss their work.

People enjoyed the food served and enjoyed the choices available.

Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate. They respected people's individual choices.

Staff protected people's privacy and dignity and supported them sensitively to meet their care needs.

People were supported by staff who knew them and their families well and developed good relationships with them.

Is the service responsive?

Good ●

The service was responsive.

People care and support needs were being met. However, these needs were not always recorded in the care records to enable staff to work in a consistent way.

Relatives and other people knew how to raise concerns and complaints and were provided with the information and forums to do so. Complaints were investigated and recorded.

Is the service well-led?

Good ●

The service was well-led.

There were quality monitoring systems in place to improve the service and address any shortfalls. However, the information was not always fully recorded.

The culture was open and honest and the service worked with others for the benefit of the people they support.

There was a clear management structure which people and staff were aware of. The management structure was in the process of being evaluated.

People knew who the registered manager and deputy manager were and had regular contact with them. Staff felt supported, listened to and part of a team.

People, relatives and staff were asked for their views on the running of the service through various methods.

Hadley Care had clear values which they promoted to all staff who worked together as a team.

Hadley Care

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.

This inspection took place over two days on 1 and 2 August 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. The inspection team consisted of two adult social care inspectors on both days.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR). The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

Prior to the inspection, we sent questionnaires to 49 people who used the service of which 18 were returned. We sent 49 to relatives and friends, of which 7 were returned.

We met each person who lived in the five lodges we visited. We spoke individually, or in a group, with 15 people who shared their experience of living at the service. Two other people specifically asked to speak with us. We spoke with five visiting relatives. We spoke with 11 staff which included the registered manager, deputy manager, team manager, deputy team manager, administrator and care staff. We looked at three staff records which included recruitment, supervision and training. We looked at five people's care records. We looked at the provider's quality monitoring systems, which included audits of medicines, care records, health and safety, provider visit reports, staff meetings, complaints and any actions taken in response.

We sought feedback from five health and social care professionals such as GP's, community nurses and other health and social care professionals. We received a response from two of them.

Following the inspection, the provider sent us information, an action plan and confirmation of actions they had already taken in response to the inspection in order to improve the quality of the service.

Is the service safe?

Our findings

The number of staff on duty in each lodge was dependant upon people's contracted care hours. People's contracted hours were for individual time, such as when receiving personal care. Other hours were for shared activities, such as meal preparation and serving. Each lodge had its own team of staff who covered for each other. There was also staff who worked as 'relief' and could work in each lodge if needed. One of the relief team said, "I like working in different lodges as I get to know everyone's needs and I learn a lot."

People's care needs were being met and there was adequate staff available in four of the lodges visited. However, it was clear one lodge was short of staff. Staff worked long hours, worked extra and assisted their colleagues when off duty. Two care workers expressed concerns. They said two people's care needs had become more complex and staffing levels had not been increased to take this into account. The deputy manager was aware of the situation and said one person's needs had not been correctly assessed and the person was imminently due to transfer to another more suitable lodge with more staff available. Also two lodges had recently opened which had stretched the staff numbers available. The registered manager was also aware of the issue and was addressing the staff shortage. They were in the process of recruiting more care staff. Following the inspection, the registered manager confirmed they had recruited nine new care workers.

Risks to individual people were managed and reduced as much as possible by care staff who knew people well. However, the process was not fully robust as the risks were not always recorded in the care plans. The amount of information held within the risk assessments varied in different lodges. Two of the care records we looked at contained detailed risk assessments and the necessary actions to take to minimise the risk. A further two care records did not. For example, one person was at risk of choking and required a pureed diet and a thickening additive. Whilst all the staff knew the person's individual risk and how to cook and serve their food, this had not been recorded in the person's care plan. The person's relative visited each day and said care staff always served the person's food safely and in the correct way. Another risk of skin damage due to incontinence was identified. However, the correct way to manage and reduce this risk was not recorded in their care plan. The deputy manager had already identified not all the necessary risk assessments were in place in each lodge. They had a plan in place to rectify this and confirmed they would take immediate action to update all records. Following the inspection, the registered manager confirmed systems had already been changed with regards to more detailed risk assessments for each person.

People felt safe in their lodge homes at Hadley Care. Their comments included, "Do I feel safe? Yes if I had any problems I would tell them", "Staff look after us so well and make us feel safe" and "I didn't realise how safe I was until I came to live here and it is as good as it is." Two relatives said, "(My relative) is safe and happy ... the staff really look after him" and "I am happy here so far ... my relative is so well looked after and they are safe."

Staff had completed safeguarding of vulnerable adults training. They knew how to recognise signs of abuse and the correct reporting procedure. Up to date contact details about how to get in touch with the local authority safeguarding team were available. Staff said they would have no hesitation in reporting any

concerns to a senior member of staff and, if necessary, to an external agency. One care worker gave an example of how they had appropriately reported concerns in their past employment and been involved in the safeguarding process. Two care staff said, "I would go to the lodge manager, if nothing was done the deputy manager, if nothing was done the registered manager and then I would go to the Care Direct adult safeguarding team" and "I have had safeguarding training and I would report it to a manager. If I needed to I would go to Care Direct or the Care Quality Commission."

People chose to manage their own medicines or have staff support them. Staff were trained and competent to give out medicines. Each person's medicines were kept securely. Staff completed a medicines administration record (MAR) to document all medicines taken. Medicines were audited weekly and any errors were addressed and managed. At each staff shift changeover, medicines were checked to say they were correct. One person said, "Staff manage my medicines for me and I prefer that."

There were suitable systems in place for out of hour's guidance and support for staff. The individual team manager and deputy manager of each lodge provided their own on-call system. The registered manager and deputy manager also provided further back up to the whole service if required. Two care workers said, "They (management) are really good ... they always answer their phone ... I just ring up and they come" and "The management are accessible ... you can contact them by phone all the time ... I rarely do but I know they are there if needed."

Recruitment checks on prospective new staff were completed to ensure fit and proper staff were employed. Staff files contained police and disclosure and barring checks (DBS). The DBS helps employers make safer recruitment decisions. It prevents unsuitable people from working with people who use care and support services. Proof of identity and references were obtained. A standard set of question and scoring system was used to interview prospective staff and notes taken. This ensured the recruitment process was consistent and fair. New care staff then undertook a six month probation period to ensure they were right for the job.

The provider ensured the premises were kept safe and maintained to a high standard. Any maintenance required was carried out by Fremington Homes Limited who provided the tenancy agreements.

Any accidents or incidents which occurred were discussed by the management team. These were analysed for any trends and followed up where necessary. Each person had a personal evacuation plan in place (PEEP). This showed the individual's support required to leave the building in case of an emergency, such as a fire.

Is the service effective?

Our findings

People were complimentary of the care provided by trained staff. Comments included, "All the staff are attentive ... nothing is too much trouble ... I'm impressed there's no doubt about that", "I like it here ... staff are very good" and "Staff are all great ... I like it here."

People had their needs met by staff by a static workforce who had a good knowledge of their care and support. When new staff started work at the service, they undertook a period of induction and undertook the Care Certificate. This is a nationally recognised set of standards health and social care workers adhere to in their daily working life. Nine care staff had completed the Care Certificate and training sessions were held one day each week on a rolling programme to achieve this learning. The registered manager commented, "It is not a paperwork exercise ... we make sure staff have got the knowledge by checking on their hands-on skill by observation and shadowing." Each care worker was issued with a 'starters pack' when they begin work which contained useful information for them. Two recently appointed care staff confirmed they had received induction training and completed shadow shifts as a supernumerary care worker before they worked on their own.

Care staff received on-going training through various methods including from online, internal and outside trainers. A new system of eLearning had been introduced with new courses added, such as the Mental Capacity Act 2005 and health and safety. When care staff were due to undertake training, the administrator informed them by email or telephone and checked each week until the learning had been successfully completed. One care worker said, "You get a memo in the post or in your wage slip to remind you ... they chase you up and we are checked up on until we complete the training." The registered manager and deputy manager had planned to undertake the higher level of safeguarding training so they had an increased knowledge. Care staff also received clinical training, such as catheter care and skin integrity, from the local care home education team. Staff confirmed they received regular training. Comments included, "There's lots of training ... (registered manager) and (deputy manager) always keep me updated ... I feel well trained", "There is lots of training and that's why I like working here" and "If I am unsure of what to do, I look at the policies and procedures or do some training. I like the online training and feel well trained."

Staff received regular supervision and an annual appraisal. They felt it helped them in their jobs. This consisted of an alternate office based supervision with a direct 'hands-on' care observation. An initial supervision was carried out two weeks after new staff started work, then after four weeks and then three monthly onwards. The registered manager was in the process of changing the supervision process to take place every two months. Two care workers said, "I have supervision every three to four months ... it's very useful ... if someone picks up on something I can improve upon I like to know" and "I have had regular supervision ... I feel it is useful and I am allowed to speak my mind. If you have a problem they tell you." Following the inspection, the registered manager confirmed the staff supervision system had been changed with regards to how often they took place and what format they would take.

People were supported to improve their health through good nutrition. Staff prepared and served the meals in each lodge. Each lodge prepared menu plans based on 'menu meetings' which included people's

preferences, likes and dislikes. People received a choice each week and were prompted to tell staff what they would like. Staff tried to serve as much homemade food as possible and the meals served at lunchtime were much appreciated and enjoyed by people. Care staff encouraged people to take part in baking cakes and biscuits. Everyone received a cake when it was their birthday. People were very complimentary of the food and comments included, "The food is lovely ... I am staying here permanently because of it", "The food is cracking ... if I don't particularly like something, I can always have something else" and "The food is excellent ... you get something different all the time ... I didn't like this and that and they got me a special meal" and "Food is great ... I am not afraid to ask for things ... I asked for sausages and they got them for me ... not the cheap ones but the expensive meaty ones I like." The registered manager was aware of an issue with the quality of food served in one lodge but were in the process of resolving this.

Care staff ensured people's healthcare needs were met. They made referrals for people where necessary. Specialist referrals were made where necessary, such as to the diabetic nurse or speech and language therapist. People were supported to visit GP's, practice nurses, opticians and dentists regularly.

Before people received any care or support, they were asked for their consent and care staff acted in accordance with their wishes. People's individual choices were acted upon, such as how they wanted their personal care delivered. Two people said, "If they want to do something they always ask me, for example can I wash you?" and "Staff are great ... they always ask for your permission first."

Staff encouraged each person to remain active and maintain their mobility with the use of aids where necessary. One person said, "Staff let you do as much for yourself as you can ... I like to be independent ... if you want to do something for yourself you can."

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. Where best interest meetings had been held, they had been held appropriately, involved all the relevant parties and were recorded.

People can only be deprived of their liberty so they can receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the MCA and how it applied to their practice. The registered manager was aware they had to make applications to the Court of Protection if a person was being deprived of their liberty. No applications had been made.

However, one of the lodges had restricted access to and from the building and gardens via a keypad entry/exit system. This was for safety because the building was near a main road. The registered manager had sought advice from the local authority Deprivation of Liberty Safeguarding team. They asked guidance on whether applications to deprive people of their liberty needed to be made as they were not registered as a care home. Following the inspection, the registered manager confirmed, that for those people who required it, applications were being made to the Court of Protection.

Is the service caring?

Our findings

People gave unanimous feedback about how happy they were at the lodges and with the staff who supported them. Comments included, "Staff are brilliant here ... they are really nice", "Staff are very attentive ... nothing is too much trouble ... they are dedicated ... they are good all the way down the ladder with no exceptions", "The attitude of staff here is very sympathetic and caring ... they are happy to help and it shows" and "Staff are great here ... they are very kind and always find time to listen." Relatives were also complimentary of the service and one said, "(My relative) is happy here because they (the staff) really look after people ... they are brilliant and wonderful with them."

Care staff showed understanding, empathy and respect for the people they looked after. This was shown in the way they spoke and interacted with each other. One person said, "Staff are so kind and understanding and ready to help ... I really recommend it here to anyone because I am really impressed." A relative said, "Staff are marvellous ... they are all very good." People and relatives who completed our survey confirmed they were 100 per cent happy with the care and support provided, that care staff always treated people with respect and dignity and were kind and caring.

People were relaxed and comfortable with staff who supported them. There was laughter and chatting in each lodge. Some people liked to sit in the communal areas talking to each other whilst others preferred to spend time in their bedrooms. Care staff knew what mattered to people and how they liked to spend their days. They knew about people's lives, families and what they enjoyed doing. For example, one care worker said, "(Person) really likes chocolate, tomato soup and tea with no sugar and not strong ... likes music, dancing and writing a diary."

Care staff treated people with dignity and respect and respected their privacy. Staff were discreet when supporting people with person care, respected people's choices and acted in accordance with people's wishes and preferences. Staff did not enter a person's bedroom without their agreement; they knocked and waited to be invited in. People's comments included, "Staff always find time to listen to me ... they are always polite to you", "They (care staff) are always polite to me ... They let me do what I can for myself and help me with the rest ... they respect my choice not to have a man take me to the toilet" and "There is nothing I would change here ... I can't want for anything else."

Each lodge had a homely, friendly and relaxed atmosphere and people had a sense of wellbeing where pets were welcomed. For example, birds, cats and dogs. One person told us how important it was for them that they were able to bring their budgie to live with them at one lodge. Other people also enjoyed the company of the budgie and provided a discussion topic between people. Another person looked after the house cat and enjoyed caring and feeding them. Relatives's dogs were also encouraged to visit people; staff sometimes brought their own dogs in to visit people which they enjoyed petting.

People had access to the internet and two people said how important this was to them. One said, "It's great now I've got the computer working and I have WiFi." Two relatives said how important the internet was to their family member to keep in touch with their extended family. One relative said, "We speak with our family

and use 'facetime' ... we can keep in touch with our grandchildren."

Relatives were able to visit their family members at any time they wished. One relative spent most of each day with their family member and felt "part of the scenery". Care staff involved them in their family member's care. Another relative said, "I am welcome at all times and staff always tell me how (my relative) has got on and phone me up if they need to tell me anything."

Care and support plans were developed and included people and their relatives. These were on-going and people were encouraged to sit with staff, plan their care and make decisions together. One relative said, "We went through the care plan together ... they always review it."

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. We looked at how the service assessed and planned for people's care needs, choices and preferences. The Provider Information Return (PIR) said, "Initial assessment and care plans are correlated during the first two week of the client using the service ... information is gathered in many ways from the client and any other relevant party." Care records confirmed this had taken place. A team manager confirmed people's initial assessments were carried out at home, hospital or other residence before coming to live at Hadley Care.

Following an assessment of care needs, a care plan was in place for each person who received care. People's needs were being met, but the information held within care plans varied in detail. A team manager said, "Care plans are written from the person's perspective and all individual." The amount of information varied in the care plans in different lodges. Some of them were extremely detailed, very personalised and contained useful and pertinent information.

Care plans showed people's care routines and timings were flexible to the person's individual choices. This included information about routines in the mornings, afternoons, evenings and miscellaneous. For example, one care plan stated, "I usually wake up around 7.30am ... have my medication, which I find easier to take with yogurt ... breakfast of which I normally have Bran flakes with warm milk and slice of brown bread toast ... a glass of squash to hand, however I may change my mind so please offer me a choice." Care records also contained a sheet of essential information to be taken with the person if they needed emergency treatment. Care records had been signed to say people agreed to their plan of care. Two relatives said they had been consulted in their family member's care planning. One relative said, "We went through the care plan and they (staff) did an assessment ... they reviewed it within four months ... I bring anything up with the (team manager) who is marvellous ... I am always involved." Records showed relatives were invited to attend care reviews of their family member.

However, other care plans needed more information to ensure care and support was given in a consistent way. For example, one person's care needs had increased but this information had not all been recorded. Despite the records not holding all the information, staff were aware of people's care needs and how to meet them. The registered manager and deputy manager were aware of the variance in care planning in the different lodges. They had already highlighted the problem and were in the process of addressing this. Following the inspection, the registered manager confirmed systems had been changed with regards to the improved planning, reviewing and recording of information in care plans.

Care staff recognised the importance of social contact and friendship. People were encouraged to maintain interests both in the lodges and in the local community. Outings such as shopping and visits were arranged at an extra cost if people wished. One person told us they looked forward to their shopping trips when they liked to buy new clothes from local retail outlet. Links with community organisations such as the local school, art projects, Age Concern and Salvation Army were encouraged. One activity included writing songs with the local school children and making decorations for the Church. Vehicles were available if required, either on an individual or group basis, to enable people to get out and about.

The registered manager tried to resolve all minor concerns before they became formal complaints. Written information about how to raise concerns or complaints was available and accessible for people, relatives and visitors to use. Any complaints previously raised had been taken seriously, investigated and people informed of the outcome. Complaints were managed and followed up with a 'tracker' to make sure they were addressed. Where appropriate, the registered manager had notified the Care Quality Commission (CQC) of the complaint. People were confident they would be listened to and any concerns resolved. Two people said, "We always see (the registered manager) and (deputy manager) so I would tell them", "I would speak to (team manager) and she sorts it out" and "I would just tell them and they would listen." No complaints were raised during the inspection with people being complimentary of the service.

Following the inspection, the service received a complaint from a relative which was received by CQC. CQC asked the registered manager to investigate the concerns raised. This was still being dealt with at the time the inspection report was published.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. They took overall responsibility for all of the lodges. In each lodge there was also an individual team manager and deputy manager. The culture at the service was open and honest. People, staff and relatives said the registered manager and deputy manager were approachable and saw them regularly.

Effective quality monitoring which drive the continuous improvement of the service, such as regular audits, visits and spot checks, had been undertaken. These had identified shortfalls in practice such as the shortfalls in record keeping and the need to recruit more staff. Despite these not always being recorded, the management team were committed to addressing the issues. They both explained that, as the service had grown, they needed to focus more of their time on the management and leadership of the service. Due to the recent short staffing they had also been providing 'hands-on care' which had impacted on their management time. As a result, they were in the process of looking at the overall management of the service and planned some changes to take place in the near future. Following the inspection, the registered manager confirmed systems had already been changed and supplied copies of more regular and detailed quality monitoring systems, together with action plans to rectify any deficits found.

Care staff felt part of a team, listened to and valued. Comments included, "This is a great place to work ... I have learnt so much here ... if I want anything it's there", "I feel supported and listened to by management ... it's enjoyable and I love working here" and "I like working here It's lovely ... it is run how it should be ... I feel supported and am very happy here."

Care staff confirmed staff meetings took place in each lodge regularly. A variety of other management and staff meetings took place which included daily meetings, weekly meetings, monthly meetings, three monthly meetings and supervision meetings. However, the registered manager said whole service staff meetings did not take place and they wanted to introduce these in the near future so all staff could share good practice and information gathering. This would also support working relationships between each lodge. Following the inspection, the registered manager confirmed they planned to introduce these for all staff every three months.

Hadley Care had introduced 'family support meetings' for relatives and friends every three months. Families were given the opportunity to raise concerns, ask questions, make suggestions and find out information relevant to them. The registered manager said these had been successfully attended, with topics such as dementia, safe moving and handling and benefit claims discussed. The next planned topic was safeguarding. This gave a forum for people to raise any issues and increase their knowledge.

People, staff and relatives views and suggestions were taken into account to improve the service, including sending out surveys. Any issues arising from these were addressed and resolved, for example improving communication. The registered manager was in the process of sending these out for the current year and intended to extend the surveys to include views from health and social care professionals.

The vision and values for Hadley Care, as stated in their client's guide, was "to deliver a high quality, effective care service ... designed for individuals to remain in their homes". The registered manager felt this was achieved "by offering more choice to people than staying in their homes on their own, thereby building relationships but still feeling like home." From conversations and observations, these statements reflected the service delivered by Hadley Care.