

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

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 81 of the 86 people being supported by Hadley Care received a personal care service. 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. Six to nine people lived together in each lodge. Each person had their own en-suite bedroom but the lodges had communal areas where people could come together and chat. 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.

At the last inspection on 1 and 2 August 2016 we rated the service as 'Good' overall. However, we rated the service as 'Requires Improvement' under the key question 'Safe', because the information staff needed to minimise risks to people was not always recorded in their care plans. In addition, although people's care needs were being met, staff were working extra hours to cover the shortfall in the numbers of staff available to support people. Following the inspection we received a complaint regarding the numbers of staff, nutritional support and the involvement of relatives in the planning of people's care. We looked in detail at the issues raised in the previous inspection and in the complaint. We found no areas of concern relating to these matters during this inspection.

At this inspection we found significant improvements in the assessment and recording of risk in people's care plans, which meant staff had the information staff needed to keep people safe. The risk assessments were reviewed regularly to ensure they remained current. Where improvements were needed, for example related to the monitoring of fluids, the registered manager acted immediately to ensure this risk was managed more effectively. Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There were sufficient numbers of staff to keep people safe and meet their needs. A successful recruitment campaign meant that the number of staff to support people had increased significantly. This was confirmed by staff and people we spoke to, however two people felt the service could be improved if there were more staff to support them in the evenings or if someone was unwell. The registered manager advised there were systems in place to ensure there were sufficient staff if additional support should be needed. In addition the service had recognised when people needed more support than could be provided by a supported living service, and some people had moved to a more appropriate setting for their needs. The service now carried out a more rigorous pre-admission assessment, and was much clearer with people and their relatives that they could not always support people with very complex needs.

Staff had a good understanding of people's nutritional needs. Risk assessments were in place, for example if people were at risk of choking. People had been referred for specialist support if required, and guidance followed.

Families were very much involved in life at the lodges. People's relatives said they were always made very welcome and visited whenever they wished. Where appropriate they were kept informed about the welfare of their family member and contributed to the planning and review of their family members care. The registered manager told us, "It depends on their individual situation. If they have capacity we will ask them if they want a family member involved."

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

The registered manager had a clear vision for the service. There was an open and transparent culture of admitting when things had gone wrong, learning from mistakes and using this to drive improvement. They told us the feedback from the last inspection had, "acted as a trigger for us to actually see how we can do this better". This had resulted in a review of policies, processes, paperwork and staff roles and responsibilities. They told us their ethos was, "providing the best quality care in a person centred and dignified way and incorporating that culture into the lodges". These values were promoted and shared throughout the organisation. This was reflected in the recruitment processes, staff training, supervision, and our observations and discussions with staff and the people using the service.

People were supported by a caring staff team who knew them well. The atmosphere in the lodges was happy, relaxed and welcoming, and there was a wide range of activities available if people chose. People commented "We've got a lovely lot of carers you know" and, "When its your birthday they give you a party, with music!". They told us they felt safe, and regarded the staff as their friends. A relative told us, "[Family member] is definitely safe there. It gives me peace of mind. It's lovely, a really relaxed atmosphere. They're in the best place".

People were protected from the risk of abuse through the provision of policies, procedures, robust recruitment and staff training. The registered manager and provider had worked closely with the local authority, acting promptly and decisively to address concerns and minimise risk.

Staff received appropriate training to support people's mental and physical health needs. People received their medicines safely and were supported by a range of external health and social care professionals.

The service's quality monitoring systems enabled the service to maintain high standards of care and to promote continuing service improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Risks were identified and managed in ways that enabled people to make choices and be as independent as they could be.

There were sufficient numbers of suitable staff to help keep people safe and meet their individual needs.

People received their medicines when they needed them and these were managed and administered by staff who were competent to do so.

People were protected from abuse and avoidable harm.

Is the service effective?

Good ●

The service was effective.

People received the support they needed to maintain their nutrition and hydration, and ensure their health needs were met.

People were supported by staff who knew how to ensure their legal and human rights were protected.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain their independence and have as much control over their lives as they were able.

The service was able to provide effective support to people at the end of their lives.

Is the service responsive?

Good 

The service was responsive

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed with people to ensure they reflected their current needs.

People were supported to follow their interests and take part in a wide range of social activities.

The service had an effective and thorough process for managing complaints which people told us they would feel confident to use.

Is the service well-led?

Good 

The service was well-led

The registered manager had a clear vision for the service and promoted this throughout the organisation.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

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 checked 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 on 27 April 2017 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.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other data and enquiries. We went to the office and to five lodges. We spoke with 27 people (including six people in a group discussion), five visitors, 12 staff, the registered manager and deputy manager.

We looked at a range of records relating to people's individual care and the running of the service. These included six care and support plans, four staff personnel files and records relating to staff training, staff rotas and the quality monitoring of the service.

Is the service safe?

Our findings

At the last inspection we found the information staff needed to minimise risks to people was not always recorded in their care plans. In addition, although people's care needs were being met, staff were working extra hours to cover the shortfall in staff available to provide support for people. The service was therefore found to Require Improvement in this key question. At this inspection we found risk assessments now contained the information staff needed to keep people safe, and there were sufficient numbers of staff to keep people safe and make sure their needs were met. The service has therefore moved from Requires Improvement to Good under 'Safe'.

There was a clear risk assessment process in place which meant people risks to people were minimised. Following the last inspection the registered manager had reviewed the system for assessing risk. Risk assessments were now more consistent and contained the information staff needed to provide safe care. They were reviewed regularly to ensure they remained current. Risks assessed included pressure areas, moving and handling, nutrition and hydration, and falls. There were measures to enable staff to minimise the risks. For example one person's falls risk assessment contained a clear action plan to reduce the risk of falls. It showed that preventative measures had been considered, such as the use of a pressure mat to alert staff if the person got out of bed. The registered manager told us a fall would prompt a new falls risk assessment and a full review of the person's support needs if required. One person's care plan showed that although their fluid intake was being recorded, it was not being added up which meant it was not easy to monitor the person's total fluid intake. The registered manager acted immediately to rectify this by revising the paperwork, and ensuring staff had the information they needed to monitor fluids more effectively.

Risk assessments supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. The registered manager told us, "All the time we're trying to maintain their safety while at the same time trying to engage them in meaningful occupation". For example one person, vulnerable to falls, enjoyed 'pottering in the greenhouse'. A risk assessment was carried out with the person. They had the capacity to understand the potential risks when they were explained to them and signed to say they accepted responsibility for them. The registered manager said, "It's important that everybody knows where they stand. We don't want to wrap people in cotton wool".

At the last inspection staff expressed concerns about the numbers of staff available to support people, particularly because they had not been increased when the needs of some people using the service had become more complex. The deputy manager told us a successful recruitment campaign meant that the numbers of staff had increased significantly, saying, "Staffing is loads better now. We're actually overstaffed!" This was confirmed by staff we spoke to. Comments included, "Staffing levels are ok at the moment", and "Yes, its really well staffed. It's a good staff team. There's really good morale, it's very much a team. Everyone's willing to help out. All shifts are always covered". People and their relatives agreed there were enough staff overall, but two people felt the service could be improved if there were more staff in the evenings or if someone was unwell.

As a supported living service, the number of staff on duty in each lodge was dependant upon people's

individual contracted care hours. The contracted hours in each lodge were pooled, and staff rotas devised, which ensured cover was provided 24 hours a day to meet everybody's assessed needs. The registered manager told us they used a range of strategies to ensure people's needs continued to be met should they became unwell and more staff time was required. For example extra cover could be provided initially by locality managers or care staff. This meant the person received the support they needed while funding was sourced to pay for additional hours, and other agencies contacted for support, such as health services, the mental health crisis team or hospice. In addition, the registered manager told us the service recognised when people needed more support to keep them safe than could be provided in a supported living setting, for example due to an increase in the complexity of their needs due to dementia. They were now much clearer with people and their relatives that they could not always support people with very complex needs, or promise to care for them until the end of their lives. This was confirmed by a relative who told us, "I hope it doesn't come to that, but if my [family member] got really bad... We've seen other residents who have needed to move on".

People told us they felt safe. Comments included, "If I need help I press my bell and someone will come quickly. I regard them as my friends. They come in and chat to me and that's nice" and, "I feel safe, there are plenty of staff around". This view was shared by relatives. One relative told us how their family member moved in following a 'nasty fall' and hospital admission. They said, "[Family member] is definitely safe there. It gives me peace of mind. Its lovely, a really relaxed atmosphere. They're in the best place". They commented on how the layout of the building meant staff "were there straight away" if needed.

The systems in place for managing people's medicines continued to be safe. People told us, "Yes it' all kept locked away" and, "Oh yes, they give us our medicines when its time". All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. Care plans contained an assessment about people's ability to self medicate and detailed any support needed. For example one person's care plan stated, "I need you to give me my medication one at a time and watch me take them. I only want a small amount of water to take my tablets with". Medicines were audited daily by care staff, weekly by team leaders and monthly by the locality manager. Any errors were reported to head office and action taken to minimise the risk of recurrence. For example a discussion with the member of staff, who might then be observed administering medicines until they had demonstrated their competency. One locality manager told us, "I feel quite confident in the system we've got. The registered manager likes us to act quickly if any errors have been made". During the inspection we found that two care plans required more detailed information related to the use of covert medication and the use of oxygen. We raised this with the registered manager who acted immediately to address these issues and ensured staff had access to the guidance they needed.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. In addition staff received training on how to recognise and report any suspicions of abuse, and this was updated regularly. Staff told us they would not hesitate to report any concerns and all were confident that if they raised concerns, action would be taken to make sure people were safe. Team meeting minutes from one of the lodges showed that safeguarding and recognising abuse was a regular agenda item at staff meetings.

Is the service effective?

Our findings

The service continues to provide effective care and support to people. One person, who was unwell in bed on the day of the inspection told us, "They look after me ever so well". Another person told us, "It's a first rate place in every sense. They feed you well, they're very good to me. They anticipate what you need before you ask". This view was shared by a relative who commented, "I think its extremely good. They actually care for the people they're looking after. The care they receive is absolutely out of this world".

Staff had a good understanding of people's nutritional needs. People had been referred for specialist support if required, for example to a speech and language therapist (SALT) or dietician, and guidance followed. Risk assessments were in place, for example if people were at risk of choking. Action was taken to minimise the risk according to their individual needs, through the provision of a soft diet, thickened fluids or having their food cut up into small pieces.

People spoke highly of the quality and choice of food. Comments included, "Its lovely food. They go out of their way to please us. They do special stuff for us. They're ever so good", "There's always an excellent variety of foods" and, "I can ask for what I want. If I don't like it they give me something else, like fishcakes on Fridays". People could cook their own meals with support if they wanted to, have their main meal at lunch time or tea time and eat in their room if they wished. The team leaders discussed meals and drinks with people to see what they fancied and a menu was then drawn up. One relative told us about the "nice vegetarian meals" their family member had. We saw drinks were available at all times and cups of tea offered frequently to minimise the risk of dehydration. The minutes of a staff meeting stated; "Fluids. Keep encouraging and prompting clients. This has improved. Well done. "

People continued to be supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. There was a six months probationary period during which new staff completed several shadow shifts to allow them to learn from more experienced members of the team and how people wanted their needs met. Their practice was observed, assessed and discussed in reflective supervisions. They also completed the national skills for care certificate, a more detailed national training programme and qualification for newly recruited staff. A new member of staff told us, "It's a good induction. The manager is very helpful. It's a really good environment to work in".

After staff had completed their induction training they were able to undertake further training in a range of topics relevant to the people using the service. Additional training to meet people's specific needs was also provided, for example the registered manager told us a team leader in one of the lodges was a qualified nurse, who provided training to enable staff to support a person who used oxygen. Staff told us they thought the training was good. Comments included, "The training they provide is phenomenal. It covers every single thing. The mandatory courses are brilliant" and, "They are always putting you on training. There is always some kind of training going on". Staff were very enthusiastic about a visit they had from the 'dementia tour bus'. This 'virtual dementia tour' is described by the Alzheimer's Society as "a multi-sensory experience to give a person with a healthy brain an experience of what dementia might be like". Staff told us, "It's amazing. ...it was definitely eye opening". The registered manager told us they had "tried to put as many

staff through as we could", and that several family members had joined in with the session.

Staff received regular supervision, an annual appraisal and there were frequent staff meetings in the lodges. They told us they felt well supported. There was a supervision agenda which covered a range of topics including punctuality, attitude, medicines administration competence and any training needs or concerns. People using the service, their families and colleagues were invited to provide feedback about the staff members practice which was shared and discussed in supervision.

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. During our inspection we saw staff seeking people's consent before providing any support. They also offered choices and respected people's rights to make their own decisions. The service had instigated and contributed to best interest processes with relevant parties as required, which ensured people's legal rights were protected. The registered manager was in the process of developing additional training for use with staff on the MCA using 'scenarios' to prompt discussion. This, and a recent review of the service's MCA policy meant staff would have a clearer understanding of the legislation and how to use it in practice.

People can only be deprived of their liberty to receive care and treatment which is in their best interests, and legally authorised, under the Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. If a person is subject to continuous supervision and control, is not free to leave, and lacks capacity to consent to these arrangements, they are deprived of their liberty. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. Some lodges where people were living with dementia had a key pad entry system and a gate. This meant some people were potentially being deprived of their liberty. The registered manager had therefore contacted the appropriate authorities to arrange an assessment.

Care plans showed people had access to healthcare professionals including doctors, opticians and mental health nurses and any guidance documented. This was confirmed by people and their relatives. One person said, "[Managers name] said to me today, if you are no better tomorrow we will get the doctor". A relative told us, "My family member had something wrong with their foot. They took them straight to the medical centre. they picked that up themselves, and I had a phone call about it this morning."

Is the service caring?

Our findings

Hadley Care continues to provide a caring service to people. The atmosphere in the lodges was happy, relaxed and welcoming and we observed staff spending time with people, chatting and laughing. People commented, "The staff are very good. They'd do anything for you, they're very caring. I had a back ache this morning and they've been lovely all day", "We've got a lovely lot of carers you know" and, "When its your birthday they give you a party, with music!". A relative told us, "I couldn't fault the staff. They're lovely and calm and always make me welcome when I go and visit. I say, "Is it alright if I make a drink?"

Staff knew people very well. They told us about the people they supported, what was important to them and who were the important people in their lives. This meant staff could have conversations with people about things that were important to them and about their interests. For example, during the inspection we heard a member of staff initiating an animated conversation about surfing with a person who had been a keen surfer in their youth.

The registered manager told us the service aimed to support people to take control of their own lives, saying, "The environment is like a normal house. Staff don't wear uniform. There are activities on offer, but some people like to do their own thing. Staff can arrange to take people out if requested. One person has minimal care hours and likes to go out to the shop. The activities provided depend on what clients have asked for". One person we spoke to had their own entrance to their room via the garden, and enjoyed going out independently to parties or shopping. A relative told us how the service supported two of their family members to be independent, enabling them to visit each other twice a day in their respective lodges. "They've helped them to live as normal a life as possible. They are very thorough with that".

People were treated with dignity and respect and made choices about how they wanted to be supported . Supervision records showed staff were encouraged to talk about how they promoted choice and independence, and comments from people and relatives showed that staff worked in this way. One person told us, "Its wonderful. I live pretty independently and I'm happy here. Staff know what I need...they are very kind and respect my choices". Relatives commented, "They help [my family member] with their independence. They don't say, 'you can't do this and you can't do that" and, "My [family member] makes all the decisions. It's their decision at the end of the day and they help them to make the decision."

The service was able to offer care to people at the end of their lives. People's end of life wishes had been discussed and documented, which meant they would be respected at the end of their lives. The service worked closely with health and social care professionals to ensure people received the support they needed and the right equipment was in place. The registered manager told us they were also looking at providing some extra 'end of life' training for staff and would be reviewing the service's 'end of life' policy, to ensure staff had all the information and skills they needed to provide effective support to people and their families at this time in their lives.

Is the service responsive?

Our findings

People continued to receive care and support which was responsive to their needs and respected their individuality. A relative told us, "Its definitely nothing like a residential home. I just wish every old person was able to live somewhere like it. They're so lucky to live there".

Following the last inspection in August 2016, care planning systems had been revised and there were improvements in the planning, reviewing and recording of information in care plans. Each person had their needs assessed before they were supported by Hadley Care. This was to make sure the person's needs and expectations could be met in a supported living setting within their agreed support hours. An initial assessment was completed prior to the person moving in by the manager of the lodge the person would be moving to, followed by a second assessment completed by the registered manager or deputy manager of the service. This was particularly important when people were coming from hospital, as it meant the service would have a clear understanding of the persons health and support needs prior to discharge, and any equipment the person needed would be in place before they arrived. The initial assessment process had become more rigorous after the service found they could not support some people safely due to the complexity of their needs, and they had moved to a more appropriate setting

Staff supported people in line with their care plans, which were personalised to their wishes and preferences and responsive to their needs. They set out each person's agreed support hours, and contained information about their needs and history, their preferred daily routines such as what time they liked to get up and go to bed, how they liked to spend their day, and the support they might need during the night. An 'at a glance summary' which was reviewed regularly, allowed staff to quickly access the information they needed. The care plan format enabled staff to provide support in a personalised way. For example people were asked, "Whats important to you? What are your wishes and preferences and goals for the future? How can we help you achieve this?", and "What is important for you to know about my cultural background? How can you support me to maintain my cultural identity?" People were asked whether they wanted to be checked during the night, whether they wanted their bedroom door open, closed or locked, whether they wanted their bedside lamp left on overnight or an early morning cup of tea. One person told us, "We are lucky to be here. It's like a hotel. We get our washing done and everything!".

We saw care plans had been regularly reviewed which meant the information they contained about people's support needs was up to date. People were invited to contribute to their review, and their relatives where appropriate. The registered manager told us, "It depends on their individual situation. If they have capacity we will ask them if they want a family member involved." A relative told us their family member had been supported by Hadley Care for several years and lived in different lodges. They told us the person's support needs had increased during this time, and the service had responded appropriately to make sure they continued to be met adding, "They support my [family member] to be as independent as they can be".

Staff gave examples of how they worked together to share information about how best to support people. For example, one person, who was reluctant to have a shower, needed time to sit and chat with staff beforehand. Staff told us the person responded well to encouragement, saying, "When they get in there,

they love it". Staff meeting minutes showed that staff were advised, "Use a soft tone of voice, sometimes offering food helps to distract", when working with a person who was agitated.

People were able to take part in a variety of activities if they chose to, according to their individual interests. On the day of the inspection everybody in one lodge had been to a community coffee morning, with support if they needed it. A fish and chip supper outing had been arranged for the following week. We saw people doing individual activities in communal areas such as making chocolates or doing puzzles. People were also encouraged to do activities of daily living such as peeling vegetables, making cakes, cooking, shopping or hanging out the washing. The registered manager told us, "People can go out and help with the shopping if they want to, but if people don't want to do anything that's ok". Other activities included reminiscence sessions, parties and visiting entertainers. A member of staff told us, "We now have guinea pigs. They absolutely adore them". Another member of staff said, "We are hoping to get raised vegetable patches this year". Families were very much involved. One relative told us, "My [family member] is socialising when they have lunch with everybody. Staff will suggest things. They played bingo and made hats for Easter. Last Christmas my nephew came and played guitar and sang a bit. We asked if we could do a party, and they did the food".

The service had an effective complaints policy, which meant any complaints were documented, investigated and responded to within clear timeframes, and the situation reviewed within 12 weeks to ensure it had been satisfactorily resolved. The complaints we saw had been dealt with in line with this process. The service had not received any complaints since the last inspection. People and their relatives told us they would not hesitate to raise any concerns if they had any, and were confident they would be taken seriously.

Is the service well-led?

Our findings

The service continued to be well led. It was managed by a registered manager with the support of a deputy manager. The registered manager told us, "We were really bothered following the last inspection. It acted as a trigger for us to actually see how we can do this better". This had resulted in a review of policies, processes, paperwork and staff roles and responsibilities. Previously there was one manager at each lodge who also worked shifts. Now each manager had responsibility for the administration and management of two or three lodges, and the team leaders had taken on more responsibility to allow the managers to focus on their management role. This had improved the services monitoring and accountability and the support provided to staff. One member of staff told us they regularly saw a senior manager. "The [deputy manager] was here three or four times last week, and the locality manager is here every day. You can always get them on their mobiles." The registered manager told us they were, "...feeling in a much better place. We've got new paperwork, better staffing levels, better staff retention... We are never going to stand still. It's about deciding what you are going to do and going for it". This showed that the provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong, reflecting the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager told us the ethos of the service was, "providing the best quality care in a person centred and dignified way and incorporating that culture into the lodges". They had adopted a 'value based' recruitment process, which meant newly recruited staff had the attitude and values required to work in this way. They told us this had made a "huge difference" to the quality of the staff they had recruited and to staff retention. They sought to 'embed these values further', through additional training during the induction period and beyond. They told us, "We look at the six 'C's' of care; commitment, care, compassion, courage, communication and competence. We are doing some work on values, dignity and respect, working together, commitment to quality care and support, and learning and reflection". They told us they were also working on a leaflet to give to staff and clients explaining what these values meant in practice, for example staff not using their mobile phone when working, and knocking on doors before entering.

The provider had a quality assurance system to ensure they continued to meet people's needs effectively. For example, each lodge carried out a programme of daily, weekly and monthly audits, including medication, care plans, risk assessments, reviews recording and environmental checks. The quality monitoring system focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? A computer tracking system was used to document any medication errors, accidents and incidents, safeguarding concerns or complaints, which were then analysed to identify any wider action required and learning. A weekly managers meeting, with the provider, provided an opportunity for this information to be shared and discussed and an action plan developed if required.

Annual satisfaction surveys were sent to people, their carers or representatives, and staff to seek their views. A recent carers survey showed a high level of satisfaction about the quality of the service provided. Comments included, "Cheerful, friendly staff, lovely bright location and well equipped property. Stimulation and opportunities for outdoor trips and recreation". and, "I am over the moon with the care my relative

receives. All the staff are fantastic". Meetings for people using the service and family support meetings provided an additional opportunity for feedback about the service to be shared with the provider. One person told us the senior managers attended the meetings, and said, "[The manager] tells us, "Its your home", and encourages people to speak out".

The landlord held 'tenants meetings', where people could discuss any issues to do with the accommodation. A relative told us, "There is a tenant's meeting every so often. They discuss things like the maintenance of the place, new people coming in and how they've settled in and anything the tenants want to happen". The minutes of this meeting were shared with Hadley Care to ensure relevant information was shared.

All the staff we spoke with told us they felt well supported. Comments included, "This is a really lovely place. The best I've ever worked in. The manager here is amazing", "The registered manager is brilliant. They have mentored me through all the changes" and " The registered manager gives support and advice. They will sit down and go through it all with you, explaining it in detail. They're always at the end of the phone, really supportive". The registered manager talked to us about the importance of ensuring staff felt valued. They showed us a 'Buzz Lightyear' folder, which contained details of when staff had gone 'above and beyond', and been sent a 'thank you and well done'. They told us, "It's good to have someone from head office to acknowledge when staff go over and above their normal duties. It shows that senior managers know and appreciate what they do."