

Counticare Limited

Richardson Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Richardson Court is a care home that provides personal care for up to nine people with a learning disability. At the time of the inspection eight people lived at the service. The service was split between a main house which six people lived in and a cottage within the grounds of the main house which two people lived in. The main house was split over two floors, all bedrooms were single occupancy, one with ensuite facilities and other people had a private hand wash basin. The cottage was split over two floors and had three bedrooms. People living in either the Court or Cottage had access to communal bathrooms, lounge, dining room, kitchen and garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. People's participation within the local community was encouraged and enabled.

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

Since our last inspection maintenance work had been carried out to improve the environment. Some further cosmetic work was required. However, the service was warm, safe and had homely touches throughout. People were supported to stay safe. Risks were assessed, monitored, reviewed and staff understood how to recognise abuse and the processes to follow should they have any concerns. Accidents and incidents were recorded and analysed to identify any patterns or trends so any lessons could be learnt. There were enough staff to meet people's needs and staff had a good knowledge of the people they supported. Medicines were managed safely, and staff were competency checked to ensure mistakes were minimised.

People's needs were assessed before they moved in to the service and further assessments made to meet people's needs. People's capacity to make specific decisions was assessed and best interest decisions made with the involvement of other important individuals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People chose their own food and drink and staff knew how to support people with specific eating and drinking requirements. Staff were trained and knowledgeable about their roles. People were supported to remain well and healthy.

People's privacy and dignity was respected, people were encouraged to be independent. People's diversities were considered and respected. We observed people being encouraged and supported to make their own

choices and decisions. Staff spoke to people in a kind and considerate way, people appeared relaxed in their home and freely moved around the service.

Care plans reflected people's needs, guidance was implemented so staff knew how to offer support in a consistent way. Relatives were communicated with and involved in their loved one's care. People took part in various activities and outings. Peoples communication needs were assessed, and staff knew how to communicate with people in their preferred way. No complaints had been made since the last inspection. A complaints procedure described how people could make a complaint or raise a concern, an easy read version was available.

There was an open and inclusive culture in the service. The registered manager encouraged staff and other individuals to feedback what could change so the service could improve. Monitoring of staff performance was more robust. Auditing was in place which identified any areas of concern and action was taken in response to this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 March 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Richardson Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector visited on both days.

Service and service type

Richardson Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners, the local authority

safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

Some people were unable to verbally tell us about their experiences, so we made observations of care to help us understand the experience of people who could not talk with us. We spoke with four staff, deputy manager, registered manager, locality manager and operations director.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at a variety of records relating to the management of the service, including audits and checks, maintenance records, accident and incident records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at maintenance of the premises, quality assurance and auditing information. We spoke to two relatives by telephone and received feedback from two healthcare professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was reasonably practicable to mitigate risks. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the last inspection risks around choking had not been managed well and staff did not have consistent guidelines to refer to when managing people's behaviour. At this inspection this was no longer a concern.
- People were supported to stay safe, risks were assessed, monitored and reviewed.
- Guidance was available which staff followed to help people remain safe. For example, some people were at risk of choking. Staff knew what they must do to minimise this risk such as preparing their food in a specific way and supporting people with their meals. Some people could display behaviour that could challenge themselves and others. Guidance had been implemented which staff followed to reduce people's anxiety and prevent incidents from escalating.
- Environmental risks assessments were completed and checks to ensure equipment was safe. The fire brigade had visited the service in January 2020 and made some recommendations to improve the fire safety at the service. The provider sent us information after the inspection about the time scales the improvement work was to be completed. Some action had already been taken as a result of the fire brigades visit.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any patterns or trends.
- Lessons were learnt from specific incidents and measures implemented to prevent repeated incidents. For example, there had been a choking incident involving a person who had not been identified as a choking risk before. Following the incident, a referral was made to other health care professionals and measures put in place to reduce the risk of another incident happening.
- During staff meetings any incidents or near misses were discussed. This helped staff reflect on their practice and discuss as a team what could be done to improve the care and support people received.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise abuse and the processes to follow should they have any concerns about people's safety. A staff member said, "I've had training in safeguarding and there is a whistleblowing (procedure). I could go to social services or CQC if I had concerns."

- There were effective safeguarding systems in place and the registered manager knew their responsibilities around notifying other agencies of any concerns.
- Staff received mandatory training in this area and safeguarding was regularly discussed as a team.

Staffing and recruitment

- There were enough staff to meet people's needs and staff had a good knowledge of the people they supported. Agency staff were used to fill any gaps in the rotas, the same agency staff were used where possible for continuity.
- Staff engaged and talked to people throughout the inspection in an unhurried way. People were responded to quickly when they required support.
- Staff had been recruited safely to ensure they were suitable to work with people. Relevant Disclosure and Barring Service (DBS) checks were completed (DBS checks help employers make safer recruitment decisions. Employers can check if new staff have any criminal convictions or cautions). References were obtained from previous employers and employment history gaps explored.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely; body maps were used to indicate where people had been prescribed creams. There was guidance for staff to follow if people were prescribed as and when medicines.
- Regular audits were made to check medicines were correct and no errors had occurred.
- Staff were trained before being allowed to administer people's medicines. Staff were frequently competency checked to test their knowledge and skills in administering people's medicines.
- The service was clean and free from unpleasant odours. Staff used protective equipment such as gloves and aprons when undertaking cleaning duties.
- Staff had been trained in infection control. They understood how to minimise the risks of infection and what they should do to follow best practice. The registered manager and deputy did spot checks on the service as part of their infection control audit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to properly maintain the premises. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- At the last inspection areas of the service were cold and the provider had not responded quickly to maintenance concerns raised. At this inspection maintenance work had been carried out to improve the environment. Although some further cosmetic work was required the service was warm, safe and had homely touches throughout.
- People's bedrooms were decorated in an individualised way, people had their own personal objects and decoration.
- The registered manager said they had been working on turning the lounge into a room that could also be used for sensory sessions. Lighting and sensory items had been added and we observed people relaxing in this room with staff during the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the service their needs were assessed. This was to ensure staff were able to support them and they would fit in with other people living at the service. The registered manager said they had recently assessed a person but had not offered a place because they would not be able to meet the person's needs. A staff member said, "It's very important that whoever moves in needs to be right. It's very important that people get on."
- Part of the assessment process included looking at people's protected characteristics. (The Equality Act 2010 protects certain characteristics including age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion, sex and sexual orientation).
- People's physical, mental health and social care needs were assessed, people were continually assessed for changing needs. Additional advice and support was sought from other health care professionals where necessary.
- The provider used nationally recognised tools to assess specific health needs. For example, MUST scoring was used to identify people at risk of malnutrition so measures could be implemented to reduce the risk this

posed to the person.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make specific decisions was assessed. If people lacked capacity best interest discussions were held which involved people important to the person such as relatives and other healthcare professionals. Any decisions were made in their best interest.
- All people were under a DoLS. One person's DoLS had conditions included which, staff were aware of and the conditions were being met.
- Staff had a good understanding of the importance of people making their own choices and taking positive risks. The registered manager said, "We try to introduce new things, if people don't want to do anything they won't. We've come so far with (person). Now they will interact and allow us to touch them, before they didn't like to be touched."

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

- People were supported to choose their own food and drink. They were encouraged to make their own drinks and prepare food to increase their independence.
- Each week people had a meeting to decide what they wanted on the menu for the following week. Staff showed people different pictures of meal choices and a meal planner displayed what meals had been chosen. Alternative meals were available if people changed their mind.
- Some people had their food prepared in a particular way as recommended by the speech and language therapist (SALT). The provider had implemented place mats which described how people needed to have their meals prepared as an additional safety measure for when agency staff or staff not as familiar with people supported them.

Staff support: induction, training, skills and experience

- People received care and support from trained staff. Staff received training in areas such as epilepsy, equality and diversity, fire safety, first aid, health and safety, medicines, nutrition and person-centred thinking. The manager identified weakness in staff knowledge by regular knowledge testing.
- Staff were regularly competency assessed and observed to check their practice. Staff said they received regular supervision and felt well supported. One staff member said, "When I first started there was a lot of new things, but I had support. I definitely feel like I can get help all the time, I can call for help at weekends too."
- New staff received a formal induction and had a mentor to support them when they began work.

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

- People were supported to remain healthy and see healthcare professionals such as dentists, opticians, doctors and SALT.
- People had hospital passports and health action plans with included information about how they should be supported to remain healthy and how they preferred to be supported if unwell.
- People's oral hygiene was assessed using an oral health assessment tool. Once people were assessed, further action was implemented such as referring the person to the dentist or implementing an oral hygiene care plan.
- The service worked with other healthcare professionals to enable people to receive good care to meet their needs. Referrals were made to professionals such as occupational therapists and the providers internal positive behaviour professional when further input was needed. Advice was listened to, so staff could manage people's changing needs. One person had been referred to the neurologist following a change in their behaviours which staff had identified.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection people were not always supported in a caring way. Parts of the service were cold including one person's bedroom. Some people were unable to verbally communicate any discomfort they may be in. This did not promote the dignity of people and was not respectful of their needs. At this inspection this had improved.
- Staff understood how to communicate with people in their preferred way and spoke to them kindly. One person needed repeated reassurance, staff responded each time in a patient way. A relative said, "We saw (person) at weekend they looked really well, had a nice haircut and everything was good." A healthcare professional said, "(Person) appeared to have a good relationship with the staff on duty. Staff engaged well with (person) and they were relaxed in their company."
- Peoples diversities were considered and respected. At a person's recent review their faith was discussed to see if there was anything staff could do to support them further.
- Staff completed a self-reflective tool focused on equality and diversity. The tool helped staff reflect on how people were treated and if this was in a person specific way.

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

- Throughout the inspection people were encouraged to make their own choices and decisions. People were asked what activities they wanted to do and if they wanted staff to support them with other tasks. A healthcare professional said, "Senior staff who attended the review were quite knowledgeable about (persons) care and support needs. They listened to (persons) parents' views and mine and shared their views professionally about aspects of their care. Where there were different views, discussions were held professionally."
- When people were distressed or anxious, they were quickly attended to. People felt comfortable around staff and had a good relationship with each other. People frequently came to the office which was open to see the registered manager.
- The registered manager provided people with information about advocacy services if they did not have family or friends to support them. An advocate supports people to express their needs and wishes and helps them weigh up all options available and make decisions. No advocates were being used at the time of the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, people were encouraged to be independent. A healthcare professional said, "(Person) had been supported by staff to develop further independence skills in areas

such as their personal care and independence skills within their home environment."

- We observed one person being encouraged by a staff member to make their own drink. A staff member was sitting next to a person holding their hand and talking to them whilst offering various sensory objects. The person chose to leave the room and their choice was respected. The staff member stayed close by in case the person needed any assistance. Another staff member supported a person who was displaying a particular behaviour that was personal. The staff member spoke to the person gently and encouraged them to go to their bedroom to protect their dignity.
- The locality manager completed a dignity audit which checked if people were treated with kindness and if staff respected their dignity. Observations were made of staff interacting with people and action plans to improve were made if any concerns were found.
- Each staff member was given a dignity self-audit tool to complete. This helped them to reflect on their practice. The tool gave fictitious scenarios for staff to consider, they then identified how dignity had not been respected or upheld. The registered manager said they planned to do a scenario together with the team at the next staff meeting as it would be good for staff to discuss together.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- At the last inspection some people had been restricted in doing things because there was a higher use of agency staff who were not always able to support specific behaviours. Some information in people's care plans was confusing and contradictory. At this inspection this had improved.
- Each person had their own care plan which reflected their individual needs. All aspects of people's care were assessed, and guidance implemented to guide staff in how to offer support. Care plans were regularly reviewed and updated according to any changing needs.
- People were supported to plan and achieve goals. Goal setting for people with learning disabilities is recognised as an essential technique to help them feel positive and in control of their lives. The registered manager said they had identified goal setting and meaningful activities could be further improved for people to help them develop skills and enhance their wellbeing.
- Each person was allocated a key worker who was responsible for reviewing areas of the person's care such as daily living skills. The registered manager said they planned to use the information key workers gathered to inform meaningful goal setting. Staff were knowledgeable about people's preferences and told us about things that were important to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's relatives were communicated with and involved in their loved one's care. One relative said, "I'm really pleased, had the annual review, we're happy (person) is here." People were supported to visit their relatives at home. Relatives were contacted regularly and updated on how their loved one was.
- People took part in various activities and outings. For example, trips to the beach with walks along the pier and trips to sports centres to take part in sports activities like football. During the inspection some people were at a day centre and some people went shopping. One person was waiting for their relative to visit them which they were looking forward to. People had been encouraged to take part in an art project, the piece of

art was displayed in the entrance hall.

- Staff were more involved in planning activities than they had been at our last inspection. There were lots of decoration, pictures and photographs around the service to show what people had been involved in. For example, there had been events around Halloween, Christmas, Easter and Valentines' day. Staff were invited to add suggestions to a poster of activity ideas. Comments included, fuzzy felt for arts and crafts, music sessions and play dough. Staff said for Chinese New Year they had put up decorations and cooked a meal and had a Greek night to celebrate different cultures.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were assessed.
- Some people were unable to verbally say if they were unhappy or anxious. Staff were able to recognise this and knew how people should be supported. Staff understood how people should be communicated with in their own specific way. The registered manager said, "If people want to do something, they will do it. Even if they can't verbalise, they will communicate in their own way using signs and some words. Staff know what the signs mean and work with them consistently."
- During the inspection staff identified what people were trying to communicate by their vocalisations and body language. Staff responded in an appropriate way.
- Information was provided in easy read formats with pictures and photographic references to help people understand.

Improving care quality in response to complaints or concerns

- There was a complaints procedure that described how people could make a complaint or raise a concern. An easy read version was available for people who required it.
- No formal complaints had been made at the time of the inspection. A relative said, "Everything is going really well as far as we can see, we have no concerns."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the registered providers systems for assessing and monitoring the quality and safety of the service provided was not successful. Improvements had not been driven since the previous inspection. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- At the last inspection the provider had failed to maintain a pleasant living and working environment for people and staff. Numerous maintenance request had been made but had not been responded to. Audits had not identified issues we had found around risks and person-centred care. At this inspection this had improved.
- The registered manager encouraged staff and other individuals to feedback what could change so the service could improve. Staff had regular supervision and meetings. A staff member said, "Yes I go to staff meetings when I can, they are useful, we can say what needs to improve. I've had quite a few supervisions. If there are difficulties somewhere or something not quite right, it can be addressed."
- Since the last inspection more audits and checks had been implemented to make sure things did not get missed. The provider used a tool called 'Operation orderly' to audit the service. Staff were assigned various tasks to check areas of the service. The registered manager conducted their own audits, so things did not get missed. For example, one staff was in charge of water temperature checks, another in charge of first aid audits and another in charge of checking infection control.

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

- The registered manager had improved the way they monitored staff performance by doing more structured observations of practice. For example, they formally observed communication when staff did activities with people. The observation covered practice such as body language, offering choice and using the right communication method specific to the person. At the end of the observation the staff member received feedback and discussed with the registered manager what they may have done differently to improve the persons experience.
- Robust auditing was in place which identified any areas of concern and action was taken in response to

this. The provider conducted further audits of the service, producing action plans for the registered manager to work towards. For example, it had been identified spot checks should be completed to ensure staff consistently supported people with their food in an appropriate way. As a result, the registered manger had started to record the observed spot checks to demonstrate this. Another action point in September 2019 was staff allocations should be more structured, so all staff knew who they were supporting. This was happening and a whiteboard in the office indicated which staff was allocated to which person for that day.

- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- There was a business continuity plan that described what steps would be taken to keep people safe in exceptional circumstances such as a fire or flood.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and inclusive culture in the service. The registered manager said, "We take the lead, we draw attention to the values of the organisation. We communicate through the communication book. We have now more permanent staff and are embedding good practice with staff by leading."
- Staff and people had a good relationship with the registered manager and other senior management. People frequently sat in the office and were made to feel welcome and included. Staff fed back positivity about the support they received. Staff felt able to contribute their thoughts and views to make the service better.
- The registered manager understood their responsibilities to notify CQC of any incidents that had taken place in a timely manner. They understood their responsibilities to be open and honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- As a result of relatives being asked for feedback, changes were made so the service people received improved. For example, one relative said they would like to have more communication with the service about their relative. The registered manager contacted the relative to agree how they would like to be kept informed. Regular contact had been maintained and was recorded in the persons care file.
- Other relatives had completed questionnaires. Comments included, 'Richardson Court has been my (relatives) home for almost two decades judging from past experiences they have never been happier, they are settled, thank you' and 'Overall we are happy with the service provided, (person) always seems to be happy and keen to return.'
- The service worked in partnership with other agencies to enable people to receive good outcomes. Healthcare professionals said, "On the day I visited for the review, the home was clean and the welcome good. The service users I saw had staff working with them and they were all occupied. Staff welcomed me well" and "I gave positive feedback to the manager and deputy as the review was positive and there was a noticeable improvement since the previous review."