

Loven Richden Park Limited

# Richden Park Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Richden Park care home is situated in a quiet area of Scunthorpe in North Lincolnshire not far from the town centre. The service is registered with the Care Quality Commission (CQC) to provide both nursing and personal care for up to 52 people. At the time of our inspection the service was supporting 26 people to live at Richden Park none of whom had nursing care needs.

Richden Park is split into two units Brumby and Richden. The service is provided over two floors and offers communal lounge areas, bathroom and toilet facilities, en-suite bedrooms, dining area, kitchen, conservatory, passenger lift, staff area, outside garden space and on-site parking facilities.

The service has 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.

This inspection took place on 9 May 2016 and was unannounced. The service was last inspected in March 2015 where we found the registered provider was in breach of the legal requirements relating to premises and equipment and staffing relating to training, supervision and development. At this inspection the registered provider had made improvements and had met the necessary requirements.

Staff understood how to keep people safe and there were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff understood how to report potential abuse and had received training to reinforce their understanding. We found people received their medicines as prescribed and staff were appropriately trained with the skills necessary to carry out their role effectively.

Staffing levels were determined according to people's needs and dependencies. Staff demonstrated a positive understanding of respecting people's privacy and dignity. Staff had been recruited safely and appropriate checks had been completed prior to them working with vulnerable people.

Although staff felt well supported we found that staff appraisals and supervisions were overdue. We recommended the registered provider make improvement to this area of staff support and development.

Whilst we found the environment was accessible to people with limited mobility and clean and tidy we recommended that improvements were made to the signage in place throughout the service to ensure it was suitable for people living with dementia.

The registered provider was following the principles of the Mental Capacity Act 2005 (MCA) and the registered manager and staff ensured people were not being deprived of their liberty (DoLS). The registered manager had submitted a number of applications to ensure people were not unlawfully restricted.

Staff demonstrated good knowledge and understanding of the needs of the people they were supporting and people told us staff were friendly and caring. People and their relatives were involved in decisions about their care and support and people were supported to make active choices about how they wanted to live their lives.

People who used the service were provided with a varied diet and people spoke highly of the food they received. Staff monitored people's food and people were supported to access health care and attend appointments when necessary to ensure their health and wellbeing was maintained.

The service offered a range of activities and people were encouraged to participate. The registered provider had a complaints procedure which people could use to raise any concerns or issues. People had personalised care plans which identified potential risks, likes and dislikes and outcomes. Family and friends were welcome to visit and people living at the service were encouraged to maintain family contact.

People told us the leadership at the service was approachable and supportive and people were encouraged to give their views and opinions on the service. The culture at the service was described as inclusive and staff told us they felt valued. The service had an effective auditing system in place to assess and monitor the quality of the service provided.

## 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.

Staff had policies and procedures to guide them in how to safeguard people from the risk of harm and abuse. Staff had completed safeguarding training and could recognise abuse and what to do to report it.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

People's care plans contained information and risk assessments to help staff support them safely.

People received their medicines when they needed them and systems were in place to ensure medicines were managed safely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always receive supervision and annual appraisals had not been completed for some members of staff.

People's rights were respected and care was only provided when consent had been given. Staff understood the principals of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People received the care and support they needed which reflected their individual choices and preferences. A variety of healthcare professionals supported people to maintain good health.

### Is the service caring?

Good ●

The service was caring.

Staff demonstrated compassion and ensured people received privacy when necessary. People's dignity was respected.

Positive, caring relationships existed between people and members of staff.  
Staff had a good understanding of people's individual needs and preferences.

People and their relatives were included in their care and support and had choices about how they spent their day.

### Is the service responsive?

Good ●

The service was responsive.

A range of opportunities were provided for people to help them engage in meaningful social activities to promote their wellbeing.

People's needs had been assessed prior to using the service.  
Care plans detailed information so staff could support people in a person-centred way.

The service had complaints procedure in place so people could raise any concerns about any aspect of the service.

### Is the service well-led?

Good ●

The service was well-led.

Staff said they felt supported and an open-door culture was promoted by the registered manager.

Regular audits and meetings took place to monitor the quality of the service to assist with improvements and raise standards.

People who used the service, staff and professionals were asked their views and opinions about the service to assist with any improvements or changes.

# Richden Park Care Home

## 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 registered 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 9 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This asks them to give key information about the service, what the service does well and what improvements they plan to make. We also checked our systems to review the information we hold about the service.

Before the inspection we contacted the local authority safeguarding and contract monitoring teams to ask them for their views on the service and whether they had any on-going concerns.

During the inspection we spoke with four people who used the service and two people who were visiting. We spoke with six staff including the registered manager, administrator, senior care workers and activities coordinator. Following the inspection we contacted a number of local health and social care professionals to request feedback.

We spent time observing the interactions between the people who used the service and staff in the communal areas and over mealtimes. We looked at five care records which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as medication administration records [MARs], monitoring charts for food, fluid and weights and accident and incident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These

included five staff recruitment files, training records, staff rotas, minutes of meetings, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People told us they felt safe and relaxed with the staff. One person told us, "They [staff] are a lovely bunch of people. They care and are on the ball with everything, I really like it here." A relative told us, "It's a nice place, you're always greeted with a warm welcome from all of the staff and manager and the people are happy and well cared for."

At the last inspection in March 2015, we found there were issues with the cleanliness of the environment including dirty window frames, stained walls, bathroom and toilets in poor condition and personal items left in communal bathrooms. We therefore issued a compliance action to ensure the registered provider made improvements to the environment to ensure it was safe and suitable for people living at the service.

At this inspection we found the registered provider had made improvements to the environment and fixtures and fittings. Bathrooms and toilets had been updated, flooring replaced, daily cleaning took place along with regular quality checks. The registered manager told us work was still ongoing to make further improvements to ensure standards remained high.

During the inspection we checked the staff rotas and saw sufficient numbers of staff were employed to meet the needs of the people living at the service. During our inspection one senior and four care staff worked during the day and one senior and three care staff were on hand during the night. The registered manager told us staffing levels were monitored and assessed on an ongoing basis according to the individual dependencies of people who used the service. The service also employed an administrator, activity coordinator, maintenance person, laundry assistant, domestic assistant, gardener and cook.

People and their relatives told us staff were always available when needed and they never had to wait very long for support. One person told us, "When I'm in my room I can press my bell and the staff will come to see what I need. I never wait very long before they come to my aid. That bell is like magic and it give me reassurance knowing I can use it when I need to."

The registered manager told us the service had struggled to recruit competent, experienced nurses of late therefore the registered provider had made the decision to put a temporary hold on providing nursing care. This had meant a number of people using the service with nursing needs had been reassessed and had to be supported to find alternative accommodation. The registered manager said they worked with local commissioners, people and their families to ensure the transition into new services was as smooth as possible. They went on to say, although it was difficult having to support people to move out we needed to ensure we could meet people's needs in a safe way and this wasn't always possible due to the difficulties in recruiting nurses. The registered manager said they were confident they would be able to provide nursing care in the future and would keep this under review.

We found medicines were managed safely and people received them as prescribed. There was an effective system of ordering medicines which helped to prevent people running out of stock. We did note a large amount of unused stock was waiting to be returned. We spoke to the registered manager about this who



said this was a result of the people with nursing needs moving out of the service. They confirmed they had requested the pharmacy to collect the stock but assured us they would chase this up immediately. We saw medicines were stored appropriately in a locked trolley and stock cupboards. Staff signed the medication administration records (MARs) when they administered medicines to people.

We observed people receiving their medicines over the lunchtime period and saw this was completed in a professional way. Staff involved in the administration of medicines had received appropriate training and regular competency checks and refresher training also took place.

We found staff were recruited safely. The registered provider ensured that only suitable people were employed to work in the service. They did this by ensuring potential staff completed an application form to identify any gaps in employment. Staff were interviewed and references were requested to check their character and suitability. A Disclosure and Barring Service (DBS) check was also completed. A DBS check help employers make safer recruitment decisions and prevents unsuitable staff from working with vulnerable people. Staff confirmed they were not able to start work at the service until all recruitment checks had been completed.

Staff knew how to safeguard people from the risk of harm and abuse. There were policies and procedures to guide them and staff had completed safeguarding training. Staff were clear about what constituted abuse and what the signs and symptoms were that would alert them to concerns. They knew how to report allegations of abuse and which agencies to contact for advice and guidance.

We reviewed the accidents and incident records at the service and saw they had been documented appropriately and body maps completed where necessary. The registered manager told us that any accidents or incidents were reviewed on a monthly basis and where possible, action was taken to minimise future reoccurrences. Risk assessments were completed for each person living at the service and kept in their individual care records. This helped staff identify known risk and look at ways in which these risks could be minimise. Risk assessments were in place for falls, mobility, moving and handling, diet and nutrition and changes in behaviour. We found people's risk assessments were reviewed and updated on a regular basis.

The service had a contingency plan in place which provided advice and guidance for staff on how to respond to emergencies such as a fire. Each person who used the service had personal emergency evacuation plans (PEEPs) in place. We found equipment used in the service, including wheelchairs, hoists, call bells and passenger lift were regularly checked and maintained.

## Is the service effective?

### Our findings

People and their relatives told us the food at the service was very good and they had plenty of choice. Comments included, "We've got a good cook here, the meals are really good quality and there's always plenty offered", "Excellent food, the cakes are to die for," and "I wish I lived here with some of the choices and food that mum is served, it always looks so appetising and mum has put weight and is thriving since coming here." One person told us they would like more fresh fruit available rather than the tinned variety. We mentioned this to the registered manager who said they would discuss this with the cook and make sure this was provided.

We observed the lunch time experience for people and saw that a choice of home cooked meals were offered. A pictorial menu was displayed in the dining room so people could see the choices available. Lunch was the main meal of the day where a starter, main meal and dessert were served. The evening meal provided lighter options including jacket potatoes, sandwiches, salads and soups. We found that mealtimes provided a social and enjoyable experience for people. People's meals were tastefully presented, in a relaxed atmosphere. Tables were set with cutlery and condiments and staff and people living at the service enjoyed conversation. People were offered a choice of drinks to accompany their meal and we also saw that self-serve drink dispensers containing different juices were available throughout the service.

People who required assistance with eating and drinking were provided with individual support in a sensitive manner. Staff offered gentle encouragement and support was provided at people's own pace to ensure their dignity, when eating, was maintained. Staff told us specialist diets were accommodated for example high calorie diets for people with low weight. People were encouraged to eat and drink sufficient amounts to ensure their nutrition and hydrations needs were met. We observed the cook took time to ask people what the food was like and if ensure they were happy with what was served. The service had been awarded a five star rating by the local environment health department for the cleanliness of the kitchen facilities, which is the highest score that can be achieved.

We looked at five staff recruitment files which showed staff received an induction when they started their employment at the service. The induction consisted of training, shadowing experienced care staff and becoming familiar with the registered providers policies and procedures. New members of staff signed up to complete the Care Certificate which is a nationally recognised standard of training for staff in health and social care settings.

At the last inspection in March 2015, we found there were issues with staff training and supervision. Training was out of date and staff had not received supervision for a long period of time. We therefore issued a compliance action to ensure the registered provider made improvements to the training offered at the service and improved the frequency of supervision available to staff.

At this inspection we found the registered provider had made improvements to the training provided to staff. A programme of training had taken place and all staff working at the service had either completed or were booked to attend training including moving and handling, infection control, safeguarding adult's

awareness, mental capacity act (MCA), fire safety and dementia awareness. The registered provider had an electronic training matrix which informed them what training staff had completed and when it was next due to be updated. Staff told us they had received a lot of training and they felt the training supported them to do their role. One staff member told us, "Training is a lot better now than what it used to be. My knowledge about capacity and supporting people with dementia has improved massively and that's down to the training and hands on experience I get from my role."

We looked at five staff supervision records which showed some staff had not received supervision since November 2015. Two staff members also told us supervision did not take place on a regular basis. We spoke with the registered manager about this who told us she had recently completed some of the staff's supervisions but was still typing up the minutes. She went on to say she recognised some of the supervisions were overdue and was working towards completing these as soon as possible. We also checked the annual appraisals for staff. While some staff had received an appraisal in February 2016 the registered manager told us a number of staff were still awaiting their appraisal. The registered manager said she was in the process of scheduling these with the view they would be completed in the next few months.

We recommend that the registered provider ensures all staff working at the service receives supervision and has an annual appraisal to assist in supporting staff practice and development.

People had access to healthcare professionals and told us they could see their GP when necessary to ensure their health and wellbeing needs were met. One person told us, "We had nurses here to assist us when we weren't well but they've all gone now. I'm sure they [staff] would get the doctor here if we needed him." During our inspection we saw people were visited by GP's and district nurses. The care records we looked at detailed when people had received intervention from healthcare professionals. Each person's care records detailed their health needs and medical conditions. One healthcare professional told us the service was good at contacting them to ask for advice or guidance.

Care records contained consent forms which had been completed and sign by people living at the service, when they had the capacity to do so. Throughout the inspection we observed staff gained people's consent before care or support was provided, for example asking people if they would like any pain relief or if they needed assistance with eating.

The registered manager and staff had an awareness of the MCA and their responsibilities with regards to this legislation. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the registered provider had appropriately submitted applications to the 'Supervisory Body' for authority to deprive specific people of their liberty. The registered provider was awaiting a decision from the 'Supervisory Body' as to whether these applications would be authorised.

The service was accessible for people with limited mobility and provided ramps, grab rails and a passenger lift. The registered manager told us the registered provider had plans to redecorate the Richden residential unit at the service as some of the flooring and paintwork needed updating. The service had recently had a water pipe leak which meant a small lounge area; empty bedroom and bathroom were out of use. We noted these rooms were not locked even though they contained builder's tools and uneven floors. We pointed this out to the registered manager who immediately asked the maintenance person to put locks on the doors of these rooms. We saw these had been installed before the end of our inspection. We looked at the outdoor space and saw a number of unused items including an old TV, carpets, cupboards, chairs and builders rubble were being stored in this area. We spoke to the registered manager about this who said they would order a skip to have these items removed. Before we left the inspection these items had been removed. Whilst there was some use of dementia-friendly signage to identify bathrooms and people's rooms, this was not consistent throughout the service.

We recommend that the registered provider look at current guidance about providing effective, friendly environments for people living with dementia.

# Is the service caring?

## Our findings

People who used the service told us they were treated with respect and staff were caring towards them. Comments included, "The staff are very caring and will do anything they can for you", "I can't fault anything, I really like it here" and "I don't want for anything, the staff are friendly and lovely to everyone, I really enjoy living here." A relative told us, "I could ask for better care for [person name]. The staff are very kind and lovely, even to visitors; I know she's in a good place here."

We observed good interactions and positive relationships between staff and the people who used the service. Staff were friendly and attentive to people's needs and spoke with people in a calm, sensitive manner which demonstrated compassion and respect. Staff addressed people by their first name and took the time to talk and interact with people as they moved between different areas of the service. A relative told us, "In all the times I've come to visit here I can honestly say the staff are truly genuine and care about the people who live here."

People told us staff respected their privacy and dignity. We observed staff knocked on people's doors before entering and acted with discretion when people required support with personal care. People's needs were met efficiently and call bells were answered in a timely manner. Staff told us people never had to wait long for assistance; we saw evidence of this during the inspection.

The registered provider recognised people had diverse needs and an equality and diversity policy was in place to promote this. Staff told us they support people with religious beliefs and had previously organised a priest to visit the service to conduct holy communion. People told us they were given choices in all aspect of their lives and said they felt in control of their live living at the service. People told us they woke up and went to bed when they wanted and we saw staff respected people's wishes if they preferred to spend time in their rooms. One person told us, "I'm in control of what I do and make choices about what I want. I have my own voice and I can speak for myself."

Staff recognised the need to keep people's information confidential and understood not to discuss issues in public or disclose information to people who did not need to know. Information about changes in people's needs was done through communication books and staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

We found people were provided with information about the service and people was given a service guide which outlined the facilities available and what people could expect whilst living at the service. There was an information board on display within the entrance, along with information about advocacy, events happening in the local community and the organisations complaints procedure. A photo board was displayed, which provided photographs and names of the staff working at the service.

People were encouraged to remain as independent as possible. We saw staff encouraged people to use their walking frames and sticks to mobilise around the service safely. People were encouraged to get involved and do as much as they could for themselves. The Brumby Unit had an open access kitchenette area so

people and their relatives could make their own drinks and snacks. Staff said they promoted peoples independence but also recognised people's limitations.

People and their relatives told us they had been involved in the planning of their care. One person said the staff always consulted with them before any decisions were made. A relative also spoke highly about staff keeping them informed and updated about their loved ones care. The service cared for people during the end of their life and the registered manager told us a piece of work was currently on-going to ensure everyone had been consulted about their future plans and wishes. They went on to say, where permission had been given staff would support people to complete an 'end of life choices' plan.

## Is the service responsive?

### Our findings

People told us there was plenty of things to do at the service and staff gave them a choice of activities. Comments included, "We do allsorts here, bingo, watch TV, singers and parties, its good really", "They ask me to join in, sometimes I'll give it a go and another times I chose not to, there's something for everyone though," and "Some days I just want to relax and watch TV but other days I'll get involved."

People were consulted and provided with choices about their individual support and preferences for care. Staff demonstrated a good understanding of working with people's personal strengths to help maximise their confidence, skills and self-esteem. We observed people were provided with a range of in house and community activities to enable them to have opportunities for social interaction. The service had recently employed an activities co-ordinator to implement structure to the activities offered and ensure regular activities were available for people to participate in. The activities co-ordinator told us, "I love the job and I'm really excited to start introducing new things for people and keep them stimulated." On the day of our inspection we saw one person was supported to visit the local shops which staff told us they did on a regular basis. Other activities on offer included pampering sessions, quizzes, balloon volley ball, afternoon tea party and singers. The activities co-ordinator told us they had organised a trip to the seaside for late June which had created real excitement for the people living at the service. Other events happening included a sponsored walk, wear denim for dementia day, bring a pet to work day and the annual summer fayre.

One person who used the service had a passion for gardening and to support this a raised gardening bed had been developed for them outdoors so they could still partake in this activity. This person took great pride in showing us what they were growing and told us, "I love gardening and it's great I can still do it while I'm here. There's nothing better than getting outdoors and growing things you love."

People's care records contained evidence that a person centred approach had been adopted during their development. People's care records detailed their next of kin, this is me life history book, medical conditions, individual preferences, communication passports and social profiles. This information enabled staff to deliver support in a way that had been agreed by each person and their relatives and ensured their wishes and feelings were appropriately met. People needs had been assessed prior to admission to ensure the service could appropriately meet them. Care plans contained detailed and up to date information and were individual to each person. Guidance was provided for staff and records were kept for food and fluid charts, weight monitoring, pressure area care and general observations. Staff also completed daily notes which evidenced how the person had been that day and how their needs had been met.

We saw evidence of regular monitoring and evaluation of people's support, together with assessments about known risks, which were kept under review and updated when necessary. Relatives told us they were encouraged to visit and felt included in the on-going support and care of their loved one. Reviews of people's care were held at least annually or sooner if required. People and their relatives were involved with reviews alongside people's keyworkers and relevant community professionals.

The service had a complaints procedure in place, which people who used the service, staff and relatives

were familiar with. Staff told us they would supported people to give their feedback if they were unhappy or needed to make a complaint. People we spoke with and their relatives said they were confident management at the service would deal with any complaints quickly and resolve any issues. The registered manager confirmed the service had not received any complaints for at least 12 months. They went on to say they had an open door approach which enable people using the service, staff and relatives to speak openly and raise any issues. The registered manager felt this approach encouraged people to discuss any issues they might have and enabled them to resolve things before it progressed to the formal complaint stage.

The service displayed Information about how to make a complaint and a suggestion box was available for people to leave any comments or ideas for improvements. A number of thank you cards and messages were displayed in a folder and around the service. These were from people and their relatives thanking the staff and management for the care and support provided at Richden Park.



## Is the service well-led?

### Our findings

The service was led by a registered manager who was passionate about the people they supported and had a wealth of knowledge and experience in the health and social care industry. People, their relatives and staff spoke highly of the registered manager. Comments included, "She's lovely. Really friendly and down to earth, a nice person to talk to", "Always prepared to listen and is fair. She a good manager and leads the service well from what I can see," and "Really nice person who is friendly and approachable."

We found the registered manager understood their responsibilities to notify the CQC and other agencies of incidents that affected the safety and wellbeing of people who used the service. People who used the service, their relatives and staff told us the registered manager maintained an open door policy and welcomed feedback about the service. We saw the registered manager had a 'hands on' approach and worked weekends, night shifts and undertook regular walk rounds of the service to ensure people were happy and check the environment.

Staff told us they felt well supported by the registered manager and said the culture at the service was inclusive and open which allowed them to share ideas and discuss practice or concerns. Team meetings were held to ensure staff were involved in discussions and kept updated on developments happening at the service. This also enabled all members of the staff team to feel included and valued. One member of staff told us, "The manager is understanding and will listen. The office door is always open and she will gladly make the time to chat if we need to."

The registered manager told us the registered provider was actively involved in the service and regular audits and monthly compliance visits took place to ensure the registered manager and service were meeting the expected standards. The registered manager went on to say that although the registered provider took an interest in the service and would listen, the support she received as a registered manager, "Could be better." Systems were in place to assess and monitor the quality of the service provided and ensure it remained well led. The registered provider had an programme in place which saw a range of regular audits were completed for areas including, care records, risk assessments, environment, cleanliness, medicines management, staff training and incidents and accidents. This enabled the registered provider to identify areas which needed improvements and action plans were developed which detailed timescales of when the improvements should be implemented.

The service had a 'statement of purpose' and a 'service user guide'. These documents detailed aims and objectives and what people could expect living at Richden Park. These focused on 'putting quality first', 'people and their needs' and "providing an enhanced, meaningful and purposeful lifestyle."

The registered provider welcomed feedback from people who used the service, staff, relatives and visiting professionals. Questionnaires were used to obtain people's views and opinions. The registered manager collated the views gathered via the surveys and action plans were developed to address any issues raised. The registered manager told us a satisfaction survey had just been completed but the information was been evaluated by the administrator and we were unable to view these during our inspection. We looked at the

questionnaires completed from February 2015 which were positive. One comment provided on a relatives questionnaire said, "Very happy with every aspect of care provided – delighted we chose Richden Park."

The registered manager worked hard to keep updated with changes in legislation and adopt good practice methods. They were involved with a number of local initiatives and meetings including care networks, safe place scheme, cross sector partnership meetings with the local Clinical Commissioning Group (CCG), Dementia action alliance and care home association meetings. The service worked in partnership with local healthcare professional and the registered manager spoke about how they had developed a trusting relationship.