

Counticare Limited

Richardson Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 nine 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 three people lived in. The main house was split over two floors, all bedrooms are single occupancy, one with ensuite facilities and other people have 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. People's participation within the local community was encouraged and enabled. This forms part of the values that underpin the Registering the Right Support best practice guidance.

People's experience of using this service:

Although auditing processes were in place to analyse risk and the delivery of care, audits had failed to identify the issues we found during our visit. The provider had failed to effectively monitor and act upon identified shortfalls.

The provider had not responded in a timely way to maintenance issues around the service which impacted on people and staff.

Some parts of the service were cold due to maintenance issues. This did not demonstrate a caring approach to people's needs.

People were not always supported safely around eating meals and staff did not have clear guidance to follow to help people manage behaviours which could challenge.

Some records were confusing and contradictory which meant staff could not rely on documentation to guide their practice.

The registered providers had not always followed up on risk and their processes for monitoring this were not robust.

There were enough staff to support people with their needs.

People were communicated and supported in a person-centred way which considered communication adaptive needs.

People's medicine was managed safely.

Staff were supported and trained to carry out their roles.

People had access to health care professionals as required.

Staff worked together and with other healthcare professionals to ensure people received joined up care and support.

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. The service was compliant with the Mental Capacity Act 2005.

People were treated with respect and compassion. Staff spoke to people with kindness and in a patient way.

People received personalised care that promoted their independence.

People and their relatives could make complaints to improve the quality of care.

The service had a registered manager who promoted an open and fair culture.

More information is in the detailed findings below.

Rating at last inspection: Requires improvement (report published February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found that the service continued to meet the characteristics of Requires Improvement. The overall rating is now Requires Improvement. This is the fourth time the service has been rated Requires Improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors visited on both days.

Service and service type: Richardson Court is a care home. People in care homes receive accommodation and personal care. 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: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with one relative by telephone, people were not able to express their views clearly due to their communication so we observed interactions between staff and people. We spoke with two staff, two agency workers, the deputy manager, registered manager and another senior manager. Before the inspection we received feedback from two healthcare professionals. Following the inspection, we spoke to one relative by telephone.

We reviewed a range of records. This included three peoples care records which included risk assessments and documents used to record day to day care. Three staff files and records in relation to training and the

supervisions of staff. A variety of policies and procedures developed and implemented by the provider. We looked at maintenance records, accident and incident records and records relating to the management of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some people were at risk of choking and required their food to be prepared in a particular way. One person's guidance stated they should be watched while they ate in case they needed assistance. We observed a staff member sit with their back to the person for most of their meal. Another person's guidance said they should have their food soaked in a gravy or sauce so it was not dry, they were given dry bread and fish fingers for their meal. We raised this concern with the registered manager who took action to minimise the risk this posed.
- At our last inspection in February 2018 we made a recommendation that the registered manager ensured people who displayed behaviour that could challenge themselves or others, had support and guidance in place for staff to follow.
- Staff did not have consistent guidelines to refer to, meaning people were at risk of receiving inappropriate support to manage their behaviour. One person's care file contained two different documents. One said staff should use a form of physical breakaway to manage behaviour, another document said no physical restraint should be used. There was no information for staff to identify the behaviours people could display before they should intervene although permanent staff did demonstrate they had a good understanding of how to support people manage their behaviours. The registered manager confirmed no physical breakaway was used.

The provider had failed to do all that was reasonably practicable to mitigate risks. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- At our last inspection in February 2018 we made a recommendation that the registered manager ensured staff deployment was effective in meeting people's goals, aspirations and support plans.
- At this inspection we found there were enough staff to meet people's needs.
- Staff had time to talk and engage with people at a pace they preferred.
- Staffing was based around people's assessed needs and rotas confirmed the right number of staff worked on each shift.
- Staff had been recruited safely to ensure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had effective safeguarding systems in place and staff had received appropriate training in this area. A staff member said, "First of all I would speak to (the registered manager), if I was upset with the

response I would whistle blow to the CQC."

Using medicines safely

- Medicines were safely received, stored and administered. Medicines were regularly audited to check for any errors.
- The registered manager competency checked any staff if errors were made before allowing them to administer medicines again.
- When people were prescribed medicine on an 'as and when' basis such as medicines to help them when anxious or distressed, there was guidance in place for staff about when and how to do this.

Preventing and controlling infection

- The service was clean and we saw staff used protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- When accidents and incidents occurred, staff completed incident reports and body maps.
- Action taken following incidents was recorded and the registered manager analysed records monthly for any patterns and trends to prevent incidents being repeated.
- Staff had noticed one person's behaviour had changed since their medicines had been altered and there had been an increase in incidents. Staff were supporting this person to receive treatment as recommended by other healthcare professionals so their anxieties could be reduced.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider was not maintaining a pleasant environment for people.
- Areas of the service were cold, windows had been left open which staff were unable to close. Although this did not pose a security risk, people remained at risk as most people were unable to say if they were feeling cold. One staff told us, "We usually put maintenance requests in the communication book. It's not quick to get maintenance completed. We complained about the windows for ages."
- One person's bedroom and a shared bathroom were unacceptably cold. The person's bedroom heater had recently broken, staff told us at night they were given an extra duvet. We raised this as a concern to the registered manager. During our visit the maintenance person fixed the broken heater and closed some of the open windows. Maintenance records showed the issue with the windows had been ongoing since February 2018 with no action taken by the provider although the registered manager had been reporting this to them.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- When people lacked capacity to make certain decisions about their lives their relatives and the relevant healthcare professionals were involved to make sure decisions were made in their best interests.
- People were not unlawfully restricted. Mental Capacity Assessments for less complex decisions had been recorded.
- DoLS applications had been made to the local authority supervisory body in line with agreed processes. Staff showed a good understanding of the MCA, and were able to tell us how they encouraged people to make choices. One staff member said, "We try to promote their independence. We support them to make

choices, for example their food. They choose which filling they want for their jacket potato for example."

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

- One person had recently moved into the service. The registered manager had assessed their needs and choices to ensure staff were able to support the person in their preferred way.
- Pre-assessment records did not demonstrate the person's preferences under protected characteristics had been explored. (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). However, people were supported and encouraged to explore their individual preferences. For example, two people were supported to attend church and other people were offered food from their cultural backgrounds.

Staff support: induction, training, skills and experience

- At our last inspection in February 2018 we made a recommendation that the registered manager ensured staff at all levels were offered support and supervision to fulfil their role.
- Staff said they felt more supported by the registered manager and records confirmed they had received formal supervision, appraisal and observational supervision.
- Staff received training to care for people in the right way. This included, equality and diversity, fire safety, first aid, health and safety, person centred thinking and safeguarding.
- Staff completed knowledge tests to determine any gaps in knowledge. If staff did not demonstrate a clear understanding of an area for example, 'What is the principle of safeguarding?' they were required to go and research the answers.

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

- People were offered a variety of meal choices. A meal planner containing pictures and photographs was displayed and used to help people decide what they wanted to eat.
- A board contained information about people's food dislikes to remind staff about preferences if people were unable to verbally communicate this.
- Each person had a cupboard in the kitchen to keep their own personal snacks.
- Staff told us most evening meals were cooked from scratch to encourage more healthy eating.

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

- People had been supported to access healthcare resources such as dentists, opticians, speech and language therapist (SALT) and psychiatrists.
- Staff were aware of the importance of understanding how people may feel, particularly as some people were unable to verbally communicate if they were unwell.
- Each person had a healthy action plan and hospital passport which included information about their own individual needs around keeping healthy and how staff should support them at times of ill health.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- People were not always supported in a caring way. Parts of the service were cold including one person's bedroom. Although this issue had been reported 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.
- Staff knew how to support people who had communication adaptive needs. There were various communication and picture aids around the service, which we observed staff and people using. Some people had sensory objects which they could touch and hold.
- People were communicated with in their preferred way using signs, pictures and photographs.
- Staff spoke to people kindly. One person needed repeated reassurance about which staff member was on shift during the evening. Staff responded patiently by signing the person's name in the way the person recognised and pointed at the staff member's photograph on the picture board to help the person feel reassured.
- People had individual goals identified within their care plans. For example, one person was known to enjoy hot drinks, and had a step by step guide to support them make a hot drink. Staff told us, "(Person) will put their tea bag in the cup now. It's small steps but they didn't do it when we first started, so its progress."

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

- People were supported to make choices and their own decisions.
- Staff sought agreement from people when offering activities or assistance. One person enjoyed cleaning the service. Staff supported the person to get all the items they needed to do this and let them carry out the task at their own pace. Staff stayed with the person through-out and gave them verbal encouragement and praise.
- Most people had relatives who could help them make decisions and communicate their views about things that were important to them. In addition to this people could use advocacy services. Advocates are independent of the service and can support people to make decisions and communicate their wishes. One person was being supported by an advocate to make decisions around planned healthcare treatment.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be as independent as possible.
- The registered manager said they were working with one person to develop their skills so at some point they may be able to live in a more independent setting.
- People's dignity and privacy was respected.
- Staff knocked on people's doors before entering their personal space and people were asked discreetly if

they needed to use the bathroom facilities.

- The registered manager ensured private information was kept confidential.
- Care and staff records containing private information was stored securely in the office when not in use. Only authorised staff could access computer records.
- People were encouraged to share responsibilities within the service. For example, there were several hens that lived within the grounds. Each day a different person was allocated the responsibility of feeding and collecting eggs from the hens.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection in February 2018 we made a recommendation that the registered manager ensured people were provided with a range of activities which meet their needs and interests.
- On the first day of our inspection one person was unable to go out with other people because agency staff deployed were not able to manage the person's behaviour. We checked the person's records and found they had been able to go out to do activities on other days. Later that day the person did go out when other people had returned.
- A number of permanent staff had left employment in a short period of time so the provider was more reliant on the use of agency staff. Although most agency staff had worked with people and understood their needs, there were times when new agency staff were deployed. This meant the registered manager had to risk assess how people were supported whilst out to ensure the safety of the person, other people and staff.
- Each person had their own individual care plan which detailed the support they required.
- The registered manager had been updating the plans to be more person centred and detailed. The updates which had been made were written in a personalised way incorporating pictures to help people engage more with their plans. Because the plans were in the process of being updated some information was confusing and contradictory.
- The registered provider used various agency workers who relied on documentation to guide their practice. One person's guidance said they required to have thickener in their drinks. The registered manager told us this was no longer the case and this document should have been removed.
- Relatives felt the staff were responsive. One relative told us, "Staff know what's happening with [(my relative)] and tell me by phone. Staff do listen, [(my relative)] is engaged with activities like cooking and food preparation and doing activities outside." Another relative commented, "You can just drop in, staff are very obliging. [My relative] seems happy and well kept. No complaints or concerns and happy with the care."
- People took part in various activities and outings. Including, day centres, 'have a go' sessions at the leisure centre, trips to the zoo, walks by the sea and in the woods.
- People had recently been on a break to a local caravan park. Because some people could become anxious the break was planned carefully so people had the option of coming home early to avoid feeling overwhelmed.
- Staff supported people to use sensory equipment. The occupational therapist (OT) had supported staff to explore some of the behaviours people were presenting to try to better understand what they were communicating.
- A staff member told us they had started to do more sensory work with one person who had shown an interest with water but their behaviour around water was putting themselves at risk.

The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008

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.
- A pictorial version was accessible to everyone living at the service. A relative said, "I'm happy with the service and have no concerns but I could tell them (if I did)."
- No written complaints had been received since our last inspection.
- 13 compliments had been recorded in the past year, with comments including, 'improvement with staff engagement' and 'how well [person] is doing. Thanks for all your on-going support.'

End of life care and support

- No one was in receipt of end of life care.
- Within people's care plans there was a section in relation to peoples wishes regarding end of life care but no information had been documented. The registered manager recognised this was an area they needed to develop.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The provider had failed to maintain a pleasant living and working environment for people and staff.
- Although numerous maintenance request had been made, action had not been taken in a timely way to improve the service. The registered manager said regarding the issue with the windows, "This is very embarrassing that it has taken an inspection for anything to be done about this issue which has been repeatedly reported." The registered manager showed us documentation of the maintenance request they had made to the registered provider.
- Although auditing processes were in place to analyse risk and the delivery of care, audits had failed to identify the issues we found during our visit.
- Action had not been taken when water temperatures checks had identified some temperatures exceeded 43c. This had not been identified by the registered provider during their audits. We raised this as a concern to the registered manager, they reported this to the maintenance department during the inspection.
- 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.

The registered providers systems for assessing and monitoring the quality and safety of the service provided was not successful and improvements had not been driven since the last inspection. This is a breach of regulation 17(1)(2)(a)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had established an open and inclusive culture in the service so people, relatives and staff could raise any issues or concerns or make suggestions.
- People and staff appeared relaxed in approaching the registered manager throughout our visit. Staff went to the office to talk to the registered manager and deputy manager. People frequently sat in the office and were made to feel welcome and included.

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

- At our last inspection in February 2018 we made a recommendation the registered manager seeks feedback from relatives regarding the service their loved one receives.
- Relatives had recently been asked to complete feedback forms about the quality of the care and the provider was in the process of analysing results.
- Feedback from relatives included; 'My [relative] is so well looked after that there's no need for my input',

'The level of care is exceptional', 'Richardson Court is run and managed by professional people', and '[Relative] always appears happy and content.'

- The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as psychiatrist and commissioners.
- A healthcare professional said, "They demonstrated good knowledge and insight into the individual's needs, abilities and areas of development and they took on board comments and suggestions made by me. I left with no concerns regarding the quality of support. Feedback from the family who visit regularly was positive. There was a good atmosphere when I was there, individuals were busy. The service was clean and staff were respectful to the individuals and each other."

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

- 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.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons understood their responsibilities around submitting notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(1)(3)(a)(b)(c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonable practicable to mitigate risks. Regulation 12(1)(2)(a)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to properly maintain the premises. Regulation 15(1)(d)(e).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered providers systems for assessing and monitoring the quality and safety of the service provided was not successful and improvements had not been driven since the last inspection. Regulation 17(1)(2)(a)(b).

