

Cedars Care Home (Southend-on-Sea) Ltd

# Cedars Care Home

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Cedars Care Home provides accommodation and personal care for up to 48 people, some of whom may be living with dementia. At the time of our inspection, 45 people were living at the service. The service was delivered in a purpose-built building with a large accessible garden and set in a residential area with easy access to the local community.

People's experience of using this service:

A holistic approach was taken to assessing, planning and delivering care and support, ensuring people's individual care needs and preferences were met. Some aspects of the responsiveness of the service in meeting people's individual care needs were outstanding.

Importance was placed on people's well-being and a range of group and individualised activities were available to people, both within the home and the local community. Staff had a good understanding of people's needs and were imaginative in the way they provided person centred care which placed people at the heart of the service. They continue to find creative ways of supporting people to have an exceptional enriched quality of life.

There were enough staff available to ensure people's wellbeing, safety and security was protected. Robust recruitment processes were in place to ensure prospective new staff had the right skills and were suitable to work with people living in the home.

People and their relatives felt safe. Staff had received safeguarding adults from abuse training and knew how to act on any concerns. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence. People's medicines were managed safely. Incidents and accidents were investigated, and actions taken to prevent recurrence. Effective infection control processes were in place.

Newly appointed staff received an induction to the service. Staff received on-going training, supervision and observations of their practice to ensure they continued to have the skills and knowledge to be competent in their role, and support people safely and effectively.

Staff created a homely environment and treated people with dignity and respect. People were encouraged to be independent.

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 supports this practice. Where people had been deprived of their liberty, appropriate referrals had been made to the local authority.

People were supported to have enough to eat and drink. The service worked well with other health care professionals to ensure people's health needs were met.

People and relatives were encouraged to be involved in the running of the service. People knew how to raise a complaint and felt confident any issues would be addressed. Where there had been incidents or complaints, these had been responded to appropriately and the provider had systems to monitor and learn from these.

People spoke positively about the management at the service and we saw there was a clear structure in place to ensure staff were supported. There were a variety of checks in place to monitor the quality of the service and drive improvements.

Rating at last inspection: Good (report published 24 December 2016)

Why we inspected: This was a planned inspection, based on the rating at the last inspection.

Follow up: We will continue to monitor the service and will return to carry out an inspection in line with re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service remained well led

Details are in our Well led findings below.

Good ●

# Cedars Care Home

## 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:

The inspection team consisted of two inspectors, one expert by experience and one research intern who was working at CQC on a placement as part of a post graduate degree course. The intern worked alongside our expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for older people.

#### Service and service type:

Cedars Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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:

The inspection was unannounced.

#### What we did:

Prior to our inspection, we reviewed information we held about the service. We checked statutory notifications we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We also reviewed information sent to us in the provider information return (PIR). A PIR is a document which providers are required to send us, detailing key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During our inspection, we spoke with five people who used the service and four relatives. We also spoke with the registered manager, deputy manager, activities coordinator, training and quality coordinator, operations manager and three members of staff.

We looked at various information held at the service, including three care plans, staff training, two of the most recent staff employment files, compliments and complaints and a variety of other tools used to monitor the quality 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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained and understood their responsibilities to report any concerns of abuse or harm. One member of staff told us, "If I witnessed abuse, I would go to the manager. I would expect the manager to investigate the concerns. If the manager doesn't do anything about it, I would speak to the deputy or HR. I would speak to the council if nothing was done about it or the Police."
- The registered manager was aware of their responsibilities for reporting concerns to the local safeguarding team and to the Care Quality Commission. A copy of up to date local safeguarding protocols were displayed.

Assessing risk, safety monitoring and management

- There were systems and processes in place to identify, manage and review risks. This included risks to moving and handling, pressure ulcers and falls. Risk management plans were reviewed monthly, or sooner if required.
- People told us they felt safe when staff supported them.
- We observed people being assisted to move from wheelchairs and being reminded to use their mobility aids. One person told us, "Look, I have my frame beside me to walk, it is always kept nearby."
- Individual personal emergency evacuation plans were in place. These described the support people required in the event of a fire or other emergency evacuation of the building.

Staffing and recruitment

- People, relatives and staff told us they felt there were enough staff.
- The registered manager used a dependency tool to calculate the numbers of staff required to ensure people's needs were met safely and effectively. One person told us, "I was not sure at first if I would like it here, but I do now. My buzzer is around my neck and if I press it staff come very quickly." A relative told us, "I feel mum is very safe here, someone is always around if she needs anything. I looked at a lot of places before mum came here; there is always plenty of staff here to look after the residents. Mum had to press the bell a few weeks ago and they came so quickly."
- Safe recruitment procedures were in place to ensure staff were safe to work with vulnerable people.
- The registered manager informed us there were eight vacant carer posts. They confirmed these posts had been recruited to and the successful candidates were going through the provider's recruitment process. In the interim period, vacant shifts were being covered by existing staff and/or agency staff. The registered manager told us a consistent team of agency staff were used to ensure continuity of care.
- During our inspection, we observed enough staff on duty to help keep people safe and ensuring their care and support needs were met.

### Using medicines safely

- People received their prescribed medicines by staff who had received relevant training, and had their on-going competency to administer medicines assessed.
- Where people had been prescribed medicines on an 'as required' basis, for example pain relief, protocols were in place for staff to follow.
- Medicines were stored correctly in line with best practice.
- We observed medicines being administered to people by a staff member who knew people well and was respectful and sensitive to individuals' needs.
- We looked at a sample of people's medicines administration records (MAR). We found these to be in good order with no gaps.

### Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and provided with personal protective equipment (PPE) such as gloves and aprons.
- The home was clean and had good housekeeping and laundry facilities.

### Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager and provider monitored incidents and accidents. This helped them to identify themes and, where necessary, put actions in place to mitigate reoccurrence.
- The registered manager told us lessons learned are shared with staff and minutes of meetings confirmed this.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them using the service to ensure their care and support needs could be met.
- People and their relatives were invited to visit the home before deciding whether they wanted to live there; we saw this in practice during our inspection.
- Information from the pre-assessment process was used to develop people's care plans. People and their relatives were involved in this process. The registered manager told us, "Each person is an individual. We look at their care needs and cater their care to them."

Staff support: induction, training, skills and experience

- Staff received an induction to the service.
- Staff received training to enable them to fulfil their role and responsibilities. One member of staff told us, "I have done loads of training. All of the training is done face to face with [training and quality trainer]."
- Staff received supervision and told us they were able to speak with senior management if they needed any support or guidance.

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

- People were supported to maintain a balanced and healthy diet. Snacks and drinks were available to people throughout the day. One person told us, "If you are hungry during the day, you can go to the dining room and get crisps, biscuits and fruit. See, I have a banana here I took." □
- Where people required specialised diets, the service worked alongside the speech and language team (SALT).
- People were consulted on menus. Following feedback from people who went out on a lunch outing, the chef had now introduced sticky ribs to the menu.
- People were complimentary about the meals. Feedback included, "The food here is pretty good. We have a choice of two meals, but if you want anything else you can; they do seem to do a lot of mashed potatoes."; "Sometimes I do not like the sandwiches, so I ask for scrambled eggs." And, "The food here is very good, and if I was hungry I go to the dining room and get something to eat."
- A 'food committee' had recently been formed. Membership of the committee consisted of people, relatives, staff and the chef. The aim of the committee is to enable a forum for people to put forward ideas and suggestions and discuss the quality of the dining experience for people.

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

- The service worked in partnership with other healthcare professionals, for example, GPs, district nurses and social workers to achieve good outcomes for people. A relative told us, "They really keep an eye on health here. Mum was not well, and the paramedics were called and wanted mum to go to hospital. She had a urine infection but rather than her going to hospital we let her stay here and she was looked after so well and recovered."
- People were supported to access health professionals and to attend appointments. Where required, staff accompanied people to appointments.
- Care plans included people's health needs and recommendations from health care professionals.
- The service had a telehealth system. This meant information in 'real time' such as people's weights and blood pressure readings were sent directly to the GP surgery. This enabled health care professionals to intervene at a much earlier stage, lowering the risk of people becoming so unwell that they require hospital admission.

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

- People were able to access all areas of the building. This included access to communal lounges, dining rooms and large garden. Two lifts were available to access the first and second floors.
- The home was bright and tidy. Objects of interest were sited around the home to support people to orientate around the building and generate conversations.
- The provider and registered manager told us they wanted to make sure the internal environment of the home fully supported people living with dementia; for example, ensuring the lighting was appropriate. They informed us an external organisation would be visiting all the provider's homes to check they met high quality standards. The registered manager told us they would be visiting the service in July 2019.
- People's bedrooms were spacious and personalised according to their taste and choices, such as family photos.

#### 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.

- Staff had received MCA training and understood the principles of the MCA.
- Staff consulted people about their care and supported them to make day to day decisions.
- Where required appropriate DoLS applications had been made.
- The service used an electronic care planning system. People's consent to care had been signed on their behalf by senior management. We discussed this with the registered manager and operations manager who advised us the system could not facilitate people 'signing' their consent. Immediately after our inspection, the registered manager informed us they would be requesting people to sign a consent form to confirm and clearly evidence their consent.

## 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

Good:  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

- Both staff and management were fully committed to ensuring people received the best possible care in a loving and caring environment.
- There was a strong ethos of providing person centred care. Staff knew people well, acknowledging their workplace was people's home. The registered manager told us, "We try and create a home from home environment for people. This is not a workplace, we are supporting people in their own home."
- Staff enjoyed working at the service and told us they felt part of 'a family'. One member of staff said, "It's like one big family, there's always banter going on, it's important to know people's needs." People and relatives constantly told us staff were kind and caring. Feedback included, "Staff are very kind to you here." And, "I have no complaints, none whatsoever, they are all very good to me, faultless."
- Staff knew people well and it was clear from our observations that positive, warm relationships had been formed between people and staff. The deputy manager was holding a wedding blessing at the service. They said, "I am having my wedding blessing here on Saturday, because I feel all the residents are part of my life."
- Staff were committed to make sure people's lives were enriched and went the 'extra mile' to celebrate special occasions and make people feel special. For example, last year a person had been taken for lunch to a pub which they used to manage to celebrate their 100th birthday. A member of staff said, "This was a really special day and [name] loved it and to this day they still talk about it."
- People and their relatives told us they valued their relationships with staff. Relatives described feeling welcome at the service and said they benefitted from advice from staff and management. There were systems in place to enable people to 'skype' their friends and family, for example if a family member was away and unable to visit.
- People's individuality and diversity was considered at assessment and through care planning. People were asked about their background, gender, culture, religion and sexuality.

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

- People were routinely involved in their care. Regular reviews were used to update people's preferences and choices. The service had recently introduced a 'resident of the day'. The deputy manager told us this provided an opportunity to sit down with people and their families to go through the care plan and whether any changes were required. Observations showed people were being involved in day to day choices; staff offered people choices of drinks and snacks as well as offers of activities throughout the day.
- There was a variety of systems to involve people in decisions about their home and their care. Regular resident and relative meetings were held, and people were encouraged to have a say on the day to day running of the home.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Care plans reflected people's strengths and described tasks they liked to do themselves. One person told us, "I love it here. I help with the breakfast and other things and can be as independent as I want to be." Another said, "I can have a shower whenever I like and do it myself but, if I require help, staff will help me. I like to be independent and they do let me." The deputy manager told us, "Things do change. Some people needed full care [when first admitted to the home] and, as time goes by they can do more for themselves. We promote independence, it's horrible for people to go into a home and feel all their independence has been taken away from them. It is their choice, it's the little things, some residents like breakfast in bed and get up just before lunch and that's ok."
- People were treated with dignity and their privacy respected. For example, staff could tell us how they protected people's dignity by closing doors and curtains and gave examples how they respected people's need for privacy whilst ensuring their continued safety.
- People's confidentiality was respected, and care records were stored securely.

## Is the service responsive?

### Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

#### End of life care and support

- Staff provided outstanding end of life care and worked extremely closely with healthcare professionals to ensure people experienced a comfortable, dignified and pain free death. The service strove to be outstanding and innovative in providing person centred end of life care based on best practice.
- Staff shared many examples on how people's end of life wishes had been fulfilled. For example, staff arranged for one person who had always loved motorbikes to go out for a ride in a specially adapted sidecar. For another person, staff had put stars on their ceiling, and the sound of crashing waves was played in the background as the person had been a keen surfer and loved the sea and night sky.
- Staff were very responsive in enabling people to engage with their religious beliefs and preferences at the end of their life. Care plans provided staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.
- The service had a dedicated end of life lead. In 2017, they had won the Great British Care 'The Palliative Carer/End of life' award in recognition of their passion and going the extra mile to make people's last wishes happen. The end of life lead told us, "I think we excel on end of life care, it's an area we want to get right. We have to get it right the first time as there is no second chance given in end of life care." We saw many compliments the service had received from families. One stated, "You gave dignity to a dying man and treated his family with compassion. [Registered manager], you have a fabulous dedicated crew that you should be very proud of."
- Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- Since our last inspection, the service had achieved the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This helped to ensure that staff were equipped with up to date skills and knowledge in end of life care.

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

- People received person-centred care and had an individualised plan of their care drawn up with them, based on an assessment of their needs. Plans were reviewed regularly, and people told us their care was being given the way they wanted it to be.
- Since our last inspection, the service had introduced an electronic care records system. This enabled staff to record, and access changes in people's care needs in 'real time'. This meant people received a responsive service at all times.
- Staff recognised the importance of social interaction and mental stimulation and provided a range of person-centred activities. This included the use of voice activated technology in people's rooms to enhance their lives and promote their independence, such as turning lights on and off. For one person, it meant they could scroll through their photos independently without asking for help.

- The technology was also sited at staffing stations on each floor of the home. The registered manager explained to us that often during the evenings people liked to sit near staff and used the voice activated system to play their favourite music. They went on to say this had an excellent impact on people, especially those living with dementia as it provided a calming environment and reduced people's anxieties.
- A 'whole home approach' to well-being was taken. Throughout our inspection, staff demonstrated their commitment and passion to ensuring people lived a fulfilled and exceptional quality of life.
- People were valued and celebrated for their uniqueness and individuality. It was recognised not everyone wished to participate in group activities. We saw many activities had taken place which were personalised to individuals. For example, one person used to work at the local airport and their father ran a local boat club, so staff arranged trips to these places which positively impacted on their well-being and brought back memories as a boy with their father.
- One person held regular talks at the home which they enjoyed and boosted their self-esteem and sense of worth. Topics included, trolley buses in Southend, transport, science of flying and theatre/old cinemas. The activities coordinator told us, "We support them to do this, get pictures etc as they are partially sighted. Their next talk is about Australia. They've called it 'My Aunty in Australia'. What is lovely is [the talks] provide spontaneous reminiscence." Feedback from the person following their first talk stated, "Thank you for letting me do the talk. I was a little nervous, but once I got going it was good. I think everyone enjoyed it, they seemed to. I'm so happy and proud I've done this, thank you."
- A range of activities were available for people to access both within the home and the local community. This included flower arranging, yoga, arts and crafts, quizzes, men's club, theatre trips and going out for lunches. People and relatives were overwhelmingly complimentary about the activities available. One person told us, "There are a lot of activities going on here. We are given a list to look at and they will come in and remind you what is going on. I can always find something I like to here." We saw a programme of activities board displayed and numerous photo books of special events and activities were available for everyone to look at.
- On the day of our inspection, a group of people were going out to a local beach hut. A seated exercise class also took place which people clearly enjoyed. Staff joined in with the class and we saw people's disabilities were considered. One person told us, "I go to the exercise class twice a week. It keeps my joints moving with my Parkinson's." Some people and relatives told us how staff supported them to attend clubs in the community. A relative said, "[Person] wanted to go to [meeting group], but I was not available to take them. The manager said they would find someone to take them and, if they were unable to, would take [person] themselves."
- Staff proactively encouraged people to put forward ideas and suggestions to ensure meaningful activities were always provided. The activities coordinator told us a book club had been introduced but this had changed to 'play reading' following a suggestion put forward by a person and this had proved to be more popular.
- Staff recognised the importance of people spending quality time with families and friends and relatives and they were welcomed to attend events held at the home.
- The service had forged strong links with other community groups who visited and engaged with people. Links had also been made with a local primary school. The activities coordinator described to us how this had had a positive impact on the well-being of people who enjoyed visits from the school children, including participating in activities together. The activities coordinator went on to say, "We also have a connection with the national citizens service [young people aged 15-17]. They came in and we painted rocks. It was amazing to see a 90-year-old interacting with a 17-year-old boxer. It was really nice as their husband had been a boxer."
- From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can

communicate effectively. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.

- The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met. A relative told us how staff had recommended an amplifier box to enable their relative's voice to be louder and help them to communicate easier with others. They said, "[Person] has always been a social person, so staff always let them know what is going on. The activities person let us know about an amplifier [person] could buy to help them speak louder and it has been wonderful for them." We also saw a large screen to support people with poor eyesight to engage in events and activities happening at the home.

Improving care quality in response to complaints or concerns

- There was an effective complaints system in place and people knew who to go to if they had a complaint. The registered manager encouraged people to voice concerns and viewed concerns and complaints as an effective tool to drive service improvements, ensuring people received a responsive service.

- The service was proactive in listening to concerns and demonstrated where improvements had been made as a result from complaints/concerns. For example, the provider had decided to dispose of the service's mini bus and access an external service to support the activities programme. Following feedback from people and relatives, they had revoked this decision. Following concerns about the state of the garden, the garden received a complete overhaul including the laying of astro turf. We saw people enjoying the garden which was fully wheelchair accessible. One person who was 102 years old was supported by staff to attend to their plants which they had brought into the home.

- People and relatives knew who to speak with if they had a complaint and felt their concerns would be listened to and acted upon.

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff demonstrated a commitment to providing good quality care.
- A clear management structure was in place and management and staff were aware of their roles and responsibilities.
- There was a clear vision to deliver care and support which promoted a positive culture and person-centred service which was open and inclusive, empowering people to lead fulfilling lives and achieve their goals and aspirations. It was clear staff knew people well and put these values into practice.
- People, relatives and staff were complimentary of the registered manager and thought the service was well led. We observed the registered manager interacting warmly with people throughout our visit.
- The registered manager's office was located within the main reception area which people, relatives and staff could access whenever they wished. There was senior staff presence on each floor as well as a deputy manager and administrator who people and relatives could raise any issues with.
- The registered manager understood their responsibility under duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Systems were in place to enable the management team, and the provider, to monitor the quality of the service and drive continuous improvements. Representatives of the provider visited regularly to provide support and undertake their own quality monitoring.
- The registered manager understood their regulatory responsibilities; for example, notifying CQC of incidents and prominently displaying the rating of their previous inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to contribute their views on an ongoing basis, informally and through surveys and meetings. A recent survey showed, out of 28 respondents, 100% of respondents felt staff were responsive to their needs, were kept informed of any changes happening within the home and would recommend the home to others.
- Staff spoke consistently about the service being a good place to work and team morale was high. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. One member of staff told us, "The main thing I would say, is the management, care and support systems are really good. Management are approachable, will get involved with supporting people with their care needs, and [registered manager's] door is always open. We feel confident that we can go to them with any issues. I



genuine believe this is a very good home." Another said, "I have been working in care homes for over 12 years and I can say this is the best place I have worked in." Minutes of staff meetings showed staff were encouraged to express their ideas on how to develop the service.

Continuous learning and improving care; Working in partnership with others

- Management promoted person-centred, high-quality care and good outcomes for people, by working in partnership with other professionals to support safe care.
- The registered manager told us about a range of planned actions to support continuous improvements in the delivery of care. For example, creating an additional platform to the electronic care planning system to enable relatives to view and feedback information and to see how else the voice activated technology can be used to further enhance people's lives.
- The operations manager informed us a dementia strategy group had been formed and an external company had been commissioned to review dementia care within the provider's homes. Both they, and the registered manager, demonstrated their on-going commitment to ensure people living with dementia not only had access to appropriate living environments but also received a good quality of life to meet their needs.
- The registered manager attended local care forums and internal management meetings. This provided them an opportunity to keep up to date with good practice and guidance.