

# London Residential Healthcare Limited Cedar View Care Centre

## Inspection report

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Date of inspection visit:  
17 January 2023

Date of publication:  
15 February 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Cedar View Care Centre is a care home providing personal and nursing care to 52 people at the time of the inspection. The service can support up to 65 people. Cedar View Care Centre is a purpose-built care home arranged over three floors each of which has separate adapted facilities. The home provides support to people with nursing needs including adults with complex health needs. One of the floors specialises in providing care to people living with dementia.

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

There were safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work. There were enough staff deployed throughout the home to meet people's needs. People's medicines were managed safely. There were systems in place for monitoring, investigating and learning from incidents and accidents. There were procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they moved into the home. Risks to people had been assessed to ensure their needs were safely met. Staff were trained and supported to meet people's care needs. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. The design of the premises was meeting people's needs. 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.

People were consulted about their care and support needs. There was a range of activities to support people's need for social interaction and stimulation. Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs. People had access to end of life care and support when it was required. There was a complaints procedure in place. Complaints were recorded and acted on.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. People and their relative's views about the service were considered through surveys and residents and relative's meetings. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff told us they enjoyed working at the home and they received good support from the management team.

### Rating at last inspection and update.

The last rating for this service was requires improvement (published 9 October 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Cedar View Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was undertaken by two inspectors, a specialist nurse advisor and an 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.

#### Service and service type

Cedar View Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cedar View Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with a chef, the maintenance man, six care staff, four nurses, a lifestyle assistant, an administrator, the deputy manager, a regional manager, the registered manager and a visiting health care professional. We reviewed a range of records. This included twelve people's care records and medication records. We looked at staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks and audits and policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider failed to adequately assess and do all that was reasonably practicable to mitigate risks to the health and safety of service users. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely met. Assessments included the levels of risk for people in areas including moving and handling, choking, weight loss and the support people required with personal care. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff had a good understanding of people's needs in relation to risk. At lunch time we observed staff supporting people at risk of choking to eat and drink safely. A staff member explained to us how they followed the person's eating and drinking care plan. They told us the person's care plan had been changed recently when a speech and language therapist advised the consistency of their food needed to be changed from pureed to mashed.
- We observed staff supporting people with activities and using safe moving and lifting techniques whilst supporting people to move from their chairs using walking aids.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. The level of support people required to evacuate the building was colour coded on their bedroom doors. For example, red indicated people were nursed in bed, amber indicated people required assistance and green indicated people could mobilise themselves.
- We saw records confirming regular fire drills were carried out and fire equipment and the alarm system was regularly tested. Training records confirmed that staff had received training in fire safety.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe, one person told us, "I feel safe, I have been here three years and never had any worries on that score." A relative commented, "I have no concerns for (my loved one's) safety."
- There were safeguarding adults' procedures in place. We saw safeguarding and whistleblowing information displayed in the lifts advising staff on what to do if they suspected people were being abused or they witnessed poor care practice.
- The registered manager reported allegations of abuse to the local authority and CQC. We saw a

safeguarding log with records of safeguarding concerns and actions taken by the provider to keep people safe.

- Staff had received training on safeguarding, and they knew how to keep people safe. They told us about the different types of abuse and the signs to look out for. Staff told us they would report their concerns to the nurse in charge. If need be, they would whistle blow to the provider or report their concerns to the CQC or the local authority.

#### Staffing and recruitment

- Staff were deployed effectively to meet people's needs. On the day of the inspection we saw there were enough staff to meet people's needs. A person using the service told us, "There seems to be enough staff, if you want something, they always deal with it quickly." A relative commented, "Not only are there are enough staff, but they are absolutely excellent, so caring and we trust them implicitly, they couldn't be more helpful." A staff member said, "I feel there is enough staff on the floor."
- The provider had a dependency tool, which was under review. In the interim, the registered manager told us they were using alternative ways to ensure staffing levels were adequate. These included evaluating residents need on a monthly basis; talking with staff regarding staffing levels and observing care.
- Staff had been recruited in a safe way. Appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found a minor issue which the service addressed immediately by amending their recruitment policy for clarity regarding appropriate referees.

#### Using medicines safely

- Medicines were stored safely. Medicines trolleys and controlled drugs were kept in locked medical rooms on each unit. Controlled Drugs were stored, administered, checked and recorded appropriately. Medicines that required refrigeration were stored safely and fridge temperatures were regularly checked.
- People received support to take their medicines safely. There were protocols in place for 'as required' (PRN) for example, medicines for pain relief. We saw appropriate documentation was in place for people who were supported to take their medicines covertly. One person told us, "The staff help me with my medicines, I get them at the same times every day. As far as I know everything is managed okay."
- We saw regular weekly and monthly audits were completed to ensure people received their medicines on time. There were arrangements in place for receiving medicines into the home and for the disposal of any unneeded and unused medicines.
- Nurses and senior staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by senior staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was following current government guidance on infection control. There were no restrictions on visitors to the home. A person using the service told us, "There is lots of hand washing, and I know our visitors have their temperature taken before coming into the home."

#### Learning lessons when things go wrong

- The registered manager and staff learned lessons and acted when things went wrong. The provider used an electronic system for reporting, recording and monitoring accidents and incidents, learn lessons and take appropriate actions.
- We saw an accidents and incidents forms relating to falls and lessons learned. The analysis identified that falls were occurring on the dementia unit. Actions taken included updating people's care plans, installing commodes in people's bedrooms and referring people to appropriate health care professional for additional support.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant 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

- Peoples care, and support needs were assessed before they started using the service. The assessments covered aspects of people's care and support needs such as nutrition, eating and drinking, moving and handling, oral health and personal care needs. The information gained from these assessments was used to draw-up care plans and risk assessments.
- People, their relatives and health and social care professionals contributed to these assessments to ensure people's needs and preferences were considered and addressed. We saw care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. New staff completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records showed that staff had completed training relevant to peoples care and support needs. This included training in areas such as dementia awareness, equality and diversity, fire safety, moving and handling, medicines administration, dysphagia, oral health awareness, infection control, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nursing staff had completed clinical training, for example on catheterisation, tissue viability, blood glucose monitoring and diabetes.
- Staff received regular formal supervision to ensure they had the right knowledge and skills to carry out their roles. We saw records confirming staff received regular supervision and support from their line managers for example from the registered manager, deputy manager, the clinical services manager and the chef.

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

- People received support to maintain a balanced diet. One person said, "The food is edible but not great. There is always plenty of drinks on offer, they make sure we drink it too." A relative, who's loved one was from a different cultural background, commented, "My loved one can manage but finds the food very bland. The manager has organised for the chef to talk to my loved one so they can tell the chef what foods they would like. We really do appreciate this."
- The support people required with their dietary needs was recorded in their care plans. For example, some people had modified textured diets where they were at risk of choking. Some people had fluid thickener added to their drinks. A staff member told us how they thickened drinks to the correct consistency that

people required.

- The registered manager told us changes had recently been made to the kitchen staff and showed us the minutes from resident meetings where people were asked for their feedback. We also saw the minutes from a food committee meeting where people were asked for suggestions regarding their mealtime and dining experience.
- We spoke with the home's chef. They told us they had regular contact with staff and the speech and language therapist about people's dietary needs. They showed us records relating to people's dietary needs and preferences. They said they regularly spoke with people about the foods they would like.
- We observed how people were supported at lunch time. The atmosphere in the dining areas was calm and staff were attentive to people's needs. People were offered a choice of meals and drinks from menus in large print. Where staff supported people to eat and drink, this was undertaken respectfully and with dignity.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. The contact details for external healthcare professionals such as speech and language and occupational therapists were held in people's care records.
- A GP visited the home on a weekly basis or when required to review people's health needs.
- The home also had weekly visits from the providers physiotherapist who assessed people's moving and handling needs. These assessments were included in peoples risk assessments and care plans.
- We met with the community dentist who was visiting the home. They told us they had been supporting people at the home for a number of years. They told us the home was very proactive and consistent in supporting people with their mouth care and had no concerns about the care people were receiving.

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

- The design of the premises was meeting people's needs. The home had adapted bathrooms, dining rooms with suitable furniture to support people with limited mobility. A relative commented, "Our loved one's room is very spacious, and the hoist is ceiling mounted. Their wheelchair is ready if they choose to get up, the television is at the angle they can see."
- We saw dementia friendly signage located around the home including memory boxes, pictures to aid people's orientation and pictures for people to reminiscence. People also had access to a cinema, hairdressers, sweet shop and shop windows on the ground floor of the home. We saw quiet areas for people to sit and relax located throughout the home.
- There was an easy to access garden with suitable furniture for people to enjoy.

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 received training on the MCA and DoLS and people's rights were protected because staff acted in

accordance with the MCA. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.

- People were consulted and supported to make choices and decisions for themselves. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff that treated them with kindness, respect and compassion. One person told us, "The staff are very good, kind and gentle." A relative told us, "The staff are an absolute delight, they greet my loved one as they go by even sometimes doing a little dance which makes my loved one laugh." Another relative commented, "The staff are gentle, reassuring, obliging and nothing is ever too much trouble."
- Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexuality, race or gender. A staff member told us how they supported a person with their spiritual and cultural needs and how everything was recorded in the person's care plan so that the team worked together consistently to meet the person's needs. They also told us they received training on equality and diversity, and they practiced what they had learned by treating people as individuals whilst respecting their differences.
- The home supported and encouraged spiritual leaders from varying faiths to visit the home and provide services for people. People had access to a multi faith room which allowed them and staff of different religions to partake in prayer and meditation.
- The service observed cultural days where they recognised the various cultures. For example, during Diwali they invited staff to attend work dressed in their cultural attire. Staff were asked them to bring in a dish that represented their country that gave others the opportunity to sample a meal they may not have eaten before.
- The registered manager told us they had introduced Namaste to people at the home as a new practice to which incorporated calm and respect.

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support. One person told us, "The staff listen to me and treat me like an adult." A relative commented, "The staff really try to find out what my loved one wants and they act on it"
- People's views and choices were sought and documented within their plan of care. Care records included evidence that staff considered people's preferences and promoted choice. For example, people's views were recorded about what food and drink and activities they liked.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care records highlighted tasks people could complete themselves.

One person told us, "The staff only give me personal care with the curtains drawn and doors closed, they don't yell personal details, they are discreet."

- We saw staff knock on doors before entering people's rooms. One person told us, "The staff always knock before they come into my room and they ask me before they do anything." A relative told us, "The staff always knock before coming into my loved ones room, they address my loved one by their name and they make sure my loved one is well presented."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- People had choice over their day to day lives and we saw that staff respected and supported their decisions and wishes. Care plans described people's health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to support residents with eating and drinking, personal care and their religious and cultural needs. Care plans had been reviewed regularly.
- Care records included evidence that staff had considered people's preferences and promoted choice. A relative told us, "We have several meetings with the manager and care staff about our loved one's care needs and we have had a big input." Another relative commented, "Our loved one's care planning is an ongoing process and me and my sisters have been totally involved."
- The home was responsive when people's needs changed, and prompt referrals were made to external professionals when needed. For example, a person was referred to the local authority falls team for assessment, advice and planning for their safe care.
- Staff were aware of people's diverse needs and understood their differing needs, wishes, views and beliefs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented in their care plans. This ensured staff knew how best to communicate and support them.
- The service produced information and care plans in different formats that met people's needs when required. For example, at lunch time we observed staff offering people a selection of meals and drinks from menus with large print and pictures.
- The registered manager told us where people could not communicate verbally, they used picture cue cards to communicate their needs to staff. A person, whose first language was not English, a family member had recorded important written words and the meaning of these words. This aided communication between the person and the staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain the relationships that were important to them. Friends and relatives were able to visit people when they wished.
- The home offered a range of facilities and activities to support people's need for social interaction and stimulation. Lifestyle assistants arranged activities seven days a week. Activities included, bingo, quizzes, colouring and puzzles, therapy dog visits, sensory and reminiscing and Namaste group sessions. Events planned for January included a trip to a local supermarket, a resident's wellbeing meeting and celebrating the Chinese New Year. On the day of the inspection we observed students from a local school visiting people on all units of the home.
- A lifestyle assistant told us people enjoyed going to the cinema, hairdressers, sweet shop and shop windows on the ground floor of the home. They told us people nursed in bed enjoyed one to one Namaste sessions which included hand massages, sensory oils and people were very relaxed by the end of it.
- One person told us, "I do colouring and knitting and I like the television, I go to some organised activities. One of the lifestyle assistants has left and the other is part time so it is a bit much for her, she is very good though." Another person said, "We have outings sometimes and there is usually something going on to keep us out of mischief." The registered manager told us they were in the process of recruiting another lifestyle assistant.

#### End of life care and support

- The registered manager told us they worked with people's relatives, the GP and the local hospice to provide people with end of life care and support when it was required. A relative told us they had a meeting with the manager who was helping them to plan for their loved one's end of life wishes.
- The registered manager told us nurses attended monthly meetings with the local hospice to learn about good practice in end of life care.
- People's care records included information about their end of life support preferences, where they had been happy to discuss this with staff.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Requires Improvements. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and the support they received from the management team. A staff member told us, "I would recommend this as a great place to work. All the departments join in together and work as a team." Another staff member said, "I feel supported in my role. It is a nice place to work. Everyone is friendly. I can talk with the registered manager if I am worried about anything."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and transparent with family members and professionals and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about the service. One person told us, "The staff just can't do enough for us, that goes from the manager to the care staff, the cleaners and the maintenance man." Another person said, "The staff give the impression that this is where they want to be, they are always cheerful and kind." A relative commented, "I am so impressed with the care, I couldn't be more so."
- The provider sought people and their relative's views about the home through surveys and residents and relatives' meetings. We saw an action plan following a recent satisfaction survey. Actions included promoting people's choices and recording choices in their care plans. Choices related to personal care preferences, activities and mealtimes. We saw the minutes from recent residents meeting, topics discussed included maintenance, activities, infection control and mealtimes. People were asked for feedback and suggestions for improvements at the home.
- An action plan from the staff survey included formalising staff supervision arrangements. Feedback forms from professionals included positive comments, for example, "Very warm and welcoming home."

- Regular meetings were held with staff to discuss the running of the service and to reinforce areas of good practice. We observed the daily 11 at 11 meeting. This was attended by the registered manager, a nurse, an administrator, the chef, the maintenance men, housekeeping and a newly recruited staff member. Issues discussed included staffing levels, meals, staff using appropriate PPE and good infection control practice, customer service, any new admissions and changes to people's needs.

#### Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. They used an electronic system for monitoring the service. Regular audits were carried out on areas for example, residents' mealtimes experience, medicines management, care records, health and safety, infection control, incidents and accidents, safeguarding and complaints.
- The providers quality manager regularly visited the home to monitor the service and the care being provided. We saw an unannounced quality and compliance visit report from December 2022. The quality manager spoke with the registered manager, a team leader, nurses and the lifestyle team. Actions for the registered manager included making sure weekly medications audits were completed and checked. The quality manager requested the pharmacy replace medication trollies due to the issues around keeping them securely locked. The registered manager told us the trollies are on order. Locks on the trollies were replaced while they were waiting for the new ones.
- Monthly safety checks were also being carried out on portable appliances, gas and water safety. Equipment such as hoists, wheelchairs, window restrictors, lifts and the call bell system were checked regularly to ensure they were safe for use.

#### Working in partnership with others

- The service worked well and effectively with health and social care professionals to ensure people received good care. We saw evidence in people's care records of partnership working with GP's, speech and language and occupational therapists, physiotherapist and palliative care teams. During the inspection we met with a visiting dentist and saw students from a local school interacting with people using the service. The registered manager told us they also worked closely with the clinical commissioning group (CCG), social services, the local authorities care home intervention team, the police and local churches.