Akari Care Limited

Pavilion Court

Inspection report

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Tel: 01912867653

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13, 16 and 17 October 2017 and was unannounced. This meant that the provider and staff did not know that we would be visiting.

We last inspected the service on 24 and 30 August 2016. We identified two breaches of our regulations. These related to person centred care and good governance. We asked the provider to take action to make improvements and this action has been completed.

At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in each of the five key areas we inspected. Pavilion Court provides care and accommodation for up to 75 people, some of whom have a dementia related condition. There were 41 people living at the home at the time of the inspection.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff were positive about the changes the registered manager had implemented. Staff informed us they were happy working at the home and morale was good. We observed that this positivity was reflected in the care and support which staff provided throughout the day.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. There was one ongoing safeguarding allegation which the registered manager was investigating.

An electronic medicine system was in place to manage medicines. There had been a number of medicines errors prior to our inspection. The registered manager had fully investigated these and was liaising with their pharmacy supplier. Several people had certain medicines administered via a patch applied to their skin. A system was in place for recording the site of application. It was not clear however, that one person's patch application had been rotated in line with the manufacturer's guidance.

We have made a recommendation that the provider follows best practice in relation to medicines management to ensure people receive their medicines as prescribed and in line with manufacturer's guidelines.

We spent time looking around the premises and saw that all areas of the building were clean and well maintained. There was a lack of storage space in some of the ensuite bathrooms we viewed.

Safe recruitment procedures were followed. Some people told us that more staff would be appreciated. We observed that staff carried out their duties in a calm, unhurried manner on the days of our inspection.

The registered manager provided us with information which showed that staff had completed training in safe working practices. Evidence of nurses' clinical skills and competencies was not always available. The registered manager told us that this was being addressed. We did not have any concerns about the skills of nursing staff.

People received suitable food and drink to meet their needs although menus did not always reflect best practice guidelines.

We observed positive interactions, not only between care workers and people, but also other members of the staff team. End of life care was delivered in line with evidenced based practice.

An activities coordinator employed to help meet the social needs of people. A varied activities programme was in place.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings and surveys were carried out.

A number of checks were carried out by the registered manager. These included checks on health and safety, care plans, infection control and medicines amongst other areas.

Our observations and findings during the inspection confirmed there was now an effective quality monitoring system in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had taken action to ensure people received good outcomes in this key question.

Staffing levels were sufficient to meet people's current needs. Appropriate checks were carried out before new staff began working with people.

There had been several medicines errors which the registered manager had investigated.

We have made a recommendation about the management of medicines.

Risks to people were assessed and acted on.

Is the service effective?

Good

The service was effective.

The provider had taken action to ensure people received good outcomes in this key question

Staff received appropriate training, supervision and appraisals.

Staff sought people's consent before providing care. Staff followed the principles of the Mental Capacity Act 2005 (MCA).

People received suitable food and drink to meet their needs although menus did not always reflect best practice guidelines.

Is the service caring?

Good

The service was caring.

The provider had taken action to ensure people received good outcomes in this key question

We noticed positive interactions, not only between care workers and people, but also other members of the staff team.

People's privacy and dignity was promoted.

End of life care was delivered in line with evidenced based practice.

Is the service responsive?

Good

The service was responsive.

The provider had taken action to ensure people received good outcomes in this key question

Care plans were in place which detailed the individual care and support to be provided to people.

An activities coordinator was employed to help meet people's social needs.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings were held and surveys carried out.

Is the service well-led?

Good

The service was well-led.

The provider had taken action to ensure people received good outcomes in this key question

A registered manager was in post. People, relatives and health and social care professionals spoke positively about her.

Staff informed us that they enjoyed working at the home and morale was good.

A number of checks were carried out by the registered manager to monitor the quality and safety of the service.

Pavilion Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 13, 16 and 17 October 2017 and was unannounced. The inspection was carried out by an adult social care inspector, a specialist advisor in nutrition 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.

The registered manager completed a Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities and health authorities who contracted people's care.

During our inspection we spoke with 12 people who lived in the home and six relatives. We also contacted one relative by phone following our inspection.

We spoke with the nominated individual, the regional manager, the registered manager, the deputy manager, a nurse, a bank nurse, an agency nurse, a care home assistant practitioner, a senior care worker, six care workers, a member of domestic staff, the activities coordinator and the chef. We also contacted a nurse and care worker who worked on night duty to find out how care was delivered at night.

During and following the inspection we spoke with two specialist nurses and a practice facilitator employed by the local NHS Trust. We also spoke with a social worker and a manager from Silver Line older person's charity. We contacted a GP, a social worker, palliative care nurse and a tissue viability nurse by email who all responded to our requests for information about the service.

We looked at six people's care plans. We also looked at records relating to how the home was being managed such as audits, meetings and surveys.

Good

Is the service safe?

Our findings

At our last inspection we rated this key question as requires improvement. There were insufficient staff to respond to call bells promptly and fully support people at meal times. Records for topical medicines administration were inconsistent.

At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

We received mixed feedback about staffing levels. Some people and relatives told us there were sufficient staff. Comments included, "Oh yes there's enough" and, "There's always someone around." However, other people said, "It's very nice here, the staff are excellent, but very short staffed, we need more" and, "They need more staff they are always in a rush."

There were two nurses on duty who were supported by a team of senior care workers and care staff. A care home assistant practitioner was also employed who had undertaken additional training to enable them to complete and support nursing care tasks.

We noticed that staff worked together as a team. Non-care staff assisted at meal times and spent time talking with people. This teamwork helped ensure people's needs were met in a timely manner.

The registered manager audited call bell response times. We checked one audit which documented that the longest response time was 1 minute and 15 seconds. During our inspection we found that call bells were answered promptly.

People told us they received their medicines as prescribed. One person told us, "I take 13 medicines in the morning and I get them on time give or take half an hour."

An electronic medicine system was in place to manage medicines. There had been a number of medicine errors prior to our inspection. The registered manager had fully investigated these and was liaising with their pharmacy supplier. Staff informed us that a lot of time was taken up ensuring that the system was correct.

We checked four people's medicines and noted that three of the four medicines tallied up with the amount in stock recorded in the electronic system. There was one less tablet in stock for one person. We spoke with the nurse about this issue. She told us there had been a problem with the "synchronisation" of the system and this would be rectified later.

Some people had certain medicines administered via a patch applied to their skin. A system was in place for recording the site of application. It was not clear however, that one person's patch application had been rotated in line with the manufacturer's guidance to prevent side effects. The registered manager told us that this would be addressed immediately.

We recommend that the provider follows best practice in relation to medicines management to ensure people receive their medicines as prescribed and in line with manufacturer's guidelines.

Accurate records were now available for the administration of topical medicines. Information about 'when required' medicines was also recorded. 'When required medicines are those medicines which are administered 'as required' for symptoms such as pain relief.

Safe systems were in place for the management of controlled drugs. These are medicines that are liable to misuse. We saw that controlled drugs were appropriately stored and signed for when they were administered.

People and relatives told us that people were safe. One relative said, "I feel confident he is safe and cared for when I leave." Health and social care professionals were also positive about the service and staff practices. One health care professional stated, "Based on my experience I have not witnessed any unsafe practice."

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. The registered manager had appropriately referred safeguarding concerns to the local authority in line with their safeguarding procedure. There was one ongoing safeguarding allegation which the registered manager was currently investigating. We will monitor the outcome of this allegation.

The home was clean and well maintained. We noticed that some people's en suite bathrooms were cluttered and had minimal storage. One person's toiletries were stored on top of the toilet cistern. Following our inspection, the registered manager told us, "This has now been passed to our estates team to look into, however we have ordered baskets in the meantime to see if the residents would prefer to store their products in these.

Checks and tests were carried out to ensure the safety of the premises and equipment. The maintenance man completed regular audits and checks on the premises and equipment. He completed a report for the registered manager of any deficits that were outstanding from the previous month. The registered manager forwarded these reports on to the provider's estates department for immediate attention.

Recruitment checks were carried out prior to staff starting work. These included obtaining a Disclosure and Barring Service [DBS] check and two references. DBS checks help ensure that staff have not been subject to any actions that would bar them from working with vulnerable people.

Good

Is the service effective?

Our findings

At our last inspection we rated this key question as requires improvement. People had not always given their formal consent to their care and treatment. Records in relation to people's food and fluid intake were not fully completed and health care professionals told us that they did not always receive the information they required from about people's needs.

At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

People, relatives and health care professionals told us that staff effectively met people's needs. Comments from health care professionals included, "The manager is committed to a well trained workforce and is keen for staff to access training" and, "The manager and deputy manager are very approachable and are very keen for the care home to be involved in palliative care training."

We spoke with staff who told us that there was sufficient training available. The registered manager provided us with information which showed that staff had completed training in safe working practices and other areas such as dementia care.

Records of the clinical skills and competencies of agency and permanent nursing staff were not always available. The registered manager told us - and records confirmed - that clinical training for nurses and senior care workers had been booked with an external training organisation. This covered areas such as catheterisation, verification of death, phlebotomy [taking blood], diabetes and wound care. We did not have any concerns about the skills of staff. Staff we spoke with informed us that they had previously completed training in these areas. The registered manager told us she would contact the staffing agencies they used, to request further information about agency nurses' clinical skills and competencies.

The home was the first care home in Newcastle to be involved in a pilot run by Newcastle and Gateshead CCG. This involved the use of digital technology to measure and record clinical observations. Staff used this information to calculate a score known as the National Early Warning Score [NEWS]. NEWS uses a combination of six physiological measurements such as blood pressure, temperature and pulse which determines clinical risk.

There were various training sessions being held at the home about the new system. We attended one of these sessions and spoke with the practice facilitator. She told us the main aim of the system was to help staff identify any deterioration in a person's condition and the interventions required. She also explained it helped support communication between health care professionals because staff were using a nationally recognised system which was used by the local NHS and ambulance Trusts.

Staff told us and records confirmed that there was a supervision and appraisal system in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager had submitted DoLS applications in line with legal requirements. We saw examples of mental capacity assessments and best interest decisions. These had been carried out for any specific decisions such as any restrictions on people's movements, including the use of bed rails.

Staff sought people's consent before providing care and treatment. Care plans contained evidence that consent had been obtained. One person had initially agreed to the use of a sensor mat which alerted staff if they were at risk of falls. The person spoke with the registered manager and told them that they no longer wanted this equipment in place. The sensor mat was removed and additional monitoring and checks were carried out to ensure the safety of the individual.

People told us they were satisfied with meals at the service. Comments included, "The meals are nice" and, "The meals are okay, they are eatable, we get a menu every night to choose for the next day."

Information relating to people's dietary needs was included in their care plans and on a white board in the kitchen. The assistant chef was knowledgeable about people's nutritional requirements and could describe these to us. The fridge was well stocked with cream, butter, cheese, high fat yogurts and full fat milk to fortify people's diets. Fortified smoothies were made and offered twice a day.

Staff were attentive to people's needs at meal times. Staff asked discreetly whether people would like assistance to cut up their food. Salt and pepper was available in the dining rooms. We noted that staff did not take salt and pepper to those people who had their meals in their rooms. We spoke with the registered manager about this issue and she said that it would be addressed.

Staff completed food and fluid charts for those at risk of malnutrition or dehydration. Action was taken if there were any concerns with people's intake.

We checked the home's menus. We noted that there were days when it would not be possible to choose five pieces of fruit or vegetables in line with the government's Eat Well recommendations. The Eat Well guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet. In addition, the menus did not specify a choice of meal at lunch time. Staff informed us that alternative options were always available. We spoke with the registered manager about this issue. She said that fruit was available, but would ensure that the menus evidenced this.

People and relatives told us that people's healthcare needs were met. One relative said, "She has not been well this week, the doctor was called, and they have kept me informed."

People's care plans contained evidence that they had access to health care professionals to maintain their health and wellbeing. We saw that people had seen consultants, GP's, specialist nurses, dietitians and speech and language therapists. We attended a meeting which was held with the registered manager, nursing and care staff at the home and two specialist nurses from the local NHS Trust prior to the GP's weekly visit. This meeting helped identify those people who required a GP review. It also ensured that staff were fully aware of the issues which needed to be discussed with the GP during his weekly visit.

A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. The registered manager had strengthened the written handover report to include people's medical condition, any monitoring requirements, dietary needs and moving and handling requirements. She told us, "I put extra information into the handover because at the time there was a number of agency staff." This procedure meant that staff were kept up-to-date with people's changing needs.

Good

Is the service caring?

Our findings

At our last inspection we rated this key question as requires improvement. People we spoke with felt they were not always well cared for and there was a lack of evidence that they were involved in their care planning.

At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

People and relatives were complimentary about the caring nature of staff. Comments included, "They do anything for you," "I'm comfortable and well fed, that's all I ask," "He has been here a year, and I think he gets good care, he has one regular carer who looks after him most of the time" and, "Staff are caring with mum - they go above and beyond. She's settled and she is now having her hair done – we've got my mum back again."

Health and social care professionals were also complimentary about the care. Comments included, "[Name] settled immediately…I suspect this was due to the responsive and caring approach demonstrated by the staff members and manager of Pavilion Court as well as a more settling and homely environment for [name]" and "We had at least two patients who were discharged from hospital for terminal (end of life) care, and both patients survived. This is a sign of good quality care."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments included, "I love my job because of the residents here," "We are just one big happy family," "I love talking to the residents. A resident was talking to me yesterday about her war years," "We are a happy team and if we are happy it helps make them [people] happy" and "I will read the [newspaper] headlines with them and [name] will shout out and say, [name of staff member] come here, I'm stuck on 12 down [crossword]. It's all about social interaction…I always go in in the morning and ask them if they have had a good night and slept well."

Staff told us about the emphasis they placed on making it as homely as possible for people. One staff member said, "We try and make it their home." This was confirmed by people and relatives. We visited one person and their relative who explained that staff had painted the person's room the same colour as their bedroom at home to help them settle in. Another relative told us, "They decorated his room as he didn't like the colour, and I think this is a new carpet as well" and "They have encouraged us to bring in his belongings to personalise the room for him."

We noticed positive interactions, not only between care workers and people, but also other members of the staff team. The maintenance man sat beside one person and said, "Hello, can I sit here beside you? Now, tell me what's the matter with your chest of drawers. I've had a look at them and they seem to be alright?" The person laughed and said, "Well it just must be me!" At lunch time another person said to the maintenance man, "Hello, you gave me a little wave this morning." The maintenance man replied and said, "I did. I didn't think you'd seen me." The person told us after he had gone, "He's very good, I do like him." Whilst we were

sitting in one of the lounges, we heard a person tell a member of the domestic team, "I'm sitting here all by myself." The domestic said, "Well you have me here now to talk to."

People and relatives told us that staff promoted people's privacy and dignity. We observed that staff spoke with people in a respectful manner and provided discreet support. At lunch time one person said, "Ooohh I'm spilling stuff." The staff member said, "Don't worry, I spill stuff all the time, let me help you."

People and relatives said they were involved in people's care. Comments included, "Oh yes, I'm involved," "The nurse here knows I visit every day, they will talk to me when I come in, or I can talk to them in the office," "The manager reviewed her care plan over the phone, I am up to date with her medical care" and "She has not been well this week, the doctor was called, and they have kept me informed."

The service provided end of life care. We spoke with a health professional who told us, "In my experience I feel staff are caring and are keen to provide good end of life care" and "The nurse on duty knew the patient well, knew what was going on with regard to end of life care, the patient was comfortable and looked well cared for. The patient was treated with dignity and respect. There was a documented record of the hourly checks regarding mouth care and comfort measures."

We checked one person's care plan and noted that staff had completed the 'Care for the dying patient' documentation. This document takes into account the recommendations in the Leadership Alliance for the Care of Dying People's 'One Chance to Get it Right.' This report sets out the priorities for care when a person is dying. We spoke with one of the nurses who was looking after this person. They were knowledgeable about the person's needs. Anticipatory medicines were also available. These are medicines which are issued for people nearing the end of life, ahead of symptoms they may experience.

We spoke with the person's family. They informed us that they were kept fully informed of all changes in their family member's care. 'Sensitive communication' between staff, the person and those important to them is one of the five priorities of care outlined in the 'One Chance to Get it Right' report.

Good

Is the service responsive?

Our findings

At our last inspection we rated this key question as requires improvement. We identified a breach in the regulation relating to person-centred care. Care plans did not always reflect changes in people's needs, the system for recording and responding to complaints was not always effective and people and relatives were not regularly asked for their feedback.

At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

People and relatives told us staff were responsive to their needs. Comments included, "They are brilliant," "We first came here unannounced, the staff showed us round and answered all our questions, they put us totally at ease" and "They have bent over backwards for us."

Health and social care professionals were also positive about the responsiveness of staff. Comments included, "They are responsive and have acted upon our suggestions" and, "In my experience, any suggestions or advice is well received and acted on" A social worker informed us that one person had required one to one support when they first moved into the home. They stated, "Within just a few short weeks of [name's] move there and following the first review, [name's] one to one hours were reduced to zero. [Name's] family supported this decision and told me that their move there went better than they could have hoped for." We contacted this person's relative following our inspection who confirmed the social worker's feedback and said they were "delighted" with how well the person had settled.

Most people told us that they could choose what they wanted to do and how to spend their day. Comments included, "I can do what I want, I have choices", "I can stay in bed for a lie in if I want to, they will even bring the meals to my room if I want" and "I have everything I need, they bring me breakfast, dinner, tea and drinks throughout the day, I don't need anything else." One person said, "I can't shower when I want to, it's up to the staff." We passed this feedback to the registered manager who reassured the person that they could choose when and how often they could bathe and shower.

People's care files contained preadmission assessments. These were carried out to ensure that people's needs could be met at the service when they moved in. One relative said, "A full assessment was made with my father prior to him coming here, the staff answered every question we asked, and there were a lot."

Care files also contained information relating to people's physical, emotional and social needs to assist staff to deliver responsive care. Most care plans reflected the care and treatment provided. We noted that one person's wound care plan had not been updated to include the most recent guidance from the tissue viability nurse. We spoke with the registered manager about this issue and the care plan was immediately updated.

There was an activities programme in place. An activities coordinator was employed to help meet people's social needs. A person who lived at the home supported the activities coordinator. We read an activities

poster this person had made. This listed upcoming activities such as baking, 'pampering with a difference,' flower arranging, music and bingo. The person had included their name and room number for anyone requiring further information about the planned activities. We visited this person who told us that sometimes she found it difficult to motivate other people who lived at the home to join in the planned activities. She said she was thinking of incentives such as chocolate to encourage people to get involved.

Staff told us that activities provision was "everyone's business." One member of staff said, "We all participate in activities. We have the natter café in the Paris lounge upstairs. The other day we were talking about sticky milk [condensed milk]. They love speaking about the past."

Staff supported people with their hobbies and interests. One person with a dementia related condition enjoyed using a hand held computer. Other people had expressed an interest in using this. A meeting with people and relatives was held and the provider purchased a hand held computer for the home.

The home was working with a national older person's charity called Silver Line. Staff had identified people who were interested in joining a pen pal scheme known as 'Silver Letters.' We contacted the manager from this scheme. He stated, "They have referred over five people from Pavilion Court of all ages, genders and backgrounds, and they have provided a lot of really in-depth information, which again has helped us to go through the process much quicker and to make better friendships for their residents. When we get referrals from some people it is just the very basic contact details, but so far [name of activities coordinator] has really gone out of her way to help as much as she can, which we are very grateful for."

We spoke with a personal fitness instructor who told us he visited weekly to carry out group exercise sessions. On the third day of our inspection, the registered manager had a meeting with him to discuss people's progress. She spoke with him about one person who had expressed an interest in having one to one exercise sessions. Discussion ensued about the best way that this could be facilitated.

Staff told us about one person who used to mend fruit machines. Staff had contacted a fruit machine supplier who kindly donated a fruit machine. Unfortunately, the person's reaction to the fruit machine did not go as planned. We considered, however, the action taken by staff to obtain the fruit machine demonstrated they were responsive to the person's needs.

There was a complaints procedure in place. Complaints were responded to in line with the provider's procedure. We spoke with one relative who had raised a complaint. They told us the registered manager had dealt with their complaint appropriately and the issue had been addressed. There was evidence of learning from complaints and changes in practice which helped promote ongoing improvements at the home.

There were various feedback mechanisms in place. These included surveys, meetings and a comments book. One anonymous respondent had recorded that there was a smell of cigarette smoke. The registered manager had replied by stating, "I have had estates out to look at doors so we can close them when residents are smoking. Thank you for your comment.' There was no smell of cigarette smoke in the home during our inspection.

Good

Is the service well-led?

Our findings

At our last inspection we rated this key question as requires improvement. We identified a breach in the regulation relating to good governance. Effective systems were not fully in place to monitor and develop the effectiveness of the service. In addition, the manager was not registered with CQC in line with legal requirements.

At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

There was a new registered manager in post. She had started work at the home in December 2016 and become registered with CQC in April 2017. People, relatives, health and social care professionals and staff spoke positively about her. Comments included, "Oh aye, the manager. She is another one who always puts herself out for you," "As soon as she walked through the door, we knew she was the one. She comes to us if there are any issues" and "Since [name of registered manager] has come here it has improved 100%. She's the best manager we've ever had."

Health and social care professionals told us that the service had improved. Comments included, "Pavilion Court has significantly improved over the course of the last year, I am pleased to say. The home now has a comfortable feel. I believe that the home is safe and responsive to any issues raised. Continuity of care has significantly improved as well," "The new manager has implemented a number of changes to the running of the home which have had a positive impact and improved care provision to the residents. There is a good deputy manager and a motivated nurse who are providing clinical leadership to the staff to ensure that 'best practice' care is being provided" and "I think since [name of registered manager] has come there has been massive improvements. There have been no causes for concern."

The provider had introduced an initiative known as the Akari Star awards to recognise outstanding care, support and dedication. The registered manager had received an Akari star. The operations director had written on their nomination, "I have heard nothing but praise from the staff, families and the regional manager in relation to the excellent work [name of registered manager] has achieved and the positive difference in the atmosphere at Pavilion Court. [Name of registered manager] has to be commended for her positive enthusiasm and enthusiastic leadership.'

The registered manager was visible throughout the home during our inspection. She regularly spoke with people, relatives and staff. At one stage, we observed her cleaning the floor and distracting another person who had become upset. One member of staff said, "There's nothing she won't do, she is the best manager we've had."

People and relatives were complimentary about the home. Comments included, "This home was the only one we visited that felt right, and he is settling in without any problem" and "I have seen the reports on the CQC website, but after my visit I could see no reason why this home would not be suitable, I thought they must have improved, and I was put at ease with the staff, it has all been very daunting."

There were various audits and checks carried out to monitor the quality and safety of the service. The registered manager carried out daily 'walk around' checks. Accidents and incidents were also monitored and analysed. Action was taken when any concerns were noted.

Surveys and meetings were held for people, relatives and staff. We noted that the registered manager had formulated a quality development plan following the feedback received. This was displayed in the foyer of the home so everyone could see what action was being taken and by whom. Regular updates from the registered manager were also displayed on the notice board. We read one which advised people, relatives and visitors about recent changes in staff. These processes meant that people and their representatives were regularly involved with the service in a meaningful way to help drive continuous improvement.

Our observations and findings during the inspection confirmed there was now an effective quality monitoring system in place.

All staff were positive about working at the home. Comments included, "I love it here, the support you get," "The atmosphere is so lovely. We are happy and if we are happy, the residents are happy," "I just love coming to work" and "This is the best home I've ever worked in. [Name of registered manager] makes sure everything is in hand. I wouldn't be here if I didn't enjoy it." We observed that this positivity was reflected in the care and support which staff provided throughout the day. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

The provider had notified CQC of all notifiable events at the service. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.