Bupa Care Homes (BNH) Limited

Aylesham Court 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 23 November 2016. At the last inspection completed on 2 December 2014, we found the provider had not met the regulations for ensuring that staffing levels were sufficient to meet people's needs in a timely manner. These matters were a breach of Regulation 22 of the Health & Social Care Act 2008 Regulated Activities Regulations 2008 which now relates to Regulation 18 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. At this inspection we found the provider had made the required improvements and the regulations were being met.

The service provided residential and nursing care for up to 60 adults most of who were aged 65 years and over. At the time of our inspection there were 55 people using the service 38 of whom required nursing care.

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

There were enough staff on duty to meet people's needs. People told us that staff responded promptly when they requested support from them. Since our last inspection, the registered manager had introduced some additional staffing arrangements to ensure people's needs were met. We saw that staff were deployed effectively to meet people's needs in a timely manner. We also noted that the provider had safe recruitment practices which assured them that staff were safe to support people before they commenced their employment with the service.

People were supported to have their medicines. This included where people were independent with taking their own medicines or where they received their medicines covertly. Medicines were only administered by staff who were suitably trained and assessed to complete this task. Medicines were mostly stored safely. However, we saw that staff did not always follow current guidance to date when they opened certain medicines. This is good practice to ensure that medicines and prescribed cream are used within safe timescales. We did not see that this had had an adverse effect on the support that people received to have these medicines.

People had care plans which we found variable in the detail of information that they contained. People's records did not always reflect the support they received. However, we saw that staff were knowledgeable about people's preference and provided the support that people required. We also saw that there was a low turnover of staff and that agency staff were not used in the service. This meant the staff on duty knew the people they were supporting.

People felt safe living at Aylesham Court Care Home. They told us that they felt safe when in the company of other people that used the service and with staff. They were supported by staff who knew their

responsibilities to keep people safe from avoidable harm and abuse. Staff assessed risks associated with the provision of people's care and support and provided any required support in a safe and non-restrictive manner.

Staff had the skills and experience to support people effectively. They had access to an induction when they started their role and had regular training as required. Nurses were supported to remain competent and maintain their qualifications.

The staff we spoke with demonstrated a good understanding of Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People's liberty was not deprived unlawfully. This was because the provider had made applications to the local authority for DoLS authorisation for people that required this. Staff supported people according to the conditions of the DoLS.

People received the support that they required to meet their nutritional needs. This included where people required enteral nutrition through a tube. People received the support that they required to meet their health needs and had prompt access to healthcare services because staff worked proactively with health care professionals.

People complimented the caring attitudes of staff. They told us that staff treated them with dignity and respect and supported them to be as independent as possible. Throughout the visit we observed that staff interacted with people in a warm and compassionate manner and supported people at their individual pace. People who were approaching the end of their life were supported to remain comfortable and pain free.

Staff supported people to be involved in decisions about their care. Where people required support to be involved in decisions about their care, they had access to independent advocates to support them with this.

People had access to a variety of activities of their choice. This included group activities and spending individual time with staff. They were also supported to maintain contact with their friends and family.

People and their relatives had opportunities to provide feedback about the care provided at the home. They were confident to raise any concerns or complaints they may have with staff. They told us that the registered manager and staff dealt with any concerns promptly.

The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. People and their relatives felt that the service was well-managed. Staff felt supported by the registered manager to meet the standard expected of them. The registered manager and deputy manager were approachable and within easy access to staff and people. The provider had systems in place to monitor the quality of the service. We saw that they used this to drive continuous improvement in the service.

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.

There were sufficient numbers of staff on duty to meet people's needs,

Staff were aware of the responsibilities to keep people safe from avoidable harm.

People felt safe when they received care from staff. They received the support they required to take their medicines.

Is the service effective?

Good

The service was effective.

Staff had access to effective induction and training. Nurses were supported to maintain their skills and qualifications.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They supported people to have prompt access to healthcare services.

People were effectively supported with their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People were involved in decisions about their care. They were supported to remain as independent as possible.

Staff supported people in a kind and compassionate way. This included when people were approaching the end of their life.

Is the service responsive?

Good

The service responsive.

People's care plans varied in the level of information they

contained. They did not always reflect current needs. However, this did not affect their care because they were supported by staff who knew them well.

People were not socially isolated. They had access to a variety of activities of their choice.

People knew how to raise any concerns or complaints they may have. They told us that staff dealt with their concerns satisfactorily.

Is the service well-led?

Good

The service was well-led.

The registered manager understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. The registered manager and deputy manager were accessible to staff, relatives and people using the service.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards. They had a shared commitment to provide a good standard of care to people.

The provider had procedures for monitoring and assessing the quality of the service. They used these to improve the quality of care they provided.

Aylesham Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We carried out our inspection visit on 23 November 2016. The inspection was unannounced. The inspection team consisted of two inspectors and a nurse specialist advisor.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who were responsible for the funding of some people that used the service.

We spoke with six people who used the service, relatives of three people who used the service, two care staff, two nurses, the cook, the activities coordinator, a visiting health professional, the registered manager and the deputy manager. We looked at the care records of seven people who used the service, people's medicines records, staff training records, three staff recruitment records and the provider's quality assurance documentation and policies. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who used the service, and how people responded to the interactions. This was so that we could understand people's experiences.

Good

Is the service safe?

Our findings

At our last inspection carried out on 2 December 2014 we found that the provider did not ensure that staffing levels were sufficient to meet people's needs in a timely manner. These matters were a breach of Regulation 22 of the Health & Social Care Act 2008 Regulated Activities Regulations 2008 which now relates to Regulation 18 of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

People told us that there were sufficient numbers of staff on duty to meet their needs. They told us that staff responded promptly when they needed them. One person told us, "They are excellent. We had a little thing the other day and I hit the panic button and they came running in seconds." Another person said, "There is usually enough staff – they come as quick as they can. No problems." Other comments included, "Staffing is usually ok, twilight shift has helped – odd occasions can take time." A relative told us, "I think sometimes could be better particularly at weekends. Generally everything is fine; there's always two nurses and a senior staff. I think it is quite good." Another relative said, "I think there's enough staff around – weekend sometimes a bit less. I only speak for when I visit."

Most staff we spoke with told us that the staffing levels were sufficient for them to meet people's needs safely. A staff member told us that they sometimes "felt stretched" during the night shift. Another care staff said, "Staffing varies sometimes, not too good." During our visit, we saw that there was enough staff on duty and that people's needs were met in a timely manner. The registered manager told us following previous issues with the staffing levels that they had introduced a 'twilight shift' to have an additional staff member on duty to support staff at busier times. They also introduced an additional role of a 'hostess' who is a staff member in charge of supporting people with drinks and snacks. They said that this role provided support to keep staff available to support people when they required them.

People felt safe living at Aylesham Court Care Home. They told us that they felt safe when in the company of other people that used the service and with staff. One person told us that they felt safe because there was always someone they could talk to. Another person said, "I feel safe with the staff." They went on to tell us that they also felt safe when they were with other people that used the service. A relative told us that they visited several times weekly and, "I've never seen anything of concern." People and their relatives told us that staff would support them should they have any concern that made them feel unsafe.

People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. Staff we spoke with demonstrated their knowledge of what constitutes abuse and knew how to apply the provider's policies to report any concerns that they may have regarding people's welfare. Staff told us that they reported any concerns to the registered manager and that the registered manager acted promptly to address their concern and keep people safe.

Staff assessed risks associated with the provision of people's care and support such as risk of developing

pressure ulcers or falls. We saw that risk assessments were reviewed on a regular basis to ensure that they reflected the needs and support people required and that they guided staff to provide support in a safe and non-restrictive manner. For example, where bed rails were used to prevent people from falling out of bed, risk assessments had been completed to ensure they were used safely. Where people had experienced a fall, staff were able to tell us of additional steps that had been taken following a fall to prevent people falling again. They showed an understanding of the need to allow people as much freedom as possible whilst balancing the need to keep them safe. For example, they talked about a sensor mat being more suitable for one person rather than using bed rails when they were in bed. We reviewed records of falls that had occurred and saw that staff recorded possible reasons for the falls and support that was required to support the person.

The premises were well-maintained. It was clean, spacious and free from clutter. This reduced the risk of trips and falls. We saw that equipment that people required to meet their needs were also well-maintained. A relative told us, "[Person]'s room is kept clean. If things break, they get repaired." Staff told us they had access to the equipment they needed to keep people safe, such as hoists, pressure relieving mattresses and cushions. A member of staff said, "If we haven't got something we can always get it." We saw that pressure relieving mattresses and cushions were in place for people at high risk of developing pressure ulcers and they were functioning correctly.

The provider had plans in place to support people in the event of an emergency such as fire or flood. Staff told us that they had regular fire drills in order to know how to react and support people if a fire occurred. The registered manager told us that they would increase the frequency of fire drills for night staff as they were fewer members of staff available during night shifts. We reviewed the home's emergency plan and saw that it had comprehensive details of the support that would be available in the event of an emergency. This meant that people could be confident that they would continue to receive support should an emergency situation occur.

The provider had safe recruitment practices. They completed relevant pre-employment checks before staff commenced their employment. These included obtaining references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. DBS checks were completed before staff commenced their employment and again every three years. This assured them that staff remained safely suitable to work with people who used care services.

People received the support that they required to take their medicines as prescribed. They told us that they received their medicines when they required it. One person told us, "Medicines come when I need them – [staff] would bring pain relief when I need it." The provider had protocols in place for regular ordering and supply of the medicines that people required. We saw that staff stored medicines safely and securely. However, we saw that a few creams had not been labelled to indicated when they were opened. This is good practice to ensure that medicines and prescribed cream are used within safe timescales. We did not see that this had had an adverse effect on the support that people received to have their prescribed creams.

One person was taking their own responsibility for taking their medicines and we saw a risk assessment had been completed to ensure they could do this safely. However, the assessment had not been reviewed for two years and it is good practice to review this more frequently to ensure the person continued to be safe to take this responsibility. We talked with the person and were satisfied they knew the requirements and arrangements were in place to ensure the regular ordering and supply of their medicines. We saw a person was receiving their medicines covertly and we saw documentation from the person's GP to indicate they had been consulted and agreed to this. Staff told us they had consulted with the pharmacist in relation to the covert administration but there was no documentary evidence of this. Following our inspection, the

registered manager informed us that they had requested evidence of pharmacist involvement for people who received their medicines covertly.

We reviewed people's medicines administration record (MAR) and saw that they included a photograph of the person to aid identification and a record of allergies. This minimised the risk of giving medicines to the wrong person or giving a person medicines that may be harmful to them. We also saw that records had been completed consistently and that there was no evidence of gaps in the administration of medicines. Staff followed good practices to record where there had been changes made to people's medicines. Where there were specific instructions associated with administrating a medicine, we saw that these were followed and quantities adjusted in line with requirements. When medicines were prescribed on 'as required' basis protocols were in place to provide the additional information required to ensure they were given safely and consistently. Weekly and monthly medicines audits were completed by the senior staff and when issues were identified, actions were taken to improve where required. Only suitably trained staff administered people's medicines. They told us that their competency with this task was regularly assessed.

We observed the administration of medicines and saw staff made the required checks against the medicines administration record (MAR) and stayed with the person until they had taken their medicines.

Good

Is the service effective?

Our findings

People were supported by skilled staff. People told us that staff had the skills and experience required to meet their needs. One person told us, "I think staff have skills they need. They are very very good. I think they are well trained." Another person said, "Staff are very attentive and well trained." Other comments included, "They seem to know what they are doing." and "The staff are perfect." Their relatives also agreed that staff were skilled. A relative told us, "I think staff have the skills to care for [person]. If anything needs doing they oblige you."

Staff told us that they received an induction when they were newly employed. They told us that there induction was a two week period of classroom style training and observations. They told us that they received on-going training as part of their role. A care staff told us, "We all have to attend; [registered manager] makes sure we are all up to date." Nurses told us they had access to clinical updates and training to ensure they maintained their competency. One nurse told us they had undertaken training for phlebotomy and managing syringe drivers within the last six months. They told us, "I have to say we get a lot of training, the provider is very good and we can get training on anything we need." They went on to say, "I have had all the training I need, if I felt a bit rusty, I would ask for an update and there are no issues in doing want we want to do."

Nurses told us they were supported to undertake the revalidation process for their qualifications. They said the provider gave them a portfolio to enable them to structure and gather the information needed for re-validation and that the registered manager and deputy manager supported them through the process.

People received support to eat and drink well. They had access to a variety of food and drinks. People told us that they liked their meals and snacks and were happy with the choices available to them. One person told us, I think the food is very good, and well – cooked. I spoke with the cook to discuss my likes and dislikes." Another person told us, "Food is ok. I am able to get a drink when I need them. Meal times are pleasant." Other people also gave positive responses about the food including, "The food here is very good. There's lots of choice." and "We get hot drinks whenever we want. We only have to ask. If I want a plate of sandwiches they provide these. I don't think it could be better." The chef had a good knowledge of people's dietary needs and preferences and had received training on how to meet people's needs.

During over visit, we saw that people were offered drinks at frequent intervals during the day and there was a choice of hot and cold drinks including milk shakes. When hot drinks were served they were accompanied by a choice of fruit, cakes and biscuits. We observed the support people received at meal times. We saw that people were offered choices. There were pictorial menus available to people. People who required support were supported to eat their meals at their own pace. Staff sat with them at their level and talked with them explaining what was on the plate as they went along. Tables were laid attractively with tablecloths, place mats, cutlery and condiments. The dining experience appeared relaxed and calm and people appeared to enjoy their meals. When staff took people's plate after they ate they noted how much they had eaten and offered more or alternative options or snacks depending on how much people had eaten.

We reviewed the care of a person who was not able to eat orally and received enteral nutrition through a tube. There was clear guidance for staff on their feeding regime and evidence of the involvement of a dietician in the review of the regime. The person's nutritional and fluid intake was recorded and was in line with the recommendations of the dietician. Nutritional assessments had been undertaken and care plans were in place in relation to people's dietary needs. Individual fluid targets were set for people at risk of dehydration and we saw they were being met. The deputy manager monitored people's nutrition requirements on a monthly basis.

People were supported with their health needs. They had prompt access to health care services when they required it. One person told us, "[Person] needed to see the GP and it was done quickly – in fact we can see the GP quicker here than at home." A relative said, "[Person] sees a GP when they need to – very prompt. They also see a chiropodist, optician and dentist." The local GP practice carried out weekly surgeries within the service to review people using the service as required. This was done in addition to any required urgent visits. A surgery took place on the day of our inspection visit. The visiting health professional told us, "This home is better than many others. If we offer suggestions, the take up is timely." Staff demonstrated knowledge to understand when people's health needs changed. A care staff told us, "People may become more aggressive, not themselves, not eating and drinking – we ask for a urine test to check and support to see GP when needed to."

The registered manager told us that they worked closely with the local health 'critical response team' who provided urgent healthcare support when required. They said they found this service invaluable and enabled prompt provision of prescriptions where necessary and avoided the need for admission to hospital for some people. For example a person had been seen by the critical response team when they had difficulties in breathing and had a chest infection. This showed that staff worked collaboratively with other professionals to promptly meet people's health needs.

People were supported in accordance with The Mental Capacity Act (MCA) 2005. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. We observed that staff sought people's consent before they provided support. One person told us, "Staff always ask permission to give support." Assessments of people's ability to make a decision specified what decisions they were able to make independently and those that they required support to make. People's records stated which decisions people could make independently and how they may respond if they found a question or information complex. Records also included information on how to support people make decisions independently. For example, using closed questions, short sentences and reminded staff to respect people's decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had applied for DoLS for people who required this. We saw that where conditions were applied to DoLS authorisation that staff observed this. For example, one person's records showed that they needed additional snacks and drinks to address weight loss and required to be monitored regularly. We observed that staff fulfilled these conditions when they supported this person

Staff we spoke with demonstrated a good knowledge of the requirements of the MCA and DoLS. They

described how they involved a range of professionals and the person's family when best interest decisions needed to be made. They recognised that people's health needs may vary their ability to make a decision.

Good

Is the service caring?

Our findings

People complimented the caring attitudes of staff. One person told us, "The staff are kind and considerate. They are very helpful – very much so." Another person said, "I think they are all good. If you have a problem, staff will help. If they cannot help you, they will find someone who can." Relatives also complimented the kindness of staff. A relative told us, "Staff all treat [person] lovely. I think [person] is happy." A visiting health professional told us, "Everyone is kind; real loving care. It has improved in the last two years."

Throughout the visit we observed that staff interacted with people in a warm and compassionate manner and supported people at their individual pace. They were available to people when they requested their support, and communicated with them effectively by using different styles of communication. This included enhancing verbal communication with touch, ensuring that they were at eye level with people who were seated and altering the tone of their voice appropriately.

Staff told us that at the time of our inspection that none of the people who used the service behaved in a way that may challenge others. During our conversations they demonstrated that they had been able to support people should they behave in a way that may challenge others. Staff were able to describe how they would manage behaviours. They told us they would never restrain anyone physically and had not been in the situation where they had felt it was necessary. A care staff told us that they would, "Reassure people to help them feel safe. Reassure, sit and talk – give them your time." This showed that staff cared for people's wellbeing and supported them in a way appropriate to their needs.

People told us that staff treated them with dignity and respect. One person told us, "Staff are kind. They always treat me with respect. They always listen to me." Another person told us, "When I get personal care it is very dignified. They always shut the door and have to knock if they want to come in." A relative told us, "Staff always treat [person] with dignity. They always bring them to their bedroom if doing any person care, always shut the door and put the sign up saying that a nurse is in." another relative said, "When they [staff] do personal care, the door is shut and I wait outside." Staff we spoke with gave us examples of how they promoted people's dignity. A care staff told us they would, "Knock on the door, close curtains, always ask if they want a wash – offer choice of clothes, encourage to do what they can such as wash face, clean teeth. Offer to come back if they don't want to do it then." They went on to say, "If I hear someone being disrespectful to people, I would speak to the manager." We saw that people's information was stored securely and when staff shared information they did this in a confidential manner.

People had the support that they required to be as independent as possible. One person told us, "I ask for help if I need it. They support me to be as independent as possible." We observed that staff supported people in an enabling manner to maintain any skills that they had. People had access to aids and equipment that promoted their independence. For example, during meal time we saw people were provided with adapted crockery and cutlery to enable them to maintain their independence with eating their meals.

People were involved in decisions about their care. One person told us that staff sat with them to discuss their care needs. Records showed that people signed their own care plans to indicate their involvement and

agreement with the information in their plan.

People who required support to make decisions about their care had access to independent advocates. Advocates support people to express their wishes and preferences and ensure that their rights are protected. We reviewed care records of a person that used an advocate and saw that they had regular contact with their advocate.

People's friends and family were able to visit them without any restriction. Some of the relatives we spoke with told us that they visited regularly and were always made to feel welcome. A relative told us, "I'm always made welcome when I visit. Girls [staff] are great."

People who were approaching the end of their life were supported to remain comfortable and pain free. A health professional told us, "Support at palliative level is excellent. Any palliative patient is seen within 24 hours." We reviewed the care of a person who was coming towards the end of their life although this was not imminent. An advanced care plan had been developed and a palliative care plan was in place. We saw there had been a meeting between their doctor, staff and the person's close relative to discuss the most appropriate action for various anticipated circumstances including resuscitation. We saw anticipatory medicines had been prescribed and were available if the person required them and there was a clear indication of the circumstances in which they should be used. We saw that their records included details of the person's wishes with regards to the end of their life.

Good

Is the service responsive?

Our findings

Staff assessed people's needs before they came to live at Aylesham Court Care Home. We saw that they used this information to formulate people's care plans. We found that detail and accuracy of information in people's care plans varied. We saw that some care plans had a good level of detail but in others we found some information was missing. Staff told us about some information about a person's preferences including how they liked to wake up early for a shower and go back to bed. When we reviewed their care plan, we saw that this information and other relevant information about their support had not been recorded in their care plan. This showed that care plans did not always reflect the support they received. However, we saw that staff were knowledgeable about people's preferences and provided the support that people required. We also saw that there was a low turnover of staff and that agency staff were not used in the service. This meant there were staff on duty who knew the people they were supporting and were able to support them according to their needs and preferences. The registered manager and deputy manager told us they would ensure that people's records were updated to reflect their needs and the support they required. Following our inspection, they sent us evidence to show that they had updated people's care plans.

People told us that the support staff provided met their individual needs and preferences. One person told us that they preferred not to be supported by a male carer and the provider ensured that they were supported as preferred. Another person told us, "[Staff] always ask when I want to go to bed." A care staff told us, "Everyone has different needs – people can go to bed when they want to." Staff told us that they had the resources available to give people their choice and preferences. The chef told us, "We had someone who turned 100, he wanted lobster and pink gin, and we got it for him."

People had access to a variety of activities. One person told us, "We have an activities organiser and she is good at organising things." A health professional told us, "The activities co-ordinator is very good, she does lots of things that make a difference - if she identifies that people are isolated in their rooms she will go and see them." We observed people participating in a 'sherry morning' which they appeared to enjoy. We spoke with the activities co-ordinator, they told us that they organised a variety of activities which included group activities such as 'sherry morning' and 'bingo'. They also organised individual activities for people who are unable to join in the group activities such as spending time chatting with them, doing crosswords or other activities of their choice. We saw evidence of this in records of people's activity and interaction logs'. In the warmer months, people utilized the gardens and had regular trips out to places of their choices.

People were supported to maintain contact with people that mattered to them. We saw that there was a family lounge available to people to spend time with their family. The registered manager told us that people used this space for family celebration and private time. People's records included logs that they had regular visits and telephone contact with their loved ones.

People had opportunities to provide feedback about the care they received. They did this thorough residents and relatives meetings. People and their relatives told us that they knew how to report any concerns or raise a complaint about the care provided. They told us that staff promptly dealt with any issues raised. One person told us, "If I wasn't happy, I would talk to my keyworker. I have not had any problems. I

am very happy." A relative told us, "They [staff] deal with things quickly."
Another relative said, "Any issue is always dealt with."

A member of staff told us that complaints were viewed positively. They told us that the registered manager discussed complaints to identify required improvements to the way the service was delivered. Staff told us that if a person raised a complaint or concern with them they said if possible, they would try their best to resolve it at the time and where this was not possible they would ask the person's permission for them to report the concerns to the manager so they could take action. We reviewed records of residents and relative meetings and saw that their feedback was used to improve the service. For example, people had given some negative feedback on meals and saw that in subsequent meetings, they commented that it had improved.

Good

Is the service well-led?

Our findings

The service had an experienced registered manager. It is a condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC). They promptly sent notifications to the CQC when required. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

We saw that the provider learnt lesson from incidents and following investigations, they put protocols in place to use this to improve people's experience of care. For example, the registered manager told us that staff were now required to support some health professionals when they visited some people for their health care needs. This was to ensure that they had all relevant details of people's current needs and preferences. They said this was brought about as a result of an incident that had occurred when a person received health support.

People, their relatives, staff and other professionals told us that they found it easy to approach the registered manager for support if they required it. One person told us, "I think it is well- run, manager comes and speaks to me." A relative told us, "[Registered manager] is very approachable. She puts herself out." A care staff told us that the registered manager was easy to talk to and that they felt listened to and supported. They said, "[Registered manager] has respect for everyone." A health professional told us, "We received feedback that the manager was approachable – regular contact stops any issues arising."

The service had a culture that strove for continuous improvement. We saw that the registered manager had made changes to address the issues identified at their previous inspection. People who used the service, relatives and staff were involved in identifying where improvements were required in the service. Staff told us that staff meetings were used as opportunities to discuss ideas to improve people's care. A care staff told us, "We have team meetings. The area manager talks to us and asks us if we think things can be improved."

Staff demonstrated a shared commitment to provide a good standard of care to people that used the service. A member of staff said, "We have all got the same aspirations in that we are here to make the people we look after as happy as they can be. We strive to do the best." They said that this commitment promoted team working and a pleasant working environment. One care staff said, "Everybody wants to get on with each other." Another told us, "I am happy coming to work; I love it here." They talked about the staff working well together and said, "There's a good work ethic here." Staff told us that they felt supported by the registered and deputy manager to provide a good standard of care. A care staff told us, "I have supervision and appraisal with [deputy manager]. We are reminded of the home's ethos at one to one and team meetings."

The provider had a clear management structure. Staff had management support at various tiers of the service. The registered manager was supported in their role by an area manager, a deputy manager and a team of registered nurses. The deputy manager's role included regular oversight of people's clinical and

health needs. A member of staff told us, "[Deputy manager] is a hands on nurse, she's really good." Staff told us that the registered manager or deputy manager were available to support them during out-of-hours should they require their support. A staff member said, "You can always call someone for advice." This meant staff had regular access to support and guidance when required.

The provider had a range of systems and processes in place to monitor the quality of care that people received. This included monthly reviews by the area manager which they used to develop a 'home improvement plan' where issues had been identified. We saw that actions were taken or in progress to address issues that had been identified. The provider also completed an annual internal inspection to ensure that people received a good standard of care and made improvements where required. For example, they employed a hostess to support people's nutritional needs. This was done to address an identified issue to ensure that people were supported in a timely manner. The home was also inspected by other bodies such as the health authority. We saw that their recommendation was implemented to deliver better care to people. For example, recommendations to introduce fluid targets for people where implemented and where these were not met staff had met and worked with other professionals to support people accordingly This showed that they used their systems to drive continuous improvement in the quality of service people received.

The registered manager also completed a range of audits of people's care and support and the general maintenance of the building and equipment. They told us that they had daily meetings with staff to discuss people's needs. Staff told us that they took 10 minutes out to discuss current issues and updated each other on changes. They told us these meeting were led by the registered manager and attended by a nurse representative, a senior carer from each floor, maintenance staff, the cook, and the administrator.

Another way the provider monitored the quality of care was through regular questionnaires and surveys. A relative told us, "I get sent quality assurance surveys every year and [person] as well."

People and their relatives we spoke with were satisfied with the care and support their loved one received at Aylesham Court Care Home. One person told us, "I couldn't think of anything they could do better." A relative said, "Home is beautiful – staff are lovely. I have no concerns about care. I am quite happy."