

Bupa Care Homes (BNH) Limited

Aylesham Court Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 2 December 2014 and was unannounced.

Aylesham Court Nursing and Residential Care Home is a care home that provides residential and nursing care for up to 60 people. The home specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care. There were 46 people living at the home when we visited.

At the last inspection on 27 June 2014, we asked the provider to make improvements to the management of medicines, management of risks, provide an environment that was safe and secure, and improve the systems to effectively assess and monitor the quality of care provided. The provider sent us an action plan outlining how they would make improvements. During this inspection we found that the provider had made improvements in all of the identified areas.

Summary of findings

A registered manager was in post. 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.

Since the last inspection in June 2014 a number of concerns had been brought to our attention with regards to the health, safety and wellbeing of people who used the service. The local authority's safeguarding team were continuing their investigations into concerns about the quality of care provided. The provider was working with the local authority to ensure that people's needs were met and improvements were sustained.

People we spoke with told us that their care needs and support were provided safely. However, the staffing levels did not always ensure people's care needs could be met safely and in a timely manner because there were not enough staff available.

People's needs and associated risks in relation to their care and support needs had been assessed and plans of care detailed the support required.

People were supported by staff that had been checked as to their suitability to work with people and nurses were registered with the relevant professional body. Staff had undergone training relevant to their job role and their competency assessed in relation to meeting the needs of people in their care.

People told us they felt safe and protected from harm and abuse. People were confident to speak with staff if they had any concerns or were unhappy with any aspect of their care. Staff had a good understanding of what abuse was and their role in reporting concerns.

People lived in an environment that was comfortable and promoted their safety and wellbeing. The provider had taken steps to ensure each room had suitable secure storage and locks were fitted to bedroom doors to promote people's privacy. All areas of the home including the outdoor space were made safe and accessible.

Medicines were managed safely and steps had been taken to ensure the storage, ordering and receiving of medicines into the home and administration of medicines were safe.

People's assessments and plans of care had been reviewed regularly, which provided staff with guidance as to the needs of people and their role in delivering the appropriate care and support. Staff had a good understanding of how people wished to be supported even though individual preferences were not recorded in people's plans of care.

People told us they enjoyed their meals which were nutritionally balanced and met their dietary needs. Drinks and snacks including fresh fruits were readily available. Staff monitored people's health and wellbeing and were referred to relevant health care professionals when there were any concerns about their health. People had access to health care support in order to meet their health needs.

Staff had undertaken training in promoting people's dignity and rights. We observed staff treating people with care and compassion throughout our inspection visit.

The management team and staff knew how to protect people under the Mental Capacity Act, 2005 and the Deprivation of Liberty Safeguard and were complying with the conditions authorised. Records showed that people made decisions on occasions about their care and support needs. Although a person's family or their representatives and other healthcare professionals had been consulted with regards to any best interest decisions those discussions were not always recorded clearly.

People were supported to take part in hobbies and activities that were of interest to them, which helped to protect people from social isolation. Staff had a good understanding of people's individual interests and offered a choice of activities that they enjoyed.

People were encouraged to develop and share their experience of the service at meetings to review their care needs, 'resident's meetings' and through satisfaction surveys. The provider's complaints procedure was accessible to people who used the service, relatives and other visitors to the home. Advocacy services were available to people if they needed support to make comment or a complaint. The provider took action in response to concerns and individual issues raised about any aspects of the care delivered.

The registered manager understood their responsibilities and demonstrated a commitment and clear leadership to

Summary of findings

continually improve the service. The registered manager was supported by the deputy manager and senior staff. They had an 'open door' policy and welcomed feedback from people who used the service, relatives of people who used service, health and social care professionals and staff. The registered manager works with the commissioners such as the local authority that monitors the service for people they fund to ensure people received care that was appropriate and safe.

Staff knew they could make comments or raise concerns about the way the service was run with the management team and knew it would be acted on. There was a clear management structure and procedures in place to ensure concerns were addressed. Staff received support and training for their job roles to ensure their knowledge, skills and practice in the delivery of care was in line with best practice.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment, which was well maintained and safe. Monitoring systems were in place to check the quality and safety of the service provided and action was taken to address any deficiencies found and was monitored to ensure the steps taken were effective. The provider's internal inspections helped to ensure them that people received quality care.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, in relation to inadequate staffing. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff were not always available to respond to people's needs and requests in a timely manner at busy times of the day.

People told us they felt safe when staff supported them. Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

People using the service and their relatives told us they felt safe and protected from harm. Staff demonstrated a clear understanding of what abuse was and their role and responsibilities to report incidents and any safeguarding concerns. The provider had notified the relevant authorities where incidents had occurred and took appropriate actions to protect people.

People received their medicines at the right time. Medicines were stored and administered correctly by nurses and trained staff assessed as competent to do so.

Staff were appropriately screened to ensure they were suitable to work with people who used the service.

Requires Improvement



Is the service effective?

The service was effective.

People's needs had been assessed and plans of care provided guidance for staff to help meet those needs effectively. Staff understood the needs of people and had knowledge and training in the delivery of care.

Staff had an awareness of the Deprivation of Liberty Safeguard and the requirements under the Mental Capacity Act, which had been put into practice to ensure people's human and legal rights, were respected.

People at risk of poor nutrition and hydration had assessments and plans of care for the promotion of their health and wellbeing. Staff had information about people's dietary requirements and supported people to eat and drink sufficient amounts.

People had access to and were referred to relevant health care professionals, which promoted their health and wellbeing.

Good



Is the service caring?

The service was caring.

People using the service, visiting relatives and health care professionals we spoke with told us that staff were kind, caring and looked after people well.

Good



Summary of findings

Staff were aware of people's needs and how people wished to be supported. We had observed staff positive interactions whereby staff provided encouragement and reassurance. Staff were attentive and helped promote and maintain people's privacy.

People were encouraged to be involved in decisions about their care and felt they were listened to.

Is the service responsive?

The service was responsive.

People's needs had been assessed and the plans of care detailed the support people needed. People were encouraged to maintain contact with family and friends. A range of activities of interest were organised for people and opportunities provided to observe their religious beliefs.

Staff knew how to support people even though the plans of care lacked information about people's individual preferences in the delivery of care.

People were encouraged to make comments about the quality of service provided. Complaints were managed well and people felt confident that their concerns were listened to and acted upon.

Good



Is the service well-led?

The service was well-led.

The provider, registered manager and staff had a clear view as to the service they wished to provide which focused on quality care provided in a homely environment for people.

Staff were complimentary as to the support they received from the management team. They were supervised and received relevant training and information in providing a quality care service.

People spoke positively about the management team and the day to day management of the service. People were encouraged to be involved in developing the service. Their comments and feedback on the improvements were listened to in order to make a positive change to people's experience of the care provided. Visitors and staff commented on the improvements made to the day to day running of the service.

The system to monitor and assess the quality of service was used effectively to ensure the improvements have been effective. There have been changes made in practice, procedures and how the service was managed as a result of lessons learnt from significant events. The provider monitors the quality of care and service provided to ensure that the improvements made have been sustained.

Good



Aylesham Court Nursing and Residential 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 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.

This inspection took place on 2 December 2014 and was unannounced.

The inspection was carried by two inspectors 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 service. The expert by experience for this inspection had clinical experience in primary medical services and had provided care for older people living with dementia and who required nursing care.

We spoke with 16 people who used the service. We spoke with five relatives who were visiting their family member. We also spoke with two visiting health care professionals.

We spoke with the provider representative, the registered manager, deputy manager, two nurses, five care staff and the chef and house-keeping staff.

We pathway tracked the care and support of five people, which included looking at their plans of care. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment along with quality monitoring audits.

We contacted commissioners for health and social care and asked them for their views about the service.

We looked at information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that providers must tell us about.

Is the service safe?

Our findings

At our inspection on 27 June 2014 we found that people's needs and associated risks were not always assessed properly. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 9. The provider sent us an action plan outlining how they would make improvements.

At this inspection we looked at the people's care records. We found that appropriate individual risk assessments relating to their care and mobility had been undertaken and reviewed regularly. For example, people nursed in bed had an air mattress to reduce the risks of developing pressure sores and their skin was checked regularly. People with a physical disability had also been assessed to ensure that appropriate moving and handling equipment was used such as a hoist. Staff demonstrated a good understanding of risks to people and how to keep them safe. We observed staff using the correct technique with moving and handling of people. One staff member said, "We review people's care on a daily basis. We discuss any changes from one shift to another. For example, one person has become unwell today. We have called the GP to come in and review the person's care and treatment. We have had a discussion amongst the team and with the manager about the risks to the person's health and everyone is aware."

People told us that their needs were met safely and risks were managed. One person told us they felt safe and were glad to be living at the home. A relative whose family member used the service told us that they were involved in the assessment of needs process to ensure that their family member's care needs would be met.

We spoke with the health care professional visiting the service and asked how risks to people were managed. They told us that they had no concerns about people's wellbeing and safety because staff have sought advice and followed any instructions and recommendations that they made in relation to people at risk of choking.

At our inspection on 27 June 2014 we found that people were not provided with suitable security that promoted their safety and privacy. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 15. The provider sent us an action plan outlining how they would make improvements.

At this inspection people told us they lived in a home that was well maintained and felt secure. People had been offered and had locks fitted to their bedroom door so that they could keep their personal items and valuables secure. People were able to move around the home safely and meet with their visitors in private. One person told us that they had personal items go missing and requested a lock to be fitted to their bedroom door. The lock had not been fitted so we shared this with the registered manager who assured us that a lock would be fitted.

The home environment was well maintained. The access leading to the garden had been made safe so that people with limited mobility or those who used a wheelchair could use the garden safely. The areas where hazardous substances such as cleaning products that could be harmful if split or swallowed were stored securely as required by the safety regulations. The management team carried out regular safety checks and monitored the improvements made to ensure all areas of the home were safe and equipment to be used was functioned as it should do.

At our inspection on 27 June 2014 we found appropriate arrangements were not in place in relation to the safe administration, safe storage of medicines and communication with health care professionals. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 13.

At this inspection we found each person had lockable storage in their room where prescribed creams could be stored securely. People told us that they received their medicines at the right time. One person said, "I always have my medicine, which I know I need." Another said, "The nurses do the medication and I have no problem with that." Relatives told us that they were satisfied that their family member received their medicines properly.

Medicines were stored securely in the treatment rooms. Medicines that needed to be refrigerated were stored correctly in line with the manufacturers' recommendations and dated when opened for use. The storage of controlled drugs was safe and records were accurate. (A controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.) Records showed that the management team carried out regular checks to ensure people received their medicines at the right time, records were completed accurately and stock levels were maintained.

Is the service safe?

We saw a nurse and a trained senior carer administer people's medicines safely and records were completed accurately when medicines were taken. We looked at the medication and medication records for other people living at the home and found that their medication had been administered safely. Where people had declined to take their medicines staff had sought advice from the doctor and monitored the person's health. Staff understood the importance of supporting people with their medicines including the use of prn medication (prn medication is administered as and when needed). For example, prn medication is used for pain relief or when a person becomes agitated in line with the assessed prn protocols.

People's safety was supported by the provider's recruitment practices. We looked at staff recruitment records which included the nurses and found relevant checks had been carried out before staff worked unsupervised. A further check was undertaken as to whether nurses were registered with the appropriate professional body.

People told us that their care needs were met but not always met in a timely manner because staff were not always available. Comments received included, "Staff are busy and although helpful they did not have had not a lot of time to talk" "Sometimes there's insufficient staff" and "There are not enough staff. I have been kept waiting for up to 20 minutes to be supported to use the toilet. This happens on a daily basis. Sometimes when they are really busy the staff will tell me to go to the toilet in my pad. I dislike this; I want to use the toilet."

At busy times of the day such as meal times and when people were helped to get ready or retire to bed, staff were not always available. Staff told us that there were times when the home was short staffed and no replacement staff provided as was the case on the day of our inspection. Therefore, staff were not able respond to people's request for support in a timely manner, which had affected their health and wellbeing. Staff told us that more staff would enable them to deliver 'a good standard of care'. One member of staff said, "The staffing levels are just about safe. We can only deliver basic care on the numbers that we have. We don't have time to discuss people's care with them as much as we should."

A member of staff had been unable to report for duty on the nursing floor, so the management team transferred a member of staff from the residential floor to make up the

numbers on the nursing floor. No replacement staff had been called to make up the short fall in staffing levels. A number of people were being nursed in bed or were in receipt of palliative care. The worked rota showed that staffing levels were maintained. The registered manager explained that the staffing levels were determined by taking account of people's needs, dependency levels and experience of staff required but they had not taken into account the administrative tasks staff were required to complete. Therefore, from our observations, comments from people using the service and staff, it was evident that although people's care needs were met safely it was not always done in a timely manner. This meant people were at risk of receiving unsafe care and support that could affect their health and wellbeing.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff were aware of the reporting procedures for all incidents, accidents and injuries. The provider notified us and the relevant authorities of incidents and significant events that affected people's health, safety and wellbeing and detailed the actions taken to protect them and others. The management team analysed those events, took steps to prevent things from happening again and monitored the effectiveness of those measures.

People told us that they felt safe. One person said "I like living here, I feel perfectly safe." Another person said, "The staff know how to keep me safe and I don't worry about a thing."

Staff we spoke with had a good understanding of what constituted abuse; they were clear about their role and responsibility in reporting concerns and how to keep people safe. They were aware of their role in promoting people's choices and rights. One member of staff said, "If I had any concerns at all I would raise them with the manager. I know how to contact the local authority with concerns and I wouldn't hesitate to go outside the organisation if matters were not dealt with."

Since our inspection in June 2014 the local authority has been investigating reports of alleged abuse and neglect. The provider responded appropriately to all allegations of abuse. They had notified the relevant agencies promptly of the alleged incidents and took the appropriate steps to protect people. Some had been concluded with regards to the unsafe management and administration of medicines

Is the service safe?

and incidents of neglect were substantiated. The provider had taken steps to prevent this from happening again. Our findings with regards to the management of medicines also

showed that that the improvements had been sustained. The local authority told us that whilst they continued to investigate the remaining concerns, the service had made improvements in the delivery of care.

Is the service effective?

Our findings

Staff we spoke with had a good understanding of the care needs of people using the service and how they wished to be supported. They were trained in procedures and had practical training in order to provide the appropriate care including the use of equipment to support people with their mobility and transfers. Nurses and senior care staff were trained and had been assessed as competent to carry out specific duties such as clinical tasks to meet health needs and to administer medicines. The staff training matrix we looked at showed staff had completed induction training for their job role and training in the delivery of care.

Staff told us they were supported through supervisions and team meetings where they had the opportunity to discuss any issues and training needs. They found the registered manager was approachable and lead by example as they worked some nursing shifts alongside staff to meet people's health and nursing care needs. Staff had completed a nationally recognised qualification in health and social care. The nurses were supported to maintain their continuous development and professional registration.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The management team and staff had received training in MCA and DoLS and demonstrated a good understanding of what that meant in practice as to how to protect the rights of people using the service. At the time of our visit two people had a DoLS authorisation and their care records showed that the provider was complying with the conditions. We found that assessments of people's mental capacity to consent were incomplete. Although best interest decisions were made by the person's representative and relevant health care professionals the record of those meetings were not always kept. That meant that principles of the MCA were not fully followed. We shared this with the registered manager who assured us that a record of the best interest meetings and decisions made would be recorded.

We asked people for their views about the meals provided and they told us, "The food is lovely. It's always a good standard" "Initially disappointed but things have improved. I've put on weight" "There is plenty of choice and if you don't like what is on the menu they will get you something

else. There is plenty to eat and drink. You have choice of biscuits, cake or fruit with a cup of tea or coffee" and "I can have a snack any time I like." A relative told us that their family member was provided with a packed lunch when they had to attend a medical appointment but it was not presented in a form suited to their dietary needs and prevent them from the risk of choking. We shared this feedback with the registered manager. Another relative told us they had meals at the home with their family member by choice which they had enjoyed.

We observed throughout the day that people were offered a choice of drinks regularly and snacks including fresh fruit, if people wanted them. Staff offered people the menu plan each day so that they could choose what they want for the following day. We saw that meals served at lunchtime were well presented, looked appetising and kept warm during the serving period.

The chef had information about people's dietary needs and understood the nutritional needs of older people, which included the use of full fat milk and fortified meals. The menu plans detailed any special diets people required such as diabetic and supplemented meals. The registered manager and chef managed the stock and supply of food and drink, which included a range of fresh fruit and vegetables.

People's care records including a nutritional assessment to identify those who were at risk of poor nutrition and dehydration. Where a risk had been identified they were referred to the dietician and the Speech and Language Therapist (SALT) for a further assessment. A plan of care had been developed that included the recommendations from SALT team and their intake of food and drink was monitored and evaluated to ensure the person ate and drank sufficient amounts. For example one person required a soft diet due to swallowing difficulties and had 'thickened' drinks to reduce the risk of choking as recommended by the SALT team. For another person it had been identified that they had an allergy to shellfish and required a softened diet and the menu plan reflected their diet and in the food that was served to them.

People told us that they were supported to maintain their health and had access to a range of health care professionals. One person told us that the doctor was called when they were unwell and prescribed a course of antibiotics. Another person who had a fall on the morning

Is the service effective?

of our visit told us they were seen by a community nurse in the afternoon. That community nurse told us that staff were knowledgeable about the people they looked after and sought advice if people's health was of concern.

A relative whose family member had regular medical appointments told us that they were kept informed of each appointment so that they could attend the appointment with them.

People's care records we viewed showed that people were supported access to a range of health care professionals to meet their health needs. Those included doctors, speech

and language therapist and specialist nurses.

Arrangements were in place to support people where they had made an advanced decision about their care with regards to emergency treatment and resuscitation and confident that their decision would be respected. Plans of care were in place and tailored to individual's needs including those on who were in receipt of end of life or palliative care. The home's staff worked with the specialist health care professionals to provide the care people needed. That meant people could be confident that their health needs and decisions were supported and acted upon.

Is the service caring?

Our findings

People we spoke told us that staff were kind and caring, and knew about their care needs and how they liked to be supported. One person said, “The staff are lovely. They are respectful and kind. They always make sure I am happy with the way they support me. I can’t fault them” and another said, “Staff will go out of their way to help you. Nothing is too much trouble.”

During our visit we saw that staff approached people in a friendly and respectful manner. Staff checked that people were comfortable and asked them if they needed anything throughout the day. For example, one person in receipt of physiotherapy to aid their rehabilitation said, “Staff help me to do the daily exercises and I’m now able to move my arm and leg.” They went on to say, “The staff are wonderful, they all put up with my joking and never say or do anything to offend me.” We saw a staff member help to reassure one person who became distressed; they offered them a drink and biscuits and sat talking about the things that were important to the person.

The atmosphere at lunchtime was relaxed. People ate their lunchtime meal in one of two dining rooms. All the tables were laid a tablecloth, condiments and decoration to make the dining experience pleasant. Staff supported people to eat without rushing them. Staff were attentive and responded to requests where people wanted second helpings or assistance with eating.

People told us they knew about their care and support arrangements but not everyone we spoke with was aware their plans of care. People’s care records showed that people were on occasions involved in decisions made about their care and support. We found the plans of care focused on the care and support tasks required. Although there was little information about people’s preferences for care and their likes and dislikes, staff we spoke with showed a good knowledge about people’s individual needs and how they liked to be supported.

Relatives we spoke with said they had supported their family member in discussions about the changes to their care needs to make sure the support provided was right for them. One relative said, “We’ve been invited to attend meetings with the health and social care professionals to discuss [person using the service] additional health needs and how those were to be met.”

People told us that staff helped to maintain their privacy and dignity. People were dressed as they preferred and staff were seen commenting positively about people’s presentation which promoted their wellbeing. One person said, “I prefer to wear tee-shirts because it’s always warm here.” Another person said, “It was so nice to sit in the bath and relax – I love it.” One person told us that their dignity had been compromised because staff were not available to take them to the toilet. We shared this with the registered manager who assured us action would be taken to prevent this from re-occurring.

Relatives told us that staff helped promote their family member’s dignity and could visit without any restriction. One relative said, “He’s always immaculate and takes pride in his appearance.” Another relative told us that their family member had not had a shave that morning and was unhappy. They asked us to share this with registered manager and who assured us that they would ensure staff supported people appropriately to maintain their dignity.

Staff understood the importance of respecting and promoting people’s privacy and dignity. They took care when carrying out their duties. They gave examples of the steps taken to maintain a person’s dignity when they were supported to maintain their personal hygiene and when using a hoist to transfer a person from a chair onto a wheelchair.

All the bedrooms have en-suite toilet and wash hand basin, which helped to maintain and promote people’s privacy and dignity. Staff told us that people were offered a bath or shower and that staff respected their wishes and the care records we looked at confirm this to be the case.

The service looked after people who received palliative and end of life care. Staff worked with the specialist nurses to ensure people were comfortable and their dignity was maintained at all times. Care records showed that where people had made advance decisions about their care with regards to resuscitation plans of care were in place and staff were aware of those.

We saw ‘thank you’ cards displayed near to the information notice board from relatives of those who had received end of life care. That showed that people had received care in line with their wishes and that people could be confident that their health needs and decisions would be supported and acted upon.

Is the service responsive?

Our findings

People told us that the care provided met their individual needs. They said staff understood their routines and preferences and respected their wishes. People who were nursed in bed told us that staff regularly checked on them to make sure they were comfortable. This included turning people who may be at risk of developing pressure sores.

All the people we spoke with told us that they had choices about their care and how they spent their day. One person said, “The staff ask me about what I need help with and how I like to be helped. I like to take my time getting up in the morning, and then I like to have a cooked breakfast.” Another person told us that they had a bath and said, “After dinner I like to sit and when I’m tired I will ask staff to help me to bed.”

There was a calm atmosphere in the home with the radio playing, ‘light music’ in the background that was soothing. For instance, one person was seen smiling and tapping fingers to the rhythm of the music. We saw staff offered people choices with regards to how they wish to spend their time. One person said, “I have the daily newspaper and enjoy spending time reading it.” Another person preferred their own company and liked to read in the privacy of their room.

Throughout our visit we saw staff assisted people without rushing them and responded to their requests, which promoted their wellbeing. Staff told us that they were kept informed about any changes to people’s care needs through the daily handover meetings at the start of each shift.

The plans of care reflected the care and support people needed including dietary needs which the chef was made aware of. Although the plans of care lacked information about people’s preferences, likes and dislikes staff were aware of people’s choices about their care and activities that were of interest to them. There was some information about individual preferences and interests amongst the array of documentation within each person’s file but was not easy to find.

People could join in with the activities organised by the activity staff and records showed that people took part in a range of activities and social events. A monthly religious service was conducted by a local Anglican vicar at the home or people could attend the Catholic church close to

the home. We saw most people on the first floor joined the bingo session on the ground floor. A member of staff kept good eye contact with people, offered encouragement and praise during the game of bingo. The staff member helped one person who had a hearing impairment by sitting with them and showing them the numbers being called out. One person told us they enjoyed the activities and said, “She’s [activity staff] so kind.” Another told us that the member of staff encouraged people to take part in activities and drew our attention to the timetable of the planned activities. Another person told us they retired to their room because “There was nothing to do after 8pm”. We shared the feedback with the registered manager and they assured us that they would consider contacting local support groups and services to be involved with the service.

People told us that they knew how to make a complaint. One person told us that they had raised concerns at a meeting with the registered manager and felt staff acted on their concerns. Another person told us that all their concerns were raised with the staff and that the registered manager had addressed them satisfactorily. A third person said “Staff on this floor work really well together” because staff all knew how they wished to be cared for due to changes in their health needs.

Relatives told us that complaints and concerns had been listened to and acted upon by the staff and the registered manager. One relative said, “Initially there were a few issues but it’s all been dealt with satisfactorily.”

Staff were kept informed about any changes to people’s care needs through the daily handover meetings at the start of each shift. Staff told us that the registered manager was approachable and complaints from relatives of people living at the home were taken seriously and acted upon. One staff member said, “She’d [registered manager] sort it out irrespective of whether the issue was raised by staff, residents or their relatives.”

Records showed the service had received a few complaints. All but one complaint had been concluded and where necessary, action was taken by the provider. The registered manager told us that they have an ‘open door’ policy which meant people who use the service and their relatives or friends could speak with them openly about any issues that they may have. The registered manager told us that as a result of concerns and complaints improvements had been made to the quality of service provided. For example,

Is the service responsive?

people who use the service and where appropriate their relatives, were encouraged to be involved to make decisions about their care and support needs. Another example related to a meeting held with the pharmacy to ensure the system in place to receive medicines into the home was appropriate.

Regular meetings were held for the people who use the service and their family or friends where they had the

opportunity to share their views about the service; raise any issues that they may have and make suggestions as to how the service could be improved. People gave feedback on their individual care provided during care reviews, which helped to ensure that people received a quality service that was well-led.

Is the service well-led?

Our findings

At our inspection on 27 June 2014 we found that systems to assess and monitor the quality of service were not used effectively. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 10. The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that the provider had regularly assessed and monitored the quality of the service. Risks and management plans were reviewed regularly to ensure they were appropriate, effective and continued to protect people's safety and wellbeing. Checks were completed on people's plans of care, infection control, and health and safety and the maintenance of the building and equipment. Action was taken promptly to address any deficiencies and faulty equipment. Incidents and accidents were analysed and action plans in place were monitored by the registered manager and the provider to ensure steps were taken to prevent it from happening again.

The registered manager notified us of significant events that affected people's safety and wellbeing including any allegations of harm and abuse. They also sought professional and expert advice when they had concerns about people's health. The provider had good internal communication to ensure that the registered manager maintained their knowledge up to date in relation to changes in legislation in health and social care and internal procedures. That meant people could be confident that the quality of service provided was in line with the regulations and current best practice.

At the time of our inspection visit the provider representative was visiting the home and told us they had carried out audits, checks and spoke with people using the service and their visitors. Records we viewed from those visits showed their findings and the steps taken to ensure the service was managed properly and people received quality care. They showed us action plans that demonstrated progress was monitored and where necessary made amendments. This demonstrated that people using the service could be confident that the provider monitored the effectiveness of the registered manager and was assured that the service continued to provide care that promoted people's wellbeing.

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the newly appointed deputy manager and senior staff to provide care to people who used the service. The registered manager, a qualified nurse, also worked some nursing shifts which helped them to speak with people, observe staff competency, practices and also monitored the quality of care people received. The registered manager felt supported by the provider and the service had regular internal inspections carried out by the provider representative.

All the staff we spoke with demonstrated a good understanding of their roles and responsibilities to provide care that was safe and promoted people's wellbeing. Staff knew what was expected of them, how to access the policies and procedures and support from within the provider's organisation. For example staff knew how to use the provider's whistle-blowing procedure to report concerns about people's safety to ourselves and the police if the provider does not act. Staff told us they were supported to develop professionally. For example, nurses had been given a clinical lead role in specific areas such as pressure care management, medicines management and infection control and prevention.

Staff meetings were used to communicate improvement information and refresh staff's knowledge in relation to safeguarding adults, the reporting procedures and training in moving and handling of people. There was evidence that lessons were learnt from significant events and that changes were made to practices including refresher training for staff on best practices in providing care. For example, staff were informed of the arrangements for ordering and booking in of medicines received into the home and the nurses had been given lead clinical responsibility on topics such as infection control, medicines and pressure care management.

People who used the service, their relatives and friends and a visiting health care professional told us they felt the registered manager was approachable. We saw the registered manager was visible around the home and was seen talking with people using the service and their visitors. People had opportunities to make comments and be involved to improve the service through reviews of people's plans of care, residents meetings, complaints and compliments.

Is the service well-led?

The health care professional told us that staff were helpful and knowledgeable about the people they looked after and that the registered manager welcomed feedback about people's wellbeing and suggestions to improve people's wellbeing.

We spoke with staff and asked them for their views about the management and leadership of the service. They told us they felt supported by the management team and were confident that any concerns raised with the registered manager would be addressed. One member of staff said, "In the event of a problem I would approach the manager and she will sort it out." Another staff member told us that the registered manager had improved the staff culture, communication and team working between the care staff and nurses. For example, care staff were involved in handover meetings at the start of each shift, which in turn benefited people because staff were informed consistently and were working as a team.

Records showed staff received support through regular staff meetings and supervisions where staff had the opportunity to discuss their job roles. Minutes of a staff meeting showed that staff had been given instructions on the need to respond to call bells in a timely manner, completion of food and fluid intake, turn charts and ensure medicines were ordered and received into the home in a timely manner. There was evidence that the provider had monitored the improvements made had had a positive impact on people living there and the feedback was shared with the staff team at the following meeting. Those included food and fluid intake charts were found to be completed correctly and that medicines were now received into the home in a timely manner.

The staff training matrix we viewed showed that staff received training for their job roles, to undertake a

professional qualification and to maintain their professional registration. For example, the provider had trained individual staff members who were then, in turn qualified to train the rest of the staff team. Staff competency was assessed, which was one way to ensure that the care delivered was in line with the best practice guidelines.

The registered manager had developed links with the local specialist health care professionals in order to provide holistic care and support through joint working. The provider has been working with the local authority that commissions the care for some people who lived at the home. We contacted them for their views on the improvements made. They told us that although investigations into concerns and alleged neglect and abuse continued, the registered manager had acted on feedback to improve the quality of care provided.

People's views were also sought through annual satisfaction surveys, which had been sent to everyone living at Aylesham Court Nursing and Residential Home, their representatives such as family and health care professionals. People's views about the quality of care and service provided through the review of plans of care, residents meeting and complaints and compliments were acted on. Records showed that people's comments and suggestions were taken into account and provided an update on concerns that were raised previously. The initiative known as 'resident of the day' provides each person living at the home an opportunity to meet with staff from all departments to give feedback on whether the quality of care and service provided met their individual requirements, which included feedback to the laundry and maintenance staff. That helped to ensure people received a quality well-led service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met: People who used the service were at risk of not having their care needs met safely because sufficient numbers of suitably qualified and experienced staff were not always available to support them.