

Court Healthcare Limited

Bay Court Nursing Home

Inspection report

16-18 West Hill
Budleigh Salterton
Devon
EX9 6BS

Tel: 01395442637
Website: www.baycourt.net

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Ratings

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

Summary of findings

Overall summary

This comprehensive inspection of Bay Court Nursing Home took place on 3 and 8 January 2019. The inspection was unannounced. This meant that the provider and staff did not know we were coming. The second day of the inspection was announced.

Bay Court Nursing Home is registered to provide nursing and personal care for up to 29 people. Most people using the service have multiple health care needs. There were 29 people living at the home on the first day of our inspection.

Bay Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection. The home is a large detached house in the East Devon seaside town of Budleigh Salterton and is within walking distance of the town centre shops and services. The home is set over four floors with two passenger lifts providing level access to each floor. There is a large main communal lounge with a dining area where people could spend their time as they chose. People have access to a well-maintained garden.

At our last inspection in August 2016 we rated the service Good. At this inspection we found the service remained Good overall but the responsive domain has been rated as outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

The registered manager had deregistered with the Care Quality Commission (CQC) in November 2018. 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 and associated Regulations about how the service is run. The deputy manager who had worked at the service for three years had been appointed as the new manager. They had submitted their application to CQC to register as the registered manager and were awaiting an interview. The provider had appointed a senior auditing nurse to support them in their role alongside the senior lead nurse.

The service was well led by the new manager. They were very passionate about people being at the heart of the home. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. There were effective systems in place to monitor the quality of care provided.

There was an excellent understanding of the importance of seeing each person as an individual, with their

own social and cultural diversity, values and beliefs. The provider and staff recognised the importance of social activities and understood meaningful activities formed an important part of people's lives. Staff were very passionate about the activities at the home being meaningful and appropriate. They had established people's hobbies and interests and supported them to revisit them. There were numerous examples of people doing meaningful activities. One person wanted to fundraise as part of their hopes and dreams in 2018. They had held a bake sale with cakes and a raffle for charity. Another person had previously worked with guide dogs. Staff had contacted the guide dogs for the blind and they had visited and have since regularly visited the home. This had a significant impact on this person who had opened up and was now very active at the home. Staff went above and beyond giving their own time to support people on these activities.

People remained safe at the service. People said they felt safe and cared for in the home. People were protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse. People's care needs were assessed before admission to the home and these were reviewed on a regular basis. Risk assessments were undertaken for all people to ensure their individual health needs were identified and met.

Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed.

Staff received a comprehensive induction and were knowledgeable. They had received training and developed skills and knowledge to meet people's needs. Staff relationships with people were caring and supportive. They delivered care that was kind and compassionate.

There were adequate staffing levels to meet people's needs. People received person centred care. Staff knew people well, understood their needs and cared for them as individuals. People were relaxed and comfortable with staff that supported them. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes. People where possible and appropriate family members were involved in developing and reviewing their care plans.

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink enough and maintain a balanced diet. People were positive about the food at the service. The manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team. There had been no complaints received at the service since our last inspection. Where there were niggles or concerns action was taken to resolve them.

The premises and equipment were managed to keep people safe. The home was very clean throughout without any odours present and had a pleasant homely atmosphere.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service had improved and is now Outstanding in providing responsive support.

There was an excellent programme of activities and social events meaning people were well occupied and stimulated.

Care plans contained information to help staff support people safely.

The manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way.

There were regular opportunities for people, and those that mattered to them, to raise issues, concerns and compliments.

Is the service well-led?

Good ●

The service remains Good.

Bay Court Nursing 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 comprehensive inspection was carried out on 3 and 8 January 2019. The first day of the inspection was unannounced; the inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by one adult social care inspector.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met people who lived at the home throughout our visits and spoke with five people to gain their views about the service. We also spoke with five relatives to ask for their views. We spent time in communal areas observing staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia.

We met fifteen staff which included the new manager, senior lead nurse, senior auditing nurse, two registered nurses, activity person, senior care staff, care staff, housekeeping staff, the cook, and the administrator. We also spoke with two of the directors of the service, a visiting social worker and hairdresser.

We looked at three people's care records and five people's medicine records. We also checked four staff records, meeting minutes and various quality monitoring audits and the services policies and procedures. We sought feedback from and health and social care professionals who regularly visited the home and received a response from two of them.

Is the service safe?

Our findings

The service remained safe. People and relatives when asked said they felt safe and supported by staff.

Our observations and discussions with people and visitors showed there were sufficient numbers of staff on duty to keep people safe. Staff appeared to have time to meet people's individual needs. During our visits call bells were answered in a timely way. People said staff responded quickly to call bells.

The recruitment and selection processes in place ensured fit and proper staff were employed. Staff had completed application forms and interviews had been undertaken. Any employment gaps had been explored. In addition, pre-employment checks were done, which included references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work.

There was a system in place to monitor the receipt and disposal of people's medicines. Medicines were stored at appropriate temperatures and regular checks had been completed to ensure the medicines fridge was working correctly. Medicines at the service were locked away in accordance with the relevant legislation. Medicine administration records were accurately completed with no signature gaps. Where people had medicines prescribed as needed, (known as PRN), there were protocols in place for when and how they should be used, which is good practice. Staff who administer prescribed creams had recently completed training in the application of creams. The pharmacy that supports the service undertakes monitoring visits each year. The last pharmacy review on 15 July 2018 raised no significant concerns.

The environment was safe and secure for people who used the service and staff. One of the directors oversaw the maintenance at the service, with regular walk arounds and monitoring. Staff undertook checks which included regular checks of the water temperature and window restrictors. External contractors undertook regular servicing and testing of moving and handling equipment, electrical equipment and lift maintenance. Legionella precautions were in place.

Fire risk assessments, general risk assessments and the monitoring of environment had been undertaken. Emergency systems were in place to protect people. There were individual personal evacuation plans in each person's care file which took account of people's abilities and the assistance they required. This meant, in the event of a fire, emergency services staff would be aware of the safest way to move people quickly and evacuate people safely.

Activity risk assessments were completed for each activity carried out. This ensured consideration and measures had been put into place to protect people from potential harm.

Accident and incidents were reported and investigated. Where these investigations identified that additional measures were required to reduce risk action had been taken. For example, one person had recently had numerous falls. The manager reviewed all accidents and incidents relating to this person and as a result

made a referral for additional support to the local authority falls team. In addition, arrangement had been made for a seating assessment to be completed by an occupational therapist.

The home was clean throughout without any odours present and had a pleasant homely atmosphere. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. Staff had access to hand washing facilities and used gloves and aprons appropriately. There was handwashing signage above sinks around the home. The laundry had been rearranged since our last inspection which made it appear larger. It was well managed and had adequate chemicals. Soiled laundry was segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.

Is the service effective?

Our findings

The service remained effective. People received care and support from staff that received training and support on how to undertake their role safely and effectively. Staff undertook the provider's mandatory training which staff were required to complete. The manager had recently added person centred approach and equality, diversity and inclusion training to their training regime. The manager was a manual handler trainer and worked with staff to ensure they had the skills to support people safely. Staff were positive about the training they had received.

Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and able to practice. The NMC is the regulator for nursing and midwifery professions in the UK. They maintain a register of all nurses eligible to practise within the UK. In order for registered nurses to remain on the NMC registered. They are required to complete a revalidation process which involves demonstrating they have kept up to date with their registration requirement regarding competence and knowledge. The registered nurses at the service had completed the provider's mandatory training and undertook refresher training. They had taken some additional training to support them to undertake their roles. These included syringe driver training (a small infusion pump used to administer medicines under the skin often to keep people comfortable at the end of life) and further training on venepuncture (taking blood), catheterisation and tissue viability.

Induction training for new staff consisted of a period of 'shadowing' senior care workers to help them get to know the people using the service. New care workers who had no care qualifications were supported to complete the 'Care Certificate' programme which had been introduced in April 2015 as national training in best practice. We spoke with three staff who had recently started working at the home. They were full of praise for the support and induction they had received. One commented, "I love it here, so welcoming... didn't get to feel like the new person, accepted with open arms...everyone here helps each other." Another said, "I shadowed (experienced care worker) ... talked me through things like the care folders, which are brilliant. I can go into a room and it tells me what is needed."

Staff said they felt supported in their roles and had all received an annual appraisal and had supervisions scheduled.

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

The nurses at the service assessed people's capacity to make specific decisions. Where people had been assessed as not having capacity there were processes in place to make best interests decisions on their behalf. For example, one person who lacked capacity was at risk of getting the call bell cord around their neck. A best interest decision had been taken involving the person's family and GP to remove the call bell and hourly checks had been put into place. Staff explained how they would always seek a person's consent

before providing care and support and they aimed to involve people in decisions about their daily activities. We saw staff gain people's consent and cooperation before care or support was given.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). The staff had identified six people at the time of our inspection who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body, although they said they were all waiting to be assessed. The manager was fully aware of the procedure to follow should a DoLS application be necessary.

People reported positively about the food choices at the home. The nursing staff had ensured the cooks had good information about any allergies, and people who needed a specialist diet. For example, vegetarian or a soft consistency. In people's rooms there was also a file which contained details of people's individual nutritional needs to ensure staff gave people appropriate meals. There was fresh fruit available in bowls for people to help themselves as they chose.

The cook spoke with pride about their work and the importance of food for each person. The cook chatted to people regularly about their food likes and dislikes and was seen chatting to people during our visits about their meals. The cook said, "I try to get around to get feedback from everyone and I'll always try to cook what people want, which is mainly traditional food if I'm honest, but that's what they want." People were given a menu each week and the kitchen assistant asked people each day their meal choices when taking around refreshments.

Staff ensured people had food they enjoyed. The provider told us about one person who liked smoked salmon, which they had regularly. Another person particularly liked McDonalds, so a staff member went regularly to buy them a meal.

We observed a lunchtime meal in the dining room during our visit. Lunchtime was very sociable. The activity person said they spent time in the dining room at lunchtime to, "help people to mix and socialise." Staff were very attentive to people's needs. People were offered sherry, baileys and refreshments of their choosing. It was evident that people were enjoying their food. One person commented, "They feed me very well here, the food is very good." Another said, "Food here is quite good, if you don't like what they have they'll do something different for you."

Professionals said staff knew people's health and care needs well, contacted them appropriately and followed their advice. People had regular sight tests and chiropody appointments. Any changes in health or well-being prompted a referral to the person's GP or to other health professionals. For example, the occupational therapist, foot healthcare practitioner, bladder and bowel nurse specialist and community psychiatric nurse (CPN). One health care professional said, "I must say that I'm more than happy with (Bay Court). It's got a nice feel, and the staff I've met so far are lovely."

Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had assessed people as requiring a special diet these meals were provided in the required consistencies for people. People at risk had their weight monitored regularly and further action was taken in response to weight loss and appropriate referrals made.

People benefitted from living in a home that was adapted and changed to meet their diverse needs. The manager had put in place signage to help direct people and visitors to key areas. The provider had an ongoing programme of renovation. Decor throughout the home was in very good order with artwork and

ornaments being displayed in all areas.

Is the service caring?

Our findings

The service remained caring.

People were supported by kind and caring staff who treated them with warmth and compassion. The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. A health professional said, "The staff are extremely friendly and caring, always putting the residents first... I would have no hesitation in recommending Bay court. It is home from home."

The staff were aware that it was people's home and did not rush around carrying out tasks. A letter to the provider by an agency worker who had undertaken a night shift at the home showed this was the norm at the service. It said about the staff they had worked alongside, "These ladies were a credit to you and your home. They showed care and compassion when dealing with residents." The hairdresser said, "I work at several homes in the area, this one is lovely. The people are so nice."

People were seen positively interacting with staff, chatting, laughing and singing. Staff were thoughtful, friendly and considerate towards people. People were happy with the care they received. Their comments included, "It does feel like home ... I know that this is the best place for me" and "The girls are lovely here." A relative said, "It's always been a very welcoming home and I do see the same staff here... [My relative] is pretty contented here."

Staff all said there was a family atmosphere at the service in relation to people, their families and the staff team. They ensured people's relatives and friends were able to visit without being unnecessarily restricted. Relatives and people's friends said they were made to feel welcome when they visited the home.

People's bedrooms were very personalised with things that were meaningful for each person, family photographs, soft toys, cushions and pictures. The activity person with people's consent had taken photographs which were placed in people's rooms so they could remember events they had been involved in.

At lunchtime people who needed it were offered a protective covering to keep their clothes clean and maintain their dignity. Where three people needed help and prompting to eat, staff sat patiently with them, made good eye contact and provided support at the person's pace, interacting, encouraging and praising them. Where people needed assistance, for example to cut up their food, this was offered discreetly.

Staff treated people with kindness and compassion in everything they did. Staff were smiling and respectful in their manner. They greeted people with affection and by their preferred name and people responded positively.

Staff ensured they maintained people's privacy and dignity. Staff were seen knocking on people's door and waiting for a response before entering. Staff involved people in their care and supported them to make daily choices. Staff were heard offering people choices and respecting their decisions throughout the inspection.

Is the service responsive?

Our findings

People received exceptionally personalised care and support specific to their needs and preferences. There was an excellent understanding of the importance of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. The provider and staff recognised the importance of social activities and understood meaningful activities formed an important part of people's lives. We saw people engaged and enjoying activities throughout both our visits. These included balloon tennis, a harpist playing songs from musicals and people going out on shopping trips. Everyone we spoke with was positive about the activities provided at the home. Comments included, "I can't praise them highly enough" and "They take me down town and down to the sea in my chair. They are brilliant."

Health professionals were also impressed with the activities offered. Comments included, "Activities are always happening with something to do and more reluctant residents are encouraged to join in or visit the dining room to eat meals together" and "...Bay Court is above and beyond what is expected... I would be happy if my family member was living there...they are all happy, content and well looked after. They have lots of outings... extremely fun organised activities and days out... A gorgeous, homely and family based care provider."

There was a lead activity person, supported by two designated activity staff. They were very passionate about the activities at the home being meaningful and appropriate. The provider recorded in the provider information return (PIR) "We involve the residents with all choices and obtain their life stories so that we can try and help them live their dreams." We saw the activity team had spent time with people to get to know them, build up their trust and establish their wishes. Each year the activity team spoke with people and asked what they would like to do, to identify their hopes and dreams. These had been placed on a large board and when the event happened a photograph was added. This board showed that people had been supported to achieve their goals. One person had wanted to fundraise as part of their hopes and dreams in 2018. They had held a bake sale with cakes and a raffle for charity. Another person had worked with guide dogs. Staff had contacted the guide dogs for the blind and they had visited and have since regularly visited the home. This had a significant impact on this person who had opened up and was now very active in the home. Staff went above and beyond giving their own time to support people to achieve their goals. For example, going sailing with people and on outings.

Activity staff had supported one person with the support of the care team who was very withdrawn and had expressed they wanted to die. The activity person had visited this person most days and had slowly built up trust with them. After a little time, they went on outings which were meaningful to them which had made them more positive and responsive. This had significantly impacted on the person well-being. They now regularly went out and had also attended the Christmas meal. This person told us they saw staff as their extended family.

There were numerous examples of where the activity team had established people's hobbies and interests and supported them to revisit them. One person remembered planting a tree at Bicton gardens (a local botanical gardens) in their youth. A trip had been arranged with staff at the gardens and the person had

returned to find the tree. Another person had been a helicopter pilot with the Devon Air Ambulance. They were supported to visit, meet colleagues, and sit at the controls of the helicopter. Others who loved the sea had been out sailing which was a regular outing at the home weather permitting. Letters and emails from families showed their appreciation of the lengths staff had gone to enable people to live interesting lives. Relative's compliments included, "...made so much difference to his general mood. Coaxing him to stay downstairs for entertainments when possible. Taking him sailing for the afternoon, which he loved and is still the main topic of conversation! Keeping his room topped up with photos of his day to day life...", "pro-active about getting (person) involved and out and about. I have noticed that (person) is also now remembering a lot more people's names which may be as a result of mixing more... it has added to the feeling of inclusiveness and belonging in Bay Court" and "You truly have opened up [Person's name's] world again when it would have been all too easy to resign ourselves to all the things he can no longer do... You are giving us new memories and things to talk about and most importantly, shared moments of 'togetherness' involving (person) and what he loves."

Where people needed to or chose to stay in their rooms, staff ensured they had time allocated to have meaningful activities. For example, one person had been enjoying having the book 'born free' read to them and another liked having their feet soaked. When new people came to the home, staff quickly identified their hobbies and worked to help them socialise with others. For example, one person had been at the home a few weeks and was participating in activities and had helped make shortbread.

People were encouraged to participate and feel a sense of belonging. People had made Christmas decorations and had helped decorate the home. Each year people helped arrange two large events at the home, a Christmas party and summer garden party. This was an opportunity for people and their families to come together and celebrate. Photographs of the vintage summer party in 2018 saw a four-piece band playing and people with their families laughing and enjoying themselves. A relative said, "Christmas was very good here. All the staff worked very hard to make it nice for us, like they always do."

At Christmas each person had a personalised stocking which contained a satsuma, walnuts, chocolate and candy canes. This was about reminding them about their past and unlocking their youth with reminiscence. We were told how this had made one person become very emotional with happiness remembering their childhood.

Where ever possible people were encouraged to spend time in the garden. One person had been allocated an area for them to grow vegetables, others had helped paint the fence. There were specialist gardening tools to enable people in wheelchairs to help with the gardening. Produce from the garden was used in the many cooking sessions held at the home. For example, apples from the apple tree had been made into chutney.

Where people had dementia for some it was appropriate to use a dementia doll. This was a doll which a person could hold and look after. Staff treated the doll at all times respectfully and as a baby. Staff said the doll had had an immense calming influence on one person in particular. Another person loved football, the activity person had brought in a football table which the person played regularly with their family members which they loved.

Each week a timetable of events was given to each person. This was very bright and had pictures to help people identify the activities on offer. One person said, "We have entertainments and all sorts of activities here. There's a list brought round every week with what's on..."

Staff were keen for the home and people living there to be an integral part of the local community. Several

of the people at the home were from the local area and had family and friends who visited regularly. There were regular outings into the local town and amenities. After one of these outings where staff had facilitated a husband and wife meet up a relative wrote to the provider. They said, "Was enjoyed by all and lovely to see Dad so less agitated and much more 'in the moment' than usual...it's the extra's that make the whole situation so much more bearable."

Staff had developed links with the local school. Pupils had written letters to people at the home asking them about their war time experiences and they had replied with the support of staff. There had been visits to the home by pupils and one person had visited the school. They had been a pupil at the school and attended an assembly and spoke with children about their experiences as a child at the school.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. One person was religious and their care plan contained details of what was important to them to follow their beliefs. This included special consideration regarding clothing, diet, prayer and last offices at the end of their life.

People's special birthdays and occasions were celebrated at the service. On people's birthdays birthday banners and balloons were placed on their bedroom doors and a birthday cake made and an individual gift given.

One of the directors told us, "We record our resident's life histories. In that way we all get to know them, when they were active and less dependent. This gives us a better understanding of their needs, likes and fears, and helps us fashion personalised care. We also learn of their interests and hobbies and if at all possible will cater for these." Wherever possible a pre-admission assessment of needs was completed prior to the person coming to the service. People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. This enabled staff to complete care plans about people's wishes.

The care plans related to people's activities of daily living. These included communication, continence, mobility, nutrition and personal care needs. Care plans had an assessment of people's needs, goals and expected outcomes and the interaction and support required to meet these. The manager had met with the nurses and allocated named nurses to review people's care plans and assessments monthly. The nurses and care staff both recorded the support they gave people on daily records.

In people's rooms there were care folders which gave staff information about how to support people safely and monitoring charts, which included repositioning, nutritional sheet, oral chart and bowel charts and topical cream charts. This enabled staff to have a synopsis of people's needs easily and accessible when they were supporting them with personal care.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff on how to ensure people had the information they required. Staff ensured people had their hearing aids in place and had their glasses cleaned. The provider recorded in the provider information return (PIR), "Tools are used to support effective communication, i.e. writing down on notepad...Some of the residents are deaf, staff ensure that they speak clearly and slowly at all times, write things down, use pictures." We saw that staff took time to talk with people and ensured they had time to understand and respond. To help one person who had difficulty speaking, participate in quizzes staff had made true and false paddles. This meant the

person was able to participate and enjoy the activity.

The manager and staff were committed to ensuring people experienced end of life care in an individualised and dignified way. There was nobody receiving end of life care at the time of our inspection. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Relatives had sent thank you cards to the team for the care the staff had given their loved one. One of these said, "Thank you for all your kindness to dad in his time with you but especially the last two weeks you were all amazing."

The provider had a complaints procedure which made people aware of how they could make a complaint. One person said, "I'd also tell (manager) if I thought there was anything wrong." The complaint procedure identified outside agencies people could contact if their complaint was not resolved to their satisfaction. This included the local government ombudsman, local authority and The Care Quality Commission (CQC). People and relatives said they would feel happy to raise a concern and knew how to. There had been no complaints received by the provider in 2018. The manager was very active at the service and dealt with small niggles before they escalated to a complaint.

There were messages of thanks which had been sent to the provider, manager and staff from relatives. One received during the week of our visit echoed many others. It said, "...we have been delighted with the care and love which (person) received from all the staff at Bay Court, and of course from the two of you. It really has felt like a family, to us and to [Person's name] and I know how very, very happy he was during his stay with you...Having worked in, and run, many nursing homes over the years, I know a good one when I see it. I only wish that I had had the chance to work with you and your team. It would have been a pleasure."

Is the service well-led?

Our findings

The service remained well-led

The culture of the home was open, person centred and inclusive. Staff were all very positive about working at the home and said they worked well together as a team and there was good communication.

Leadership at the home was very visible. The new manager was very active, working alongside staff. They were supported by the directors who visited at least twice each week and were always contactable by telephone. They had taken action when the previous registered manager had left to ensure the safe running of the home. They had appointed the new manager and a senior auditing nurse to support the manager in addition to the senior lead nurse. The provider's said, "Care is very important to us and we do feel that we care here." One staff member said, "The owners are good here and the standards are getting better and better."

After speaking with the management team, it was clear they all recognised their roles and responsibilities and worked closely together. Staff said they felt supported by the manager and were positive about the changes that the manager had put into place. Comments included, "Doesn't feel like a boss, more of a friend, she asks what I need... makes you feel like wanting to come to work. I leave work not feeling exhausted, I feel happy", "(The new manager is] brilliant, so supportive would challenge if necessary, no tittle tattling... likes to be supportive" and "There is a true team here, the manager is open with everyone no favourites." Health professionals were also positive about the management at the home. Comments included, "Bay Court is always a welcome to deal with... manager is equally welcoming and easy to engage with... Records are up-to-date when I have completed reviews and each patient/client is known by the staff and management team."

The provider had a number of quality monitoring systems in use which were used to review and monitor the service. The manager had an audit program which included three monthly medicine audit, six monthly environmental and infection control audits. The manager also completed a monthly manager's audit which included people's weight loss, falls, pressure sores and wounds, safeguarding and complaints. Where they identified concerns, they had taken action. For example, the infection control audit identified staff wearing jewellery, action was taken and the staff member spoken with.

There were accident and incident reporting systems in place at the service. The manager reviewed all of the incident forms regarding people falling. They looked to see if there were any patterns with regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways so further falls could be avoided.

Staff knew each person's needs and were knowledgeable about their families and health professionals involved in their care. Any concerns staff had regarding people's presentation were quickly communicated to the nurse in charge. There was a handover meeting at the changeover of each shift where key information about each person's care was shared and any issues brought forward.

The manager encouraged open communication with people who used the service and those that mattered to them. They regularly spoke with people and visitors to the home to seek their views. People and their relatives were invited to 'resident's meeting's every six months. The manager said they intended to send surveys out to people, relatives or people's representatives to ask their views.

Staff were actively involved in developing the service. The manager worked alongside staff and had an open-door policy for staff to speak to them if needed. They had met formally with the registered nurses to discuss changes and idea's and had a meeting planned with all staff in February 2019.

The provider had recorded in the provider information return (PIR), "We are part of (name of national care home review website) and in the past two years Bay Court is in the top 20 care homes in the South West of England, beating over a 1000 other homes. This is based on positive reviews from the residents and their relatives." We looked at this website, they had received 23 reviews since December 2015 with 16 since December 2017. Nine from people using the service and 13 from relatives and friends and one from a therapist. They scored 9.9 out of a possible ten, with everyone saying they would be extremely likely to recommend the home. Comments from people and relatives included, "I feel like Bay Court is my home", "(Person)...has noticeably improved in her health and wellbeing. The combination of very good care, excellent food and a great range of daily activities is down to the staff", "He is very well looked after. The staff are so friendly and kind to him and I always feel welcomed (this is important to family members)" and "The staff are always friendly and it has the atmosphere of a happy family. The activities are exceptional and I am amazed at what my husband has been able to do."

In May 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

The manager had notified CQC of events which had occurred in line with their legal responsibilities. They had displayed the previous CQC inspection rating in the main entrance and on the provider's website.