Court Healthcare Limited

Bay Court Nursing Home

Inspection report

16-18 West Hill,
Budleigh Salterton
Devon
EX9 6BS
Tel:01395 442637
Website: www.baycourt.net

Date of inspection visit: 14 May 2015 and 11 June 2015
Date of publication: 15/07/2015

Ratings

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

Overall summary

We carried out an unannounced comprehensive inspection on 14 May and 11 June 2015. We decided to bring forward a planned inspection because we had received concerning information about the service. These were regarding people allegedly experiencing poor care at the service. At the inspection we identified concerns regarding the staffing levels and records were not accurate in respect of the care and treatment provided to people at the service.

Bay Court Nursing Home is registered to provide accommodation with nursing care for up to 29 older people. There were 26 people using the service on the first day of our inspection. We last inspected the service in July 2014, at that inspection the service was meeting all of the regulations inspected.

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

Summary of findings

People were not kept safe because staff did not respond to people's individual needs in a timely way.

People's records were not always accurate and did not reflect the care they received. The registered manager had not ensured people's confidentiality had been maintained. Care records were not appropriately stored and out of the reach of visitors and other people at the service.

There was a complaints procedure in place and the registered manager had responded to concerns appropriately. Some people fed back to us they did not feel confident to raise concerns at the service. The provider was looking at ways to address these concerns.

People received most of their prescribed medicines on time and in a safe way. Improvements were needed in management of prescribed topical creams and ointments and stock control.

People said not all staff treated them with dignity and respect at all times in a caring and compassionate way.

The provider demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005). Where people lacked capacity, mental capacity assessments were being implemented by the registered manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. They had made an application to deprive one person of their liberty to the local authority DoLS team.

People were supported by staff who had the required recruitment checks in place and were trained and had the skills and knowledge to meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

People were not always involved in making day to day decisions. Staff were seen to be caring in their approach. However, not all people confirmed they were happy with the care they received and felt staff were hurried in their work. Most people felt they were treated with dignity and respect.

People were supported to eat and drink enough and maintained a balanced diet. They were positive about the food at the service.

People were supported to partake in a range of social activities in the main communal areas. The provider employed designated activity staff. They spent quality time with people who wanted to stay in their rooms to prevent them from being socially isolated.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Improvements were being made to improve care plans to make them more person centred and involved in their development. People were referred promptly to health care services when required and received on-going healthcare support.

The premises were well managed to keep people safe. The maintenance at the service was overseen directly by the provider. There were emergency plans in place to protect people in the event of a fire or emergency.

The provider had a quality monitoring system at the service. However they had not identified that people were not satisfied with staff response times to call bells and that people's records were not accurate and did not reflect peoples up to date care.

The provider actively sought the views of people, their relatives and staff through staff and residents meetings and questionnaires to continuously improve the service.

We found two breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back 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?

Requires improvement

Some aspects of the service were not safe.

Staffing levels had been maintained at the registered manager's assessed levels. However people's individual needs were not always met in a timely way.

People received their medicines in a safe way with the exception of topical creams. Systems for the safe management of medicines was being reviewed by the registered manager.

The provider had robust recruitment processes in place. Staff were knowledgeable about the signs of abuse and were confident action would be taken if they raised a concern.

The premises and equipment were managed to keep people safe.

Is the service effective?

Good

The service was effective.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had received effective inductions, training, regular supervision and appraisals and some were undertaking higher health and social care qualifications.

People were supported to eat and drink and had adequate nutrition to meet their needs.

People had access to on going healthcare support and their health needs were assessed and care plans implemented.

Is the service caring?

Requires improvement

The service was not always caring.

Staff did not always treat people with dignity and respect at all times in a caring and compassionate way.

People were not always supported to express their views and be involved in decision making.

Visitors were made welcome with no time restrictions on visits.

Is the service responsive?

Good

The service was responsive to people's needs.

People knew how to raise a concern or complaint but not all people felt comfortable doing so. The registered manager dealt with complaints received appropriately and in a timely manner.

Summary of findings

People had their individual needs regularly assessed, recorded and reviewed.

People were supported to take part in social activities. Activities were in place to ensure people were not at risk of social isolation.

Is the service well-led?

Requires improvement

The service was not always well-led.

Although there were systems to assess the quality of the service provided these were not always effective. The provider had not identified people felt their needs were not responded to promptly due to increased occupancy and staffing levels. Records did not accurately reflect people's needs.

There was a registered manager employed in the service. The staff were well supported by the registered manager and there were good systems in place for staff to discuss their practice and to report concerns about other staff members.

People and staff were actively involved in developing the service.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 May and 11 June 2015 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service; they had experience of services for older people.

Before our inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met most of the people who lived at the service and received feedback from 18 people using the service and four visitors.

We spoke with 14 staff, which included nurses, care and support staff, the registered manager, deputy manager and the provider. We contacted the local GP practice that supported the service and the local authority commissioners for their views.

We looked at the care provided to six people which included looking at their care records and speaking with them about the care they received at the service. We reviewed medicine records of seven people. We looked at seven staff records and the provider's training guide. We attended a staff handover meeting and looked at a range of records related to the running of the service and quality monitoring information and a website where people had recorded their views.

Requires improvement

Is the service safe?

Our findings

People gave us mixed feedback about whether they felt safe at the service, the majority expressed concerns about the staffing levels. Comments included, "There aren't enough staff to cope with the needs of the people here…I like most of them (staff)…they're very friendly but they never have time to talk to you properly as they're always busy". Another person said, "My son said I could have anything I wanted but it's not like that…he said I could have a cup of tea when I wanted…there's one bloke at night who'll bring me a cup of tea but the others say they're busy."

People said they had to wait for staff to respond to their call bells when they required assistance. One person said, "You get used to them (the bells) if you live here, you just don't notice them anymore, except if they stop. They (the staff) are pretty good at answering them, they come as quick as they can, except if they are dealing with someone that takes two." Another said, "You ring the bell, but there's 30 here so you have to wait your turn…they could do with more staff as they work long hours but that would put the money up". A visitor said when asked about the staff's response to call bells, "That they (staff) are quite swift and respond promptly."

On the first day of the inspection call bells were heard ringing throughout the day. We noted the call bell panels on the wall which highlighted the location of the call bell alert would stop and then re-start a few minutes later. Staff were able to silence the alarms for a few minutes at the main panels, without having to attend. We noted on three occasions people had to wait over 12 minutes for staff to respond to their call bell. Staff had to run up from a lower floor to respond to the call bells on the top floor which increased the delay.

Staff expressed concerns about the staffing levels. Comments included, It would be nice to have five staff in the afternoon to answer bells, we all do teas, so can't answer bells." Another said "Not enough staff, used to have six, recently have been low; we have had a lot of agency". A third staff member said, "We have had increased occupancy recently and have gone from 19 to 29 in a short space of time, which has made it harder".

The registered manager used the Barthel scale to assess if there were adequate staff numbers to meet people's individual needs. People's needs were scored by their requirements of physical assistance to maintain their activities of daily living. The registered manager said they also considered the environment and took guidance from staff feedback. Records confirmed the registered manager had maintained their assessed staffing level. This meant there was at least one registered nurse on each shift with six care staff each morning, four care staff each afternoon and two care staff at night. The registered manager confirmed the occupancy had increased recently and some staff had left. They had 200 hours of care staff vacancies and had been having difficulties recruiting to these posts. They were using agency staff from two designated agencies to fill duty gaps. The registered manager said they had enough nurses employed. They had increased the nurse cover to two nurses each morning and when possible two nurses for the whole day and at times nurses had covered care shifts. The nurses said the increased cover had made a big difference and meant people had their medicines more promptly.

The provider and registered manager said they were having difficulties maintaining staffing levels. They had taken action and were reducing the occupancy at the service, due to people concluding their stay. Any potential new people would be assessed for their dependency levels and whether the staffing levels could meet their needs.

People received their medicines safely and on time with the exception of prescribed topical creams. People said they were given their medication and creams were applied as necessary and they were happy with their treatment. One person said "The nurse is very good; I get my medicines on time." All medicines were administered by nurses whose competencies had been assessed by senior management. Nurses were seen administering medicines in a safe way and had a good understanding of the medicines they were administering. However, there was no oversight by the nurses to ensure people had their prescribed topical creams safely administered. Medication records and cream charts did not include clear guidance for staff about the application and frequency for creams to be applied. Records of creams applied were not always completed. This meant the nurses could not be sure if prescribed creams had been applied as prescribed or whether staff had forgotten to record their use. The registered manager said they were confident people had their prescribed creams applied and felt it was a recording issue which they would address.

Requires improvement

Is the service safe?

There was a system in place to monitor the receipt and disposal of people's medicines. There was no system to monitor the stock of medicines and a large quantity of medicines were stored. The registered manager and deputy manager said they had delegated medicine ordering which had resulted in an error in quantities being ordered. Records confirmed they had ordered less medicines the previous month and were using up the excess stock before reordering. They said they had been recording the stock of all medicines until Christmas 2014. At that time the pharmacy supplying their medicines computers had lost information. People's medication administration records had needed to be photocopied and had resulted in the stock information being lost. The registered manager said they were working with the GPs and pharmacy to improve the medicine ordering and review of people's medicines.

Medicines which required refrigeration were stored at the recommended temperature. On the second day of our visit, staff followed procedure when the medicine fridge was higher than the recommended temperature. They contacted the pharmacy and were instructed to destroy all medicines held in the fridge and to re-order, which they did.

Medicines at the service were locked away in accordance with the relevant legislation. The registered manager had implemented appropriate measures while they replaced the medicine cupboard locks in people's rooms. Medicine administration records were accurately completed and any signature gaps had been identified by the registered manager and action had been taken to ensure people had received their medicines. Audits of medicines were completed by the registered manager and deputy manager and records showed actions were taken to address issues identified.

People's needs were assessed and care plans provided detailed information about each person's health needs. Staff used the Barthel scale to assess people's needs. Where the scale identified a high risk a care plan was put into place to address the risk. They also used other risk assessments which included an assessment of people's skin integrity, risk of poor nutrition, manual handling risk and a gulp hydration risk which identified if people had difficulty swallowing.

Staff were guided by the care plans how to meet people's needs safely. For example a care plan for a person regarding their transfer and mobility needs guided staff to use a hoist for all transfers. Staff were instructed to use the correct sling, to check the hoist battery first and sling before transfers and use a slide sheet to reposition in bed. Another care plan guided staff that a person required assistance with all their meals and to ensure drinks were left within easy reach.

Recruitment checks had been completed to make sure staff were only employed if they were suitable and safe to work in a care environment. Recruitment records showed all the checks and information required by law had been obtained before new staff were employed.

Staff were knowledgeable about how to recognise signs of potential abuse. They were confident any concerns raised with the registered manager or provider would be dealt with. Comments included, "They will deal with any issues … they listen and take action." The registered manager keeps the Care Quality Commission informed of any safeguarding concerns at the service by sending required notifications.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff had recorded accidents promptly and the actions they had taken at the time.

The environment was safe and secure for people who used the service and staff. The provider over saw the arrangements to manage the premises and equipment. There was evidence of regular servicing and testing of moving and handling equipment. Fire checks and drills were carried out and regular testing of fire and electrical equipment. Staff were able to record repairs and faulty equipment in a maintenance log. The provider used the services of a local contractor who visited the service each week to carry out work identified in the maintenance log and undertake maintenance projects directed by the provider. On the first day of our visit they were making changes to a bathroom. They said, "I come in to do specific jobs. I come in once a week and check and sign the maintenance book in the office where the carers record issues."

Emergency systems were in place to protect people. An emergency plan was in place with a fire procedure under the fire panel. These contained guidance in the event of an

Requires improvement

Is the service safe?

emergency and a list of emergency telephone numbers. The registered manager said they would be adding additional information about people's physical requirements.

Good

Is the service effective?

Our findings

People who lacked mental capacity to take particular decisions had not always been protected by systems used at the service. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the provider had not followed the principles of the MCA. The registered manager had recently undertaken MCA training and was addressing this error. They were in the process of implementing a mental capacity assessment document and consent to care document. Staff demonstrated an understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice and had received training.

Where people lacked capacity, other professionals and family members were involved in decision making in their best interest. For example, a best interest decision discussed whether a person required a lap belt in order to stop them falling out of their chair. In the person's best interest it was agreed the least restrictive option was to tilt the person's chair backwards rather than use a lap belt.

The registered manager was aware of the Supreme Court judgement in March 2014 and had made an application to the local authority Deprivation of Liberties (DoLS) team to lawfully deprive a person of their liberties, where it was deemed to be in their best interests for their own safety.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. Staff had undergone a thorough induction. New staff worked alongside a more experienced member of staff and completed an induction booklet which was marked by an external company. The induction covered modules in personal development, communication, equality and inclusion, duty of care, safeguarding and recognising signs of abuse. The registered manager was aware of the new care certificate which replaced the common induction standards which came into effect on the 1 April 2015. They had not used the new induction as no new staff had been recruited since the introduction of the care certificate.

People were supported by care staff who undertook training which developed and maintained their skills and knowledge. All staff training was recorded on a training guide which was pinned on the wall in the main office and regularly updated. A designated staff member reminded staff when any refresher training was due. Staff confirmed their training enabled them to feel confident in meeting people's needs and in recognising changes in people's health. Comments included, "All of the training is good and effective". One staff member said they had undertaken additional training in venepuncture and a distant learning course in diet and nutrition. Staff were encouraged to undertake qualifications in care; the registered manager and staff confirmed that several staff were undertaking qualifications in health and social care.

The registered manager had completed annual appraisals for all staff. Staff received supervision from their designated line manager. The registered manager had not conducted the nurse's supervision formally and documented the discussions. They said they worked alongside the nurses and undertook clinical supervisions. Staff were positive about their supervisions and the support they received. Comments included, "Able to express what you want …friendliest place I have worked in." My supervision was done by (a nurse)..The last one in March was really useful and good" and "We can say how we feel."

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support. Staff referred people quickly to relevant health services when people's needs changed. For example, one person had not been eating and drinking adequate amounts and staff were concerned about their weight loss. Staff had contacted the person's GP and dietician and were acting on their guidance. The GP supporting the service said they were confident staff recognised the needs of the people and made referrals promptly and that their guidance was followed. One visitor said the staff were vigilant and called the GP when required. They gave an example of when their mother become unwell a few weeks earlier. They confirmed the staff had kept in contact with them appropriately.

Staff ensured people were supported when required by a variety of health professionals. For example, the bladder and bowel advisor, speech and language team (SALT), dietician, optician and older people's mental health team.

Staff protected people from the risk of poor nutrition and dehydration. People were weighed monthly and, where

Good

Is the service effective?

there had been unexplained weight loss, more regularly. The staff closely monitored these people and implemented monitoring charts to calculate their diet and fluid intake and took appropriate action when needed

People were supported to eat and drink enough and maintain a balanced diet. Each morning staff made people aware of the single meal choice for that day. Staff said if people did not like the choice they could have an alternative. For example, there was always a vegetarian option. One staff member said, "If we haven't got what they would like, we send the activity man out to get it". The cook and the registered manager said they had been working with one person to find foods they liked. This person said they were very happy with the food they had.

People did not always have their meals appropriately spaced out. One person was given their lunch within an hour of having their breakfast. The registered manager said the person needed to be sat out before they could have their breakfast safely and had requested to stay in bed that morning. They felt there had been a communication breakdown between the kitchen and care staff. Records showed on the second day of our visit the registered manager had addressed this issue. Staff were guided to ensure there was an adequate gap between people's meals.

People were reasonably happy about the food they received, with the exception of two people on pureed diets who felt there was not enough variety. Comments included "This is nice.. I am quite happy with the food here." The cook confirmed people on a specialist diet had the same food where possible as everybody else.

Visitors was positive about the meals provided. One visitor said their Mum ate well and that their sister had Sunday lunch with their mother and said the food was good. They went on to say at Christmas the whole family shared lunch at the home and it was fun.

The menu was displayed in the main communal area to remind people of the meal choice. There was a basket of fresh fruit for people to help themselves. Lunch was served in the main lounge on the ground floor. Some people were served lunch in the lounge chairs in which they sat all day. The meals were plated up in the kitchen and brought out to people. This meant there was no opportunity for people to ask for less or more of anything. Staff went around offering a choice of sauces and drinks which included sherry, coffee and mint sauce. People who required a special diet were catered for and the cook had clear guidance about people's needs and who required a special diet. The cook was kept well informed by the care staff. They were able to tell us about a person who required a special diet who had come into the service the day before This meant people who required a specialist diet had the appropriate meal to meet their needs safely.

Requires improvement

Is the service caring?

Our findings

People were on the whole positive about the staff. However eight people said their care was hurried and the carers did not have time to chat.

Visitors were happy with the care provided to their relatives. Comments included, "We have been delighted with the care here" and "The staff are caring, on one occasion a nurse sat with my mother while she was a bit teary."

People were not always involved in making decisions and planning their own care. One person said that care had to fit in with ''What's done to them rather than being listened to.'' They gave an example; they had requested to have their clothes put out in the evening ready for the next day. They said that care staff regularly refused to do this and they were told they must wait until the morning. Another person said they did not feel they were listened to about simple choices they wished to make. For example, the time they had their breakfast. Others people said they were involved in decision making. For example, the choice of where they wanted to eat. One person said, they did not wish to join others in the dining room as they could only use one hand and preferred to be in their room. A visitor said, "Mum can chose where she wants to eat, in the dining room or in her room."

Practical actions were not always taken to relieve people's distress or discomfort. One person said, "I get a lot of pain in my back and my legs…it's worse in bed so I asked to get out…I waited until between 7.00 and 7.30 today even though I've been awake since 2.00. They put me in my chair but didn't do anything else to get me ready so I was left very uncomfortable…I rang and shouted but they didn't come." However during handover the nurse gave instructions to staff about another person who may require pain relief before being repositioned.

Staff did not always make sure people felt like they mattered. One person said staff had not always been caring. They said they had been lying awake during the night and were not even offered a cup of tea, and were not heard when they asked for one. Two people said they had been told they were not the only people at the home and would have to wait. One person said "Staff could be sarky." A senior member of staff confirmed that they sometimes had to tell people they had to wait, they were not the only people at the home. Another staff member said sometimes staff could be snappy. The registered manager was aware of an incident where a staff member had been abrupt to a person and had taken action. They said they felt the pressure of staffing levels was causing staff to be abrupt at times. The registered manager and provider said they would address the concerns raised at the feedback at the end of the inspection around people's concerns.

The provider had not ensured staff treated people with dignity and respect at all times. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's confidentiality was not always maintained. Two folders containing people's records of the care they had received were left in the corridor. These included information about the care provided, topical cream applications and moving and handling needs which were usually kept in people's rooms. This meant visitors had the opportunity to read confidential information about people's needs.

Staff were observed showing concern for people's wellbeing in a caring and meaningful way. They were caring and responsive to people's requests. For example, one person had rung their call bell to use the toilet. Staff attended and were kind and friendly. When the person said they hadn't wanted to bother them, they replied positively saying that was why they were there.

Staff were seen treating people with kindness and compassion, however there was a very busy atmosphere at the service. Staff engagement with people was respectful and friendly. For example, staff were heard happily chatting with a person while they were making their bed. Another example was a nurse reassuring a person who was anxious about staff not responding to their call bell. They were working with the person to allay their fears. They had stayed with the person and timed how long staff had taken to attend and was seen returning to the person to maintain the reassurance.

People were treated with dignity during our visits; people were addressed by their name and personal care was delivered in private. Staff were seen knocking on people's doors before they entered. This was with the exception of one person who was seen on several occasions in their room with their under garments on display. The registered

Requires improvement

Is the service caring?

manager, provider and staff were all aware of this problem and were looking at ways to resolve the issue. They had spoken with the person and had made numerous suggestions and were looking at possible solutions.

People were dressed in their own clothes and were reasonably well-presented. The hairdresser had visited and ladies had their nails painted and said they could choose to be showered or bathed.

Visitors were welcomed and there were no time restrictions on visits.

Good

Is the service responsive?

Our findings

People said they had had no complaints about their nursing care at the service. However people gave us mixed views on whether they felt able to make their concerns known. The majority said they were happy to make their views known with one person saying, "If I were unhappy I'd peg out and walk away." Three people said they did not feel happy to raise concerns. One person said that no one would listen to their concerns and they were not hopeful that anyone would help them. Another person said they might be discriminated against for complaining. Another said "I don't want to complain as if you complain the carers earmark you and you get worse treatment." When asked why they did not raise their concerns with the nurses, one responded, "They are always busy."

Visitors were happy they could raise a concern and the registered manager had listened and acted upon concerns raised. Comments included, "Mum did not like having personal care from a male carer, the manager arranged for that not to happen again." Another said after speaking with the registered manager, their mother had been moved into a bigger room when it became available.

In each room people had a folder which contained the provider's complaints procedure and relevant contact details of the provider and outside agencies. On the back of the procedure was a complaints form which people could complete if they did not wish to raise a concern in person. The provider said they regularly went around the home and asked people if they had any concerns. People had not raised any concerns with them and fed back that they were happy at the service. They were shocked to hear people had felt they could not always raise concerns and said they would look at ways to address this and keep it under review.

The registered manager said they had not received any formal complaints in the last year. They tried to address things quickly before they got to a full complaint and tended to use emails to stay in contact with relatives and friends. There were email trails which showed the registered manager had dealt with concerns appropriately and to the satisfaction of the relatives that had raised them.

People's care plans were reflective of their health care needs but did not reflect how they would like to receive their care, treatment and support. The deputy manager was trialling a new way of involving people in the development of their care plans. The new style care plan was person centred. For example, when recording how the person required their personal care. They had recorded, "Depending on how I feel on the day, sometimes I will get dressed and sit out in my armchair." The deputy manager said the nurses were going to review and update everybody's care plans in the same style. The care plans were reviewed monthly by the designated nurse; people and their relatives had been involved with reviews of their assessments and changes in their care needs.

Care plans addressed people's social and spiritual needs. For example, a person had been identified at risk of social isolation. Their care plan guided staff about offering the choice to go to the lounge when specific activities were happening and when the weather improved to assist the person to sit in the garden

Staff were kept informed about people's changing needs. During a staff handover, staff were given up to date information about each person. Staff were guided about a person who required regular monitoring. They were told about GP instructions and changes to people's medicines.

People were supported to follow their interests and take part in social activities. There were two designated staff employed at the service to oversee activities, with one recently appointed. People were very positive about the activities. Throughout the inspection we observed one of the activity people spending time with people in their rooms. Two people said they spent time with the activity person and that they read books and chatted. The newly appointed activity person said they undertook arts and crafts with people. They had been going around meeting people and finding out their interests. There was a program of activities in the main communal area. These included entertainers, singers, donkey visits, guitar players, Thai chi and birds of prey. People said they were encouraged to join in the activities but some chose to remain in their rooms. One person said, "I go down for the singers and quizzes." Another said they liked the Thai Chi and entertainments. Activities people had undertaken were recorded in the diary and a report was sent to the registered manager. This meant they were informed to ensure people were not at risk of social isolation. Some people also had private arrangements in place with a private provider to have enablers come and take them out.

Requires improvement

Is the service well-led?

Our findings

People were at risk because accurate records about each person were not consistently maintained. Care records were contradictory and contained conflicting information because records had not been archived. The deputy manager said they would instruct the nurses to review people's care folders and remove archive information. They would review all of the care plans to ensure they were accurate and up to date.

The provider had in place specific charts for staff to record and monitor people's care needs. These included, food and fluid charts, comfort rounding charts (which recorded checks and the care provided) as well as prescribed cream charts. However there were gaps in these monitoring charts. The registered manager was aware staff were not always recording the care they had provided and had tried to address this.

The provider had not ensured there were accurate records in respect of the care and treatment provided to people at the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). Staff were complimentary about the registered manager and said they were confident in her abilities and were happy to approach her if they had a concern. However, one staff member said, "We don't see the manager around enough to ask people what they want and how they are getting on." People were mainly positive about the registered manager. They said they were friendly and approachable. Two people said they were not aware who the registered manager was and two others said they did not see them very often. One person said, "We don't see matron very often, so if you have a concern you have to hold it". Another said, "Never see the boss." The registered manager said they met all new people either before or when they came to the service and was sure people were mistaken and knew who they were.

The provider had quality assurance systems they used to drive continuous improvement. They had not identified through their system that people were unhappy with the staff response time to call bells and people's care records were not accurate. The provider felt this was due to the increased occupancy and staff vacancies. They said if we had conducted our inspection six months earlier we would have had better feedback from people.

The registered manager had conducted a food survey in October 2014. This had produced a list of foods people would like to see on the menu. The registered manager said the cook was looking to incorporate people's choices where possible. The provider as a result of the survey had implemented soup which came in a pouch and did not require mixing and had less salt content.

The registered manager had undertaken environmental audits, medication audits and looked at trends and patterns in accidents to ensure appropriate actions were taken to reduce risks. They had delegated the responsibility of reviewing the care folders but did undertake random checks. However these were not documented. They had set up an audit folder they intended to complete or delegate once the staffing levels had been addressed. The audits included environmental, care, infection control, feeding and communication.

The provider had started using a management program about employment law and policies in December 2014 after speaking with the registered manager. They said they had recognised there were gaps that needed to be addressed and had found the program very useful. The registered manager accessed the program to show the range of documents and policies they could access and said they had found it very useful and had helped them to fulfil their role.

The registered manager was supported by the provider. People and staff said the providers were regularly at the service and were approachable. Comments included, "(The provider) is nice, goes and sees new residents and asks how they are settling in. Recently we had a party; (The provider) was talking to people." The registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

The provider said they had confidence in the registered manager saying they considered situations before responding and as a result the service had a more stable work force. There were not always clear lines of responsibility between the provider and registered

Requires improvement

Is the service well-led?

manager. The registered manager said they were not always sure of their responsibilities because they had to go to the provider for approval. For example, some staff appointments were made by the provider, if they required additional staff or stationary.

Staff received feedback from the registered manager in a constructive and motivating way that meant they knew what action they needed to take. The registered manager said they were aware the staff group were very fragile because of the staffing levels and were conscious they needed to be cautious and sensitive before taking action. They gave us an example where they had addressed the actions of a staff member. The provider said there had recently been a discord in the dynamics of the staff team which had needed to be dealt with sensitively. This had improved and measures had been taken to address the issues.

People and staff were actively involved in developing the service. There were two types of residents meeting held at the service. The Friends of Bay Court, held a meeting every three months. A speaker had attended the last meeting held in April 2015. The registered manager said they tried to have resident and relative meetings every quarter". The last one held in February 2015 discussed activities and food provision. People had said the television unit looked shabby. The provider had replaced the unit and other furniture in the lounge with new oak furniture. Records confirmed the cook regularly met with people to ask their views about the food and actions had been taken. For example, guidance was given that a person preferred to have their drinks in a beaker. People had been asked to complete a questionnaire about their views of the Thai chi sessions held on alternative Fridays. There had been a positive response.

People and their families could access a website where they could record their views on the service. There were eight positive views recorded in 2015 by people's families. Comments included, "I would strongly recommend Bay Court Nursing Home". "Bay Court was flexible, caring and supportive." "A happy, well run establishment where they really understand the meaning of home. The management and owners will always make themselves available and are really approachable. The provider said they were disappointed and upset by the feedback; we had received from people at the service. They said they prided themselves on delivering a quality service and previous feedback had been good and would take action to address the concerns.

Staff were asked their views on the service. The last staff meeting held in February 2015 gave staff the opportunity to feed back their views. The meeting discussed the new approach Care Quality Commission (CQC) inspection process and possible outcomes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 10 HSCA (RA) Regulations 2014 Dignity and respect **The provider had not ensured there were accurate records in respect of the care and treatment provided to people at the home.** **Regulation 17 (2)(c)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had not ensured staff treated people with dignity and respect at all times.** **Regulation 10 (1)**