

Paydens (Nursing Homes) Limited

# Betsy Clara Nursing 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** ●

# Summary of findings

## Overall summary

We carried out this inspection on the 13 and 16 September 2016, it was unannounced.

Betsy Clara Nursing Home is a care home providing accommodation for up to 50 older people who are living with dementia, who require nursing and personal care. The accommodation is purpose built to care for people who use wheelchairs or have difficulty moving around. The home is located in a residential area in Maidstone, approximately one mile from the town centre. At the time of the inspection 43 people lived at the service.

We last inspected the service on 19 and 26 May 2015. We made recommendations in relation to practice that included, Regulation 12, Safe care and treatment; Regulation 15, Premises and equipment; Regulation 16, Complaints; Regulation 17, Good Governance and Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had implemented changes and improvements had been made.

People said they felt safe and relatives told us that they knew their relatives were safe. However, we observed moving and handling practice that were not safe.

Medicines were stored, and disposed of safely. However, medicines were not always administered safely. There were policies and procedures in place for the safe administration of medicines, however these had not always been followed. People had access to GPs and other health care professionals. Prompt referrals were made for access to specialist health care professionals.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified some needs but were not specific in meeting people's individual needs, and showing how risks could be minimised.

The newly appointed manager had worked at the service since February 2016. She confirmed that completed application forms to be the registered manager of the service had been accepted by the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Management understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

The manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

People were protected against the risk of abuse. Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People had varied needs, and some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process. These people demonstrated that they were happy by showing warmth to the manager and staff who were supporting them. For example by nodding their head or giving a smile. Staff were attentive and interacted with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for help.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs. Nursing staff carried out on-going checks for people's health needs, and contacted other health professionals for support and advice.

There were enough staff with the skills required to meet people's needs. Staff shortages were being covered by agency staff and staff recruitment was underway. The manager said that there was now a full nursing team, and that staff had been recruited to cover the staff vacancies. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

People were provided with diet that met their needs and wishes. Menus offered variety and choice. People said they liked the home cooked food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

People were given individual support to take part in their preferred hobbies and interests, and a range of activities were being provided by the activities co-ordinator and staff. Relatives were able to visit their family members at any reasonable time.

People were aware of the complaints procedure and they knew who to talk to if they were worried or concerned about anything. Relatives said that they knew who to complain to if they had any concerns and provided positive feedback on the service as a whole.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; and daily contact with the provider and staff.

The providers and registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The providers and registered manager understood the requirements of their registration with the CQC. People's confidential information was securely kept.

The provider had put into place signage on bedroom doors and pictorial signage on bathroom and toilet doors to aid and support independence of people living with dementia.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 always safe.

People indicated that they felt safe living in the service, and that staff cared for them well.

People had not always received their medicines as prescribed.

Moving and handling practice observed was not always safe. Risks to people's safety and welfare were not always fully assessed.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

The premises were maintained and equipment was checked and serviced regularly.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

We observed that staff understood people's individual needs and staff were trained to meet those needs.

People had access to food, drinks and snacks throughout the day.

Nursing staff ensured that people's health needs were met. Referrals were made to health and social care professionals when needed.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

**Good** ●

### Is the service caring?

**Good** ●

The service was caring.

People were consulted about how they wanted their care delivered. Staff were caring and spoke with people using the service in a respectful and dignified manner.

People's privacy and dignity was respected.

Relatives were able to visit their family members at any reasonable time.

People's confidential information was securely kept.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were being improved and records showed staff supported people effectively.

Staff encouraged people to be as independent as possible. A range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff, people and relatives were positive about the management team and there was an open and caring culture in the service.

Staff told us they found management to be very supportive and felt able to have open and honest discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided.

The provider and manager were aware of their role and responsibilities in relation to notifying CQC of any incidents or serious injury to people.

# Betsy Clara 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 the 13 and 16 September 2016, it was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

During our inspection we observed care in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people and two relatives about their experience of the service. We spoke with the operations manager, the manager, three nurses, four care staff, one of the housekeeping staff, and the activities person. We observed staff carrying out their duties, such as giving people support at lunchtime. We spoke with one visiting health and social care professional.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, four staff records, the staff training programme, the staff rota, medicine records and quality audits.

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. People who were able to comment, "I do feel safe", and "The staff take good care of me". Relatives commented, "I come in most days, and feel my relative is safe here and the staff are caring", and "She is happy here, well cared for, and I do not have to worry".

Recent reviews that had been posted on line about the service included comments for example, 'My husband has recently moved into Betsy Clara. The staff have been very welcoming and kind. The home is very clean and there are no bad smells. I feel happy that my husband will be well cared for', and 'Staff are very caring and make sure that every need of the resident is met'.

At the last inspection we made a recommendation that the registered provider followed the guidance from the Royal Pharmaceutical Society for the "Administration of Medicines in Care Homes" or equivalent best practice guidance. The nursing staff administer medicines and at this inspection we found that medicines were stored and disposed of safely. On the second day of the inspection storage of the medicines had been improved as the creams and medicines had been stored separately, and cream administration records had been introduced. Room and fridge temperatures had been recorded every day to make sure medicines remained fit for use.

Medicines had mainly been given to people as prescribed, however we found that accurate records had not always been maintained. For example, an injection had not been signed as having been administered even though the due date on the records was for the 7 and the 11 September 2016. There was an insulin that had been refused by the person, but there was no guidance what to do or that anyone had been informed. There were medicines for seven people who all had one tablet missing that was unaccounted for. Nursing staff had not always accurately documented when each person was given medicines. This meant that nursing staff were not following the providers medicines policy or ensuring that medicines remained safe and effective.

The examples above showed that medicines had not been properly managed. This was a breach of Regulation 12 (1) (2) (g) Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risk involved in delivering people's care had been assessed to keep people safe. Risks were minimised and safe working practices were followed by staff. A care plan of a person with behaviours that challenge was detailed giving the triggers for behaviours and how to manage these behaviours. However, we found that not all risks had been assessed, for example for people living with diabetes. There was no detailed guidance on the persons normal blood sugar levels or what was high or low for them and how to manage this. Action was taken and this information was in place on the second day of our inspection visit.

We observed poor moving and handling practice by staff, one example was when carrying out a transfer using the hoist. If the staff had not been verbally alerted the person being transferred would have knocked their legs against the framework of the hoist. Another example was an agency member of staff transferring a person in a wheelchair with no footplates in place. The manager requested the staff person to put the

footrests in place which she did, but later was again seen in the dining room moving the wheelchair with the footplates not in place. The manager said that moving and handling training was booked for staff and on the second day of the inspection visit and moving and handling training session was taking place.

The examples above showed that doing all that is reasonably practicable to mitigate any such risks had not been properly managed. This was a breach of Regulation 12 (1) (2) (b) Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we made a recommendation that the provider seeks and follows guidance to the effective operation of a system to provide adequate staff to meet people's needs at all times. At this inspection there were suitable numbers of staff to care for people safely and to meet their needs. We observed that agency staff were being used in order to maintain sufficient numbers of staff on each shift. The manager told us that staff were currently being recruited and recruitment checks were being processed. The staff rotas showed there were sufficient staff on shift at all times during the day. There were two nurses and 12 carers during daytime hours and 2 nurses and 5 carers at night. The manager said if a person telephones in sick, the person in charge would ring around the other carers to find cover or agency staff would be used. This showed that arrangements were in place to ensure enough staff were made available at short notice. The manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out and complete. This enabled the provider to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The provider was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The provider and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the provider or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

People were cared for in a safe environment. Areas of the home had been re-painted, and new armchairs and dining room chairs had been purchased. Equipment checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the building were carried out and for each separate room to check the service was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments were reviewed and plans were in place for emergency situations. The staff knew how to respond in the event of an emergency, who to contact and how to protect people. Accidents and incidents were clearly recorded and monitored by the manager to see if improvements could be made to try to prevent future incidents.

## Is the service effective?

### Our findings

People told us that staff looked after them well. One person said, "They (the staff) always give me support when I need it". People's comments about the food included, "The food is good", and "I am offered a choice of meals". Relatives commented, "There is a variety offered, and there is always drinks available", and "They eat well here".

Recent reviews that had been posted on line about the service included comments for example, 'I enjoyed my time at Betsy Clara for the short time I was here. Staff are brilliant. Very good garden very clean. Food is very good, pudding exceptional', and 'Mum has thrived and is physically better than when she arrived. She thrives on the atmosphere here where there is always a lot to see going on due to the layout of the main lounge especially. The nursing care she has received to her bad legs has been consistently good. I am happy going there to see Mum happy being there. It is not plush, but it is bright, clean and comfortable. Laundry nicely done and the food is great. Well done'.

The premises were purpose built to care for people who use wheelchairs or have difficulty moving around. Space was limited in the lounge/dining room, for example there was insufficient space for all of the people to sit at the tables at mealtimes. However, some people were happy to have their meal on small tables at their armchair in the lounge and some people preferred to remain in their bedrooms and staff took their meals to them. We recommended at the last inspection that the provider considered guidance on enhancing the environment for people living with dementia. At this inspection, we saw that together with the corridors being re-painted in different colours, meaningful pictures had been put on bedroom doors and picture signs had been put up clearly showing where the toilets and bathrooms were. This was to aid and support independence of people living with dementia.

Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. New staff told us that they had found the induction programme to be helpful and informative. They said that in the first few days they had read the policies and procedures, and received basic training in subjects for example, moving and handling and confidentiality. They were given a workbook to complete over the next few weeks, to comply with the "common induction standards". Common induction standards are nationally recognised skills in social care). New staff shadowed experienced staff, and did not work on their own until assessed as competent to do so. Nursing staff received induction training that included working shadow shifts. They were signed off by the manager when assessed as competent. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This training helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia.

Staff were supported through individual one to one meetings and appraisals. Nurses received clinical supervision and support from the manager and the nominated individual for the company. They were

responsible for keeping up to date with training. One to one meetings and appraisals provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. The staff said that they had handovers between shifts, and this provided the opportunity for daily updates with people's care needs. We saw that formal supervision records showed that one to one supervision was given more frequently to new staff to ensure their understanding of their training and the procedures in the home. Staff were aware that the manager and deputy manager had an open door policy and was available for staff to talk to at any time. Staff were positive about this and felt able to discuss areas of concerns within this system. Staff received an annual appraisal and felt these were beneficial to identify what they wished to do within the service and their career. All of the staff we talked to said that the staff "worked well as a team" and this was evident in the way the staff related to each other and to people they were caring for.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved. Staff had received training in relation to the Mental Capacity Act and DoLS. The manager understood when an application should be made and how to submit them. This ensured that people were not unlawfully restricted.

Before people received any care or treatment they were asked for their consent. Staff interacted well with people, and asked them where they wanted to go and what they wanted to do. They obtained people's verbal consent to assist them with personal care such as helping them with their meals, or taking them to the toilet. Before lunch, we saw staff asking people if they could put aprons on them to help keep their clothes clean. Staff asked them respectfully, and explained why they wanted to do this. Staff were aware of how to treat people with respect and that they allowed people to express their consent to different tasks. There were consent forms in place in each person's care plan. Consent forms had been appropriately completed by people's representatives where this was applicable. The forms showed the representative's relationship to the person concerned, and their authorisation to speak or sign forms on the person's behalf or in their best interests.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen.

Some people needed to have their food fortified to increase their calorie intake if they had low weights. Care

staff weighed people monthly and recorded the weights in their care plans. They informed the registered manager of any significant weight gains or losses, so that they could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. People told us drinks were always available.

The manager had procedures in place to monitor people's health. Nursing staff carried out on-going checks for people's health needs, and contacted other health professionals for support and advice. Nurses held responsibility for different areas of health care, such as wound care, medicines and continence care. This enabled them to concentrate on specific aspects of the work and to inform other nurses of updates and changes in their given subjects.

Referrals were made to health professionals including doctors and dentists as needed. One relative commented. Where necessary the nurses referred people to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. One person who had swallowing difficulties had been referred to the SALT team. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

## Is the service caring?

### Our findings

People told us that staff are all very good. One person said, "Of course the staff are good, I am happy here". Relatives said that they felt welcomed on arrival and spoke highly of the staff team, with comments such as "The staff are all good". One relative said, "The full time staff are really good and caring".

Recent reviews that had been posted on line about the service included comments for example, 'The entire team seems to be doing a fantastic job here. Mum has settled here really well, far better than we imagined she would. Mum is always well presented and has been encouraged to use a hoist to get up from bed, which is a huge step. Food seems good and staff happy to accommodate all requests. There is fantastic care here A+', and 'All the staff have been kind to her and they are all very caring. There is a nice atmosphere when you arrive at the home and everyone seems calm which helps the residents feel more relaxed and 'at home'.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member's likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up went to bed, whether they stayed in their rooms, where they ate and what they ate. People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

Staff were responsive to people's needs. People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about where they wanted to sit in the dining room. Changes in care and treatment were discussed with people or their representative before they were put in place. People were included in the regular assessments and reviews of their individual needs.

Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people. Staff supported people in a patient manner and treated people with respect.

People said they were always treated with respect and dignity. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Written comments received by the service included, 'Thank you so much for the love and care that you showed to our Mum during her time with you', 'I would just like to thank you all for the love and care you gave to my Dad during his time at Betsy Clara. I always knew he was being well cared for and was safe. Whenever I visited it was obvious that you were all loving and kind people treating Dad with dignity and respect but also with a sense of humour that Dad would have loved. I am so pleased that e found such a wonderful place for Dad to be', and 'You have a lovely team of people at Betsy Clara. Everyone greets you and has the time to talk and answer questions. Lovely carers and nurses and doing a job that I certainly could not do'.

Information about people was kept securely in the office and the access was restricted to senior staff. The manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

## Is the service responsive?

### Our findings

People told us they received care or treatment when they needed it. People said they had no complaints about the service and routines were flexible to accommodate their choices. They said, "We usually get up when we are ready to", and "I have no complaints at all, they cannot do enough for you". One relative commented, "They always get the doctor when needed, they keep us up to date and informed of any changes".

Recent reviews that had been posted on line about the service included comments for example, 'I have been very impressed with the care and attention Dad is receiving from a dedicated team of carers. He is always clean and well presented. Whenever I visit, I am always made comfortable and offered a refreshment. The home is always fresh and clean, with no smells associated with a nursing home. I would recommend the home to others whose loved ones may need care', and 'I rate the staff very highly, all work as a team and provide excellent care which is delivered with both compassion and humour. Visiting is at anytime and the staff are always pleased to see us and keep us well informed'.

The management team carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People's needs were assessed by the nursing staff and care and treatment was planned and recorded in people's individual care plan. These care plans contained clear instructions for the staff to follow to meet individual care needs. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. One person centred care plan had details about the person's history; how it affected their choices now and how to meet that person's needs; how to manage behaviours that challenge that the person might display. The care plan also showed the person's interests and what they liked to do and how staff could help the person to enjoy their leisure. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

Staff encouraged people to follow their individual interests and hobbies within the limits of their nursing needs. Some people remained in their bedrooms due to their medical conditions or as a preference. Activities were therefore carried out on an individual basis, and an activities co-ordinator spent time with people in their own rooms. This included activities such as reading newspapers with people, giving them a manicure or just chatting with them. Some people liked to watch television, listen to music, and staff supported them in ensuring they had the things that they needed.

People were supported to take part in activities they enjoyed. The activities co-ordinator displayed forthcoming activities on the activities board that included pets for therapy, crafts, board games, hair and nails. Additional activities that had recently been started was 'I hear memories' music and cooking. There were links with local services for example, local churches and local entertainers. People were supported in going out of the home or out with relatives when they were able to do this. People's family and friends were able to visit at any time.

At the last inspection we recommended that then manager followed the company's complaints policy and procedure and responded to complaints in accordance with the policy and recorded all action taken and the outcome of the complaint. At this inspection we found that the complaints procedure was displayed in reception. People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. All visitors spoken with said they would be confident about raising any concerns. People commented, 'I would go to the manager, but I have no complaints' and 'I am quite happy to see anyone really'. One relative told us, "If I have any concerns, I go and speak with the manager or deputy manager. They listen and we get it sorted out". The manager investigated and responded to people's complaints. Records were seen of complaints that have been received. The manager had followed the company policy and action taken and the outcome had been recorded. The manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the manager dealt with them appropriately within a set timescale.

Some adaptations to the environment had been made to meet people's physical needs. For example, there were grab rails along the corridors, to aid people when walking. Special equipment such as adjustable bed with special mattress was obtained, to support a person who had poor skin integrity.

## Is the service well-led?

### Our findings

People and staff told us that they thought the service was well-led. One relative said, "The manager is very approachable and always comes and has a chat". Thank you comments received from relatives included, 'Thank you for all your care and help', and 'Thank you all so much for taking care of my Mum. You were always diligent to me whenever I visited and of course always helpful, cheerful and caring'.

Recent reviews that had been posted on line about the service included comments for example, 'We were immediately struck by their knowledge and experience and we are extremely grateful for their supportive and professional approach', and 'The home has helped my Dad settle in so well after moving out of our family home. The caring is great and I know my Dad is safe and well looked after. It has been recently redecorated so looks lovely, and a new manager of the home is a breath of fresh air here'.

The manager, and the management team were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them.

People and relatives spoke highly of the manager and staff. We heard positive comments about how the service was run. They said the manager and deputy manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

The management team at Betsy Clara Nursing Home included the manager, the deputy manager and nursing staff. The company provided support to the manager and nursing staff through the area manager. Additional support was provided by the directors of the company. This level of business support allowed the manager to focus on the needs of the people and the staff who supported them. Staff understood the management structure of the home, which they were accountable to, and their roles and responsibilities in providing care for people.

The aims and objectives of the service were set out, and management and staff were able to follow these. For example, they had a clear understanding of what the service could provide to people in the way of care and meeting their physical and mental health needs. Staff understood and were able to describe the aims of the home. These were described in the Statement of Purpose for the service, so that people had an understanding of what they could expect from the service.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to make improvements whenever possible.

People were asked for their views about the service in a variety of ways. These included formal and informal

meetings; events where family and friends were invited; questionnaires and daily contact with the manager and staff. At the last inspection we recommended that the provider seeks best practice advice about quality assurance and maintaining records of meetings. We found at this inspection that all meeting records were completed and quality assurance surveys to evidence people were being asked about their experiences of the service had been undertaken. One person had commented on the survey form, 'Extremely happy with all that the staff do to help me and my Mum'.

The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and aiming to improve the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff and were being put into practice. It was clear that they were committed to caring for people and responding to their individual needs. For example, bedrooms being decorated to meet individual needs either prior to admission to the service, or as part of on-going re-decoration.

The manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

The ethos of providing good care was reflected in the record keeping. Clear and accurate records were being maintained. Care plans were reviewed and audited by the provider and manager on a regular basis.

The provider was aware of when notifications had to be sent to the Commission. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the provider understood their legal obligations.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not established proper and safe systems for the management of medicines.  Regulation 12 (1)(2)(g)  The provider had not ensured that moving and handling practice was safe at all times  The provider had not ensured that risks to people's safety and welfare were fully assessed.  Regulation 12 (1)(2)(b)