

Paydens (Nursing Homes) Limited

Betsy Clara Nursing Home

Inspection report

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Date of inspection visit:

27 February 2023

02 March 2023

Date of publication:

31 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Betsy Clara Nursing Home is a residential care home providing accommodation and personal and nursing care to up to 50 people. The service is arranged across 2 levels with a lift to the upper level. The service provides support to a range of people including people with complex nursing needs and people living with dementia. At the time of our inspection there were 45 people using the service.

People's experience of using this service and what we found

People told us they felt safe and were happy living in Betsy Clara Nursing Home. One person said, "I like being here." Another said they liked it because they had a "nice comfy bed". Relatives agreed that their loved ones were safe and happy. One relative told us, "She is safe. Nothing is any trouble. They always answer my questions." Another relative said, "She is safe, and the staff are great. She talks to the staff and finds them friendly."

People and their relatives spoke positively about the staff and the service. One person said, "The staff are very caring." Another person said, "The carers are nice, they do the jobs I should be doing." One relative told us, "The staff treat them like they are part of the family." Another relative said, "They treat her like a friend, we like that."

The service had good infection control practices in place and medicines were managed safely. People told us they got their medicines at the right time. There were processes in place for investigating any accidents or incidents so that lessons could be learned.

Relatives told us they thought the home was managed well and they found the registered manager approachable and understanding. Relatives and professionals said Betsy Clara Nursing Home was always very welcoming. The service had acted on feedback received and people, relatives and professionals described the communication as 'excellent'.

The registered manager had effective quality assurance processes in place to monitor the service, and regular audits were undertaken, for example for medicines and infection control. Senior managers visited the service regularly. Staff told us the registered manager was approachable and supportive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 29 May 2018).

Why we inspected

The inspection was prompted in part due to concerns we received about safe care and treatment and standards of care. As a result, we undertook a focused inspection to review the key questions of safe and well led only. We found no evidence during this inspection that people were at risk of harm from these concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Betsy Clara Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Betsy Clara Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 1 inspector and 2 Experts by Experience, one of whom called relatives after the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Betsy Clara Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Betsy Clara Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with 10 people who lived in the service and 13 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We spoke with 10 members of staff including the registered manager, deputy manager, head of quality assurance, nurses, care staff and support staff. We reviewed a range of records including 5 peoples' care records and multiple medication records. We looked at 4 staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records, audits and survey results.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us and records confirmed that safeguarding training was up to date. Staff knew how to escalate concerns if they needed to and the employee handbook included relevant telephone numbers for other agencies, such as CQC.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were comprehensive and showed staff cooperated with investigations. Outcome letters from the local authority were included. Any lessons learned were shared.
- People told us they felt safe living in Betsy Clara Nursing Home and relatives confirmed this. One person told us, "I feel very, very safe." A relative said, "They are safe. They prevent them from falling which I couldn't do at home." Another relative told us, "They are safe, and they look after her really well. I don't worry about her now I know she is safe."

Assessing risk, safety monitoring and management

- Care plans and risk assessments were clear and up to date. They contained enough information for staff to provide safe care and manage any risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage, nutrition and pain.
- Where people required monitoring charts such as weights, fluids or repositioning, these were in place and had been completed correctly. Where people required pressure relieving mattresses, the required settings were documented and checked regularly. People received safe care and treatment by staff who knew them very well. A relative told us, "They know her needs very well, they have spent time getting to know us."
- The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a person's needs were shared with staff during handover meetings which were documented. Staff sought advice from health professionals when required and there was a good relationship with professionals who visited the service.
- Relatives told us they were updated if there were any changes to their loved one's care. One relative said, "The communication is very good. They always keep me updated." Another relative told us, "They keep us updated and ring about the slightest thing."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Staff had been trained in fire safety and knew how to move people safely in an emergency. Fire alarms had been tested and fire drills were arranged for day and night staff.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The service complied with the MCA. Decision specific mental capacity assessments had been completed. Best interest meetings were held between staff, relatives and other professionals and decisions documented.
- The registered manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
- Care was provided in the least restrictive way. Consent was documented in people's care plans. Staff asked people's consent before undertaking any care tasks. One person told us, "They ask if you want to do things yourself or if you want them to do it."

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. The service used a dependency tool, updated monthly, which helped the registered manager to calculate the number of staff needed. Call bells were answered quickly, and call bell audits were undertaken regularly. Relatives thought there were enough staff. One relative said, "There has always been lots of staff there from what we have seen." Another relative told us, "There always seems to be enough staff, there are lots of people around."
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their personal identification number to confirm their registration status. Nurses were required to update their registration annually.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in people's rooms, unless they required refrigeration. Medicine administration records were completed accurately.
- Medicines were administered by nurses or nursing assistants who had been trained and assessed as competent by the clinical lead. Training and competency records were comprehensive and up to date.
- Medicines were audited regularly and monitored by the clinical lead. Medicine errors were documented, investigated and lessons learned shared during clinical governance meetings.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was not restricted, and we saw visitors around the service during our inspection. Visitors could visit people in their rooms or in the communal areas.

Learning lessons when things go wrong

- There was a robust system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
- Accidents and incidents were investigated using a 'significant event analysis'. Investigation records were thorough and included actions plans and lessons learned. Actions were taken to prevent recurrence, such as low-rise beds, crash mats, reassessments of risks and care plan updates. Monthly analysis was carried out to identify trends and patters and reduce the risk of recurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The visions and values of the service were on display. The registered manager promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. The registered manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us the culture was open and honest with good teamwork and they enjoyed working in the service. People and their relatives agreed. One relative told us, "They have made it a home from home." Relatives said they were always made to feel welcome at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.
- Relatives told us, and records confirmed staff were in regular contact with them. One relative told us after their relative had been involved in an incident. "We had a lot of contact around the time of the incident and now I receive weekly email updates."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure, nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable and were confident in reporting any concerns. Staff told us Betsy Clara Nursing Home was a good place to work and many staff had been there for several years.
- The registered manager met daily with heads of departments to ensure that key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting.
- The provider had quality monitoring processes in place. A range of audits were undertaken regularly, for

example, infection control, medicines, care plans and clinical indicators. Audit results and outcomes were reviewed by a senior manager. The management team did regular unannounced visits at night to assure themselves of quality care and to provide support.

- Senior managers visited the service regularly to conduct a home audit and review documentation in the service. Any shortfalls identified were added to the central action plan which was reviewed and updated regularly to ensure appropriate actions were taken in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were invited to meetings and encouraged to contribute. Staff told us they had regular supervision. The results of the most recent staff survey (January 2023) were positive; most staff felt valued and said they worked well together as a staff team to provide a high standard of care and support to people. Staff said managers embraced diversity and were inclusive in their approach.

- People and their relatives were asked their opinions on the service, either individually through conversations, at meetings or via the feedback survey. Feedback was mainly positive. One relative stated, "Staff are attentive and respect dignity." Another relative stated, "[Relative] is in a safe, caring and friendly environment. We have been contacted about her medical needs. Communication is excellent."

- There was evidence that feedback was acted upon. For example, someone suggested background music during mealtimes, and this was playing during our inspection. Another example was some relatives asked for a monthly newsletter and there were plans in place to start these imminently.

- There was a friends and family support group with meetings each week. This was an opportunity for friends and relatives to get to know each other and offer mutual support. The service had an active closed Facebook group providing regular information and updates to members. Relatives found this helpful in keeping up to date with events in the service.

- The service actively sought feedback from other professionals who visited the service. Professionals said staff were knowledgeable about the people who used the service and were always friendly and helpful.

Continuous learning and improving care

- The service had an active central action plan in place to monitor progress against any actions that arose from audits or visits from the senior management team.

- Nurses attended regular clinical governance meetings where key clinical issues were discussed, such as wound management, weight loss and infection. Nurses were supported to update and maintain their clinical practice and share best practice ideas with the team.

- The registered manager met weekly with senior managers and other registered managers to discuss and learn from any issues of concern. The registered manager told us this was an opportunity to share best practice and learn from each other.

Working in partnership with others

- The registered manager worked in partnership with local health and social care teams and had a good working relationship with safeguarding and commissioning teams.

- Managers and nurses liaised regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams.

- The service engaged with community partners, such as the local church, Salvation Army and local Cubs and Brownie groups.