Paydens (Nursing Homes) Limited

Betsy Clara Nursing Home

Inspection report

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Ratings

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

Overall summary

We carried out this inspection on the 19 and 26 May 2015, 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 45 people lived at the service.

Nursing staff managed and administered medicines for people. Not all medicines were stored, and disposed of safely. Some medicines had not been stored appropriately in a lockable cupboard or when not needed, disposed of in a timely manner. We have made a recommendation about this.

People demonstrated that they were happy at the service by showing open affection to the deputy manager and staff who were supporting them. Staff were available throughout the day, and responded quickly to people's

Summary of findings

requests for help. Staff interacted well with people, and supported them when they needed it. However, it was observed that the provider did not at all times ensure that there were suitable numbers of staff deployed to care for people safely and effectively. We have made a recommendation about this.

The provider needs to enhance the environment for people living with dementia. Doors were all the same colour, and toilets and bathrooms were not always clearly identified to aid and support independence of people living with dementia. We have made a recommendation about this.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff. However, it was noted that records of meetings were not available at the time of the inspection, and no recent quality assurance surveys to evidence people's views had been collected. We have made a recommendation about this.

The registered manager investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible. We found the company's complaint policy and procedure was not being followed, as there were no recent written records of action taken and the outcome of concerns, that had been raised. We have made a recommendation about this.

The service had 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. The management and staff team included a registered manager, deputy manager, and nursing staff. The ancillary staff team included an activity co-ordinator, kitchen and housekeeping staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some people were currently subject to a DoLS, the registered manager 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.

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 registered manager or outside agencies if this was needed.

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.

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.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result. However, the auditing systems in place were not effective as records were not being maintained to support the action taken to resolve issues.

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

The service was not always safe.

People received their medicines as required and prescribed. However, the provider did not follow appropriate guidance on the safe storage and disposal of some medicines.

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

Staff were recruited safely. There were not always enough staff deployed to provide the support people needed.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Is the service effective?

Requires improvement

The service was not always effective.

The provider had not followed appropriate guidance on enhancing the environment for people living with dementia.

People said that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with a well-balanced diet.

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

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

People were given information on how to make a complaint in a format that met their communication needs. However there were no recent records to support the action taken to resolve any issues of concern.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

Is the service well-led?

Requires improvement

The service was not always well-led.

Quality assurance processes were not effective because audits had not identified deployment of staffing that impacted on the delivery of care and safe storage and administration of medicines.

There were systems to assess the quality of the service provided in the service as people's views had not recently been sought through surveys.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

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 19 and 26 May 2015, it was unannounced. The inspection team consisted of two inspectors.

The registered manager was not available at the time of the inspection. We spoke with nine people and seven relatives. We looked at personal care records and support plans for four people. We looked at the medicine records; activity records; and five staff recruitment records. We spoke with eight members of staff, and observed staff carrying out their duties, such as giving people support at lunchtime.

Not everyone was able to verbally share with us their experiences of life at the service. This was because of their complex needs. We therefore spent time observing people and how care was delivered and 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. We sought information during the inspection from health and social care professionals that visited the service.

Before the inspection we examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

The previous inspection was carried out on the 6 June 2013, when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to commented, "I do feel safe. The staff are good", and "The staff look after me, I am safe here". Relatives commented, "He is safe and they care for him well" and "She is happy and settled here and I do not have to worry".

Not all medicines were stored, and disposed of safely. One large metal cupboard in the medicine room was not locked and the medicine fridge was not locked. Room and fridge temperatures had not been recorded every day to make sure medicines remained fit for use. We found that some medicines that were no longer needed had not been returned to the pharmacy in a timely manner. Also, a box that contained used needles did not have the start of use date on it, and there were needles that had been re-sheathed in the box. This meant that staff were not following the providers medicines policy or ensuring that medicines remained safe and effective.

We recommend that the registered provider follows the guidance from the Royal Pharmaceutical Society for the "Administration of Medicines in Care Homes" or equivalent best practice guidance.

The contents of the medicine cupboards and register were checked and had been correctly accounted for. Staff accurately documented when each person was given medicines. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done. There were systems in place for checking in medicines from the pharmacy and for the correct disposal of unused medicines. There was information for staff about possible side effects people may experience in relation to certain medicines so they were able to recognise any of the symptoms and take appropriate action. Staff who handled medicines had completed training to do so safely.

The provider did not at all times ensure that there were suitable numbers of staff deployed to care for people safely and effectively. There were two nurses and 11 carers on duty. At lunchtime, on the second day of the visit we observed the serving of the meal in the ground floor lounge/dining room. We saw that after 40 minutes three people still had not received their meal, and one person waited one hour before they were assisted to eat their meal. Staffing levels at this time did not support people to ensure they received their meal in a timely manner.

The deputy manager said, and the staffing rota showed that there was two nurses and 12 care staff during the day and two nurses and five care staff at night. However, on both days of our visits there were 11 care staff on duty. The deputy manager said if a person telephones in sick, the person in charge would ring around the other carers to find cover. She said she would cover staff absence by seeking staff that are available. The deputy manager said that recruitment of care staff was in progress, and informed us following the inspection that she had raised the issue of deployment of staff with one of the directors of the company. The provider was reviewing the deployment of staff to ensure they could meet people's needs.

We recommend that the provider seeks and follows guidance relating to the effective operation of a system to provide adequate staff to meet people's needs at all times.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were clearly set out and complete. This enabled the deputy manager 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. Nurses were required to confirm that their nursing 'PIN' number was up to date, and provide confirmation of their qualifications. 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

Requires improvement

Is the service safe?

protecting people from abuse, so their knowledge of how to keep people safe was up to date. A training session in safeguarding was booked for July this year for staff that needed to refresh this training.

There were reliable systems in place to prevent people from having financial abuse. A computer programme was used to document individual accounts for people. Small amounts of pocket monies were stored safely, so that people's money was not left unattended in the home. The administrator paid for items such as hairdressing, chiropody and newspapers from their accounts on their behalf. A record was kept of all debits and credits, and the individual accounts could be checked by people's relatives or representatives at any time.

The deputy manager was familiar with the processes to follow if any abuse was suspected in the service. If any concerns were raised, they would telephone and discuss with the local safeguarding team. The deputy manager and staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy and felt able to raise any concerns with the manager or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report abuse.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on.

In relation to maintaining people's safety, the slips, trips and falls assessments instructed staff to make sure that the person was wearing appropriate shoes, that they used their walking aid, and to ensure that there were no hazards in their way. Staff used appropriate moving and handling transfers to ensure people were supported safely.

Accidents and incidents were clearly recorded and monitored by the deputy manager to see if improvements could be made to try to prevent future incidents. For example, one risk assessment had been reviewed following an incident, the person had then agreed to a move to a ground floor room that had more space for them to move around as they liked to tidy their belongings. There had been no further falls recorded since these measures had been put in place.

On-going maintenance of the premises was in evidence. The lounge dining area on the ground floor was in the process of being re-decorated and the deputy manager said that new lounge chairs were on order. We saw that other areas for example corridors were in need of re-decoration as the décor was tired and the paint was badly chipped. 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 of the environment 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.

Requires improvement

Is the service effective?

Our findings

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

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 room and staff took their meals to them.

We found that doors were all the same colour, and toilets and bathrooms were not always clearly identified to aid and support independence of people living with dementia.

We recommend that the provider considers guidance on enhancing the environment for 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 they had read the policies and procedures, and received basic training in mandatory subjects in the first few days. 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 registered managed 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. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. 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. The staff training programme for 2015, indicated that dementia care awareness training was planned for November 2015, for those staff that had not undertaken this training or staff who needed to update their training.

Staff were supported through individual one to one meetings and appraisals. Nurses received clinical supervision and support from the registered manager and area manager. They were responsible for keeping up to date with training. For example they had recently attended training for immunisation. 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 registered 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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some people were currently subject to a DoLS, the registered manager understood when an application should be made and how to submit one. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Any application or consideration of DoLS starts with the assessment of their ability to make decisions. It is not until they are considered not to be able to make the decision that a DoLS is considered. Staff were aware of their

Is the service effective?

responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person's best interest. The deputy manager was aware of how to assess a person's ability to make less complex decisions. She told us applications had been made under DoLS in relation to the locked door policy, and these were in the process of being granted. Further applications were being completed for all of the people at the service.

Some of the people living in the service were verbally abusive or physically aggressive, but staff knew how to de-escalate situations and how to distract people. They told us that physical restraint was never used in the service. Several staff said that it was sometimes difficult if someone living in the home was 'having a bad day' as this could mean they needed one to one attention for a while, and this prevented staff from having so much time to provide stimulation for other people. The staff said that they felt supported by senior staff and the management, and there was always a senior staff member, the deputy manager or the regional manager on call if further advice was needed.

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. One written comment received by the service stated "The food is varied and well presented".

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 registered 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, "Following recent treatment a new bed with a special mattress was provided to aid the prevention of pressure areas". 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.

Good

Is the service caring?

Our findings

People told us that staff are all very good. One person said, “They are all good, they help me all the time”. One relative commented, “The staff are really good, there is a good atmosphere and my relative appears happy and settled here”. Relatives said that they felt welcomed on arrival at the service. One relative said “When I visited for the first time the staff were singing and there was laughter, my first impressions were good. My relative has been here a year now, his needs are being met and I have no concerns”. Relatives spoke highly of the staff team, with comments such as “The staff are all very good.”

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 what they wanted to wear. 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 “Very happy with the care my Mother receives”, “The staff are always friendly and very caring” and “Thank you for all your kindness and care”.

Requires improvement

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”. Relatives commented, “They call the doctor quickly when needed, and they contact us and keep us informed”, and “They are responsive when you say things, like when we have talked about the locked doors”.

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. The registered manager investigated and responded to people’s complaints. Records were seen of two complaints that have been received. We found that company policy was not being followed as no acknowledgement letters had been sent. The deputy manager confirmed that complaints were investigated appropriately and reported on, but was unable to provide the written documentation. The deputy 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 registered manager dealt with them appropriately within a set timescale.

We recommend that the registered manager follows the company’s complaints policy and procedure and responds to complaints in accordance with the policy and records all action taken and the outcome of the complaint.

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. 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. 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.

Requires improvement

Is the service responsive?

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.

Requires improvement

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. Thank you comments received from relatives included "We are so grateful you made her safe and cared for", "Thank you for all your kindness and care", and "X was always cared for by you with dignity and care and consideration".

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. Although there were systems to assess the quality of the service, we found that these were not always effective. The quality checks made by the registered manager had failed to identify, that safe medicine practices were not being used at all times by staff; that there were not always enough staff to provide the support people needed; and records not being maintained to support the action taken to resolve any issues of concern. This meant that audits and risk controls in the service were not effective.

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 registered manager and staff. However, it was noted that records of meetings were not available at the time of the inspection, and no recent quality assurance surveys to evidence ways in which people's views had been collected. This meant that we could not verify if people were being asked about their experiences of the service to improve or monitor quality.

We recommend that the provider seeks best practice advice about quality assurance and maintaining records of meetings.

The registered manager, deputy 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 deputy manager and staff. We heard positive comments about how the service was run. They said the 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 registered manager, deputy manager and nursing staff. The company provided support to the registered manager and nursing staff through the area manager. A new area manager had recently been appointed and visits to the service to carry out quality audits had been arranged. Additional support was provided by the directors of the company. This level of business support allowed the registered 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.

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.