Key inspection report

Care homes for older people

Name:	Euroclydon Nursing Home
Address:	Euroclydon Nursing Home Drybrook Gloucester GL17 9BW

The quality rating for this care home is:	one star adequate service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	**Date:**							
Janice Patrick1	0	5	0	2	2	0	1	0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Euroclydon Nursing Home
Address:	Euroclydon Nursing Home Drybrook Gloucester GL17 9BW
Telephone number:	01594543982
Fax number:	01594544352
Email address:	
Provider web address:	

Name of registered provider(s):	Chantry Retirement Homes Ltd
Type of registration:	care home
Number of places registered:	48

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	48

Additional conditions:
To accommodate 1 (one) service user under 65yrs of age on respite care. This bed to be used for respite care only of a period no longer than 1 month unless prior agreement with CSCI. Not to be used for a permanent resident under 65yrs of age.
To accommodate 5 (five) named service users under the age of 65 years - Service User Category PD. The home will revert to the original service user category when these service users no longer reside at the home or reach the age of 65 years.

Date of last inspection								

Brief description of the care home
This registered care home predominantly cares for people over the age of 65 years, although there are a few people who are younger and who have a physical disability. The home provides mainly single bedrooms but there are some double bedrooms. Most bedrooms offer en suite facilities but not all. In addition, there are a number of assisted toilets on each floor and communal bathrooms that offer a choice of a shower or bath. There are several communal areas and a separate smoking room. Access to the first floors is by passenger lift.

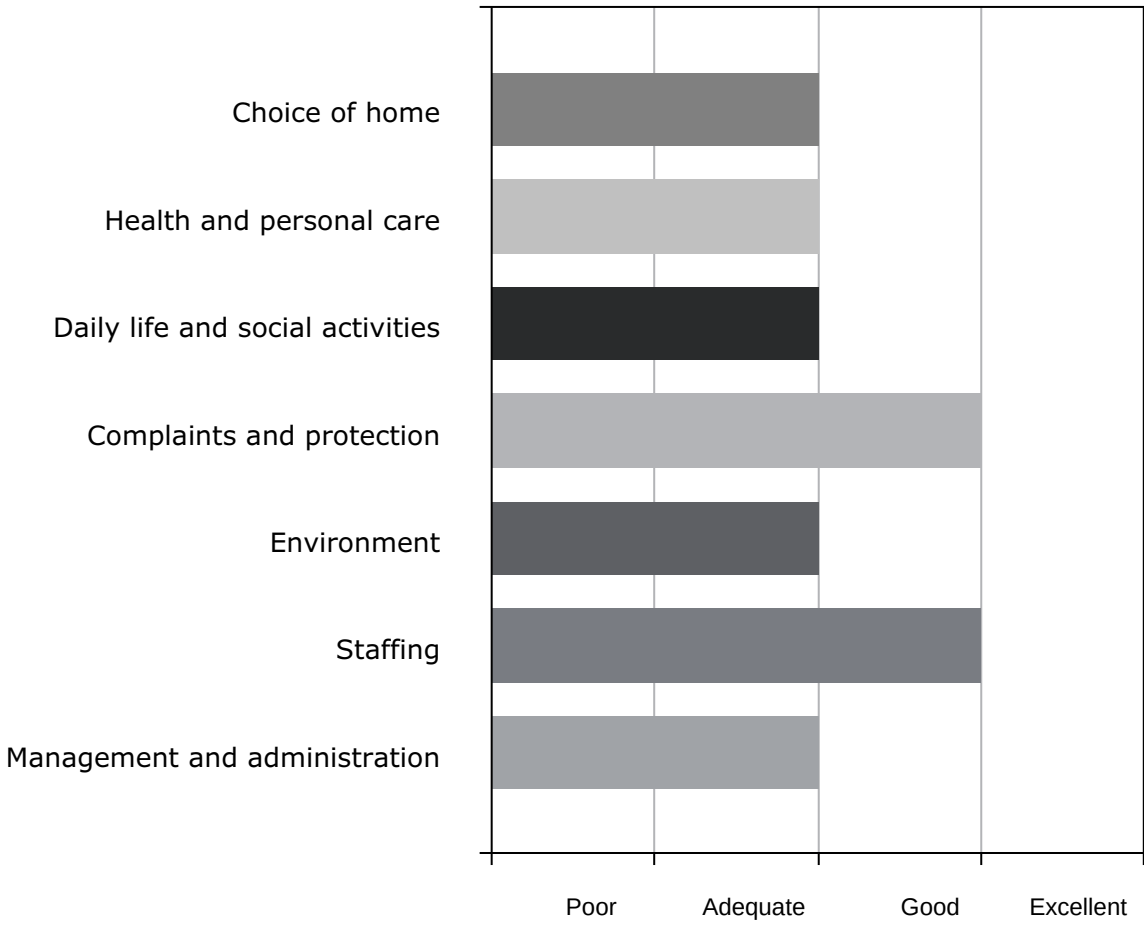
Brief description of the care home
The gardens are well maintained and accessible to all residents and include a summerhouse. There is a long drive to the property but there is ample parking near to the main building. There is public transport to the nearby village of Drybrook and in certain situations and through prior arrangement, the home will provide a lift from the village when possible. The home has its own minibus with a tail lift. The fee range is determined on an individual basis and does not include hairdressing, chiropody foot care and newspapers. The home provides funded respite care. Information on the services provided along with the last inspection report, can be obtained from the home on request.

Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:	one star adequate service

Our judgement for each outcome:



How we did our inspection:

Before our visit to the care home we looked at all the information we had since the last Key Inspection in June 2009. This included information gathered from any random inspections carried between June and this inspection. It also included notifications from the home about accidents, incidents and occurrences that have taken place involving service users and any concerns and complaints we have been made aware of. We also considered information given to us by professionals who are also actively involved with the home.

We sought the views of people living in the home and their relatives by forwarding questionnaires for their completion, prior to our visit.

The Lead Inspector for the service and one of the Care Quality Commission's, Pharmacist Inspectors visited the home and carried out an inspection across two days. The interim manager and her management team were present and were very helpful.

The registered provider was not present.
Full feedback on our findings were given to the management team at the time of this inspection.

What the care home does well:

People are able to make choices about the food they eat and are consistently provided with tasty food that meets their individual needs.

The staff in the home are committed and kind to the people living there.

The Care Home Regulations are adhered to when new staff are being recruited and all staff now receive induction training.

What has improved since the last inspection?

The arrangements and processes in place for assessing people's needs before they move into the home and the actual admission process have been improved. These now need to be fully carried out when the home starts to admit people again.

All the people in the home have had their needs and preferences re-evaluated. This has led onto all assessments relating to their personal care and health care being reviewed. The same has taken place with several care plans and in some cases service users have been very involved in planning their care. This has resulted in improved guidance to staff in how people's needs are to be met and should lead onto care being delivered in a individualised way.

Some people's care files have been completely rewritten, others are still waiting to be done.

The service can now demonstrate that it has a clear process for identifying risks to service users and that there are arrangements in place to correctly manage these.

Generally the monitoring and practical care of people's wounds has improved meaning people are now receiving the correct care for their wound.

Due additional support and training having been given to the staff, along with improvements in many care systems, people are now better protected against abuse and poor practices. There are now practical arrangements in place for any allegation or incident of abuse to be correctly managed and staff understand their responsibilities in relation to this.

The complaints procedure has been reviewed and the process of how complaints and concerns are recorded and investigated made more robust.

There have been some improvements in the decoration and provision of soft furnishings, and in places improvements to the lighting. The use of the conservatory has been altered and it now provides a specific space for table top activities or small group work, as well as a place for people to sit. There are now adequate bathing facilities, which are safe and which provide service users with a choice of a bath or shower.

Outstanding health and safety requirements have either been met or are in the process of being fully met.

More cleaning hours have been provided and the home appears cleaner and more fresh.

Staff have received further support and training in the safe moving and handling of service users and are therefore far more aware of the potential risks involved. Appropriate equipment, such as slings for individual use have been put in place. This should help to reduce the incidents of people being harmed when being moved and increase their comfort.

The current management team is ensuring that the care practices and work systems in place improve people's level of care, safety and quality of life generally.

Arrangements for regular staff supervision have been put in place, some staff have already received this and others are planned.

The home has had a new call bell system installed, which has included improved security to the external doors.

What they could do better:

The work involved in transferring the care documentation over to the new format must be completed. This will make record keeping easier and provide clear and easy to find guidance on how to meet people's needs. The staff responsible for maintaining these records must carry this out competently and as required. When done correctly a consistent record of assessment and care can be demonstrated, as is legally required. There have been previous ongoing shortfalls in achieving this, which contributed to people not being cared for properly. These were seen record keeping shortfalls were seen again during this inspection. Nursing staff in particular have specific responsibilities under their nursing registration to maintain accurate records so these shortfalls must not be repeated.

Some areas of the home, particularly the area called the extension, should be decoratively improved before people live there again. Bedrooms here require a better standard of furniture and soft furnishings. Improvements to the toilet near to this area are needed, the fitting of a full toilet seat and lid set would help to make the area look cared for. The present improvements need to continue throughout the home as planned.

The consistent provision of activities that can meet everyone's capabilities and preferences is still 'work in progress'. There is still, for example, no direct budget and the hours dedicated for this will need to be reviewed when the home increases its numbers of service users.

Arrangements must continue as planned to ensure all staff get regular supervision which should help improve their practice, improve their knowledge and help maintain the improved morale in the home.

The registered provider needs to improve his own arrangements for auditing the services being provided. He needs to ensure compliance with the Care Home Regulations 2001 and other regulating agencies and maintain compliance without the

regulators' intervention.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.
You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who move into the home in the future should benefit from an improved admission process, which will enable their needs to be correctly met from the moment they arrive at the home.

Evidence:

A requirement was first made in June 2009 for all people to be comprehensively assessed prior to their admission. This process must be robust so that people's needs are fully identified and individuals are only admitted if the home are confident that they can meet their needs. The assessment also helps to identify any special arrangements that may need to be made prior to the person's arrival, such as organising specialised equipment. When we inspected the home again in October 2009 no admissions had taken place so the compliance date for this requirement was forwarded to November 2009. Since then, there has still been no new admissions so it was difficult for the home to demonstrate full compliance with this requirement. The interim manager has however altered the assessment format and put in place robust

Evidence:

pre admission and admission protocols so when the home starts to readmit the processes are in place. This requirement therefore remains in place and will be inspected in the future.

Dedicated rehabilitation services are not provided at this home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Generally there are improved standards in the way people are being cared for. Although for some people there may be a risk of their changing needs not being met because of a lack of adequate reassessment or monitoring.
CONCLUSION ABOUT MEDICINES.
There are now generally safe arrangements in place for the management of medicines. The challenge now is to consistently maintain this standard.

Evidence:

There have been particular weaknesses in the home's ability to fully and correctly identify people's needs, record them and then formulate an effective care plan. This was resulting in confusing record keeping and poor guidance for staff in how to meet people's needs. This then put people at risk because their needs were not always properly met. This covered several areas of people's care from nutritional support, assessment of potential pressure sore risk, wound care, continence care, assessment and risk management of falls and needs specific to an individual.

In June 2009 we (the Care Quality Commission) made various requirements in relation

Evidence:

to peoples care needs and care planning in order for people's needs to be met safely and correctly.

Since our inspection in June 2009 the registered provider has appointed an interim manager, the local County Council's Quality and Improvement Team have monitored the care being provided and various external health care professionals have given support and advice to staff. We have been fully updated during this process, of the home's progress, both by the interim manager and through the safeguarding processes that followed.

The home has provided us with their updated Annual Quality Assurance Assessment (AQAA). This document tells us what the home feels it does well, how they demonstrate this and where they feel further improvement could be made.

During this inspection we were informed by the interim manager that all existing service users' needs had been re-assessed to ensure that the information being held was correct. We saw several examples of these assessments. We were already aware that the home had decided to transfer all this information into new care files and rewrite the care plans. This we recognised to be a lengthy piece of work, but one worthwhile doing because the existing care documentation was poorly recorded and causing confusion. We were told during this inspection that service users and their representatives have been very involved in this process so that their preferences and wishes could be included.

At the time of this inspection, for people who required nursing care, eleven files had been completed and there were six left to do. For people who required just personal care, seven had been completed and there were six left to do. We were informed at this inspection that this piece of work will continue until it is completed. The interim manager explained that where the care file had not been transferred and rewritten, the person's needs had been fully reassessed so that staff could be sure that the current care met their needs. Where needs and capabilities had changed, records had been altered to reflect this. Nurses had then been told to carry on as usual and maintain the various assessments and care plans on a monthy basis.

In order to evidence compliance with the outstanding requirements we examined one care file that had been rewritten and two that had not. The new care file was easy to follow and user friendly, a huge improvement. It demonstrated well constructed care plans, which in turn linked in with the information recorded in various assessments.

When reading the two older style care files we experienced the usual problem of

Evidence:

extracting information, however we wanted to evidence that people's care was being monitored, assessed, recorded and met correctly.

Both files however failed to demonstrate that the service users' nutritional risks were being managed properly. One had not had their prescribed weekly weight done since 12/12/2009 and the second person had been weighed, as the nutritional risk assessment had required, but had then lost weight and nothing had been done about this. There was no associated care plan and senior staff were unaware of the loss. A requirement has been made for service users' nutritional risks to be correctly addressed.

We did observe a carer handing over information in relation to what the service users she had been looking after that morning, had eaten. This was being recorded by the senior carer. The senior carer explained how she maintains these records and how care staff now understand the importance of passing this information on. This is a positive improvement, but we would strongly recommend avoiding completion of such records in retrospect as this potentially leads to an inaccurate record keeping because staff may forget the exact facts if not recorded straight away.

One person's assessment for pressure sore risk said that the person had 'dry skin' and an associated care plan, dated Nov 2009 confirmed this. However, when we examined the home's wound care audits, which were being done weekly by the interim manager, these showed that the person was being treated for a grade 3 pressure sore. An entry in the person's file did confirm that a specialist nurse in tissue viability had visited the home and reviewed this wound two days before our inspection. Separate wound care records were recording what wound care was being given. This reassured us that this person was receiving the appropriate care but tells us that nurses are again failing to update all the necessary records. It was this shortfall that led to wounds not being previously monitored and cared for adequately. In this case the interim manager's audit was there as a fail safe but this had also failed to pick up the nurses' recording shortfalls, which leaves people vulnerable to mistakes being made. The interim manager explained that she had presumed that the nurse had completed the necessary documentation. The requirement relating to ensuring that people's wound care needs are addressed has been complied with and therefore removed.

Another area that required particular attention and for which a requirement was made was to ensure people's safety when they were being moved. This requirement has resulted in the retraining of all staff in safe moving and handling practices and the reassessment of all service users with regard to this. In November 2009 there were concerns forwarded to the local Safeguarding Adults Team by a visiting professional in

Evidence:

relation to various bruises and marks seen on people's skin. This prompted a closer look again, at the moving and handling practices of some staff and how some service users, with more complex moving and handling needs, were being moved. We saw evidence of updated service user assessments and of staff training. We are also aware that specific people have also been reassessed by a visiting Physiotherapist and alternative equipment, such as the correct hoist sling has been provided. However the two older style files we examined showed that neither moving and handling assessment had been updated recently. We were told by the interim manager that staff know that all assessments and care plans should be updated monthly. One had not been updated since December 2009 and the second, which related to one of the people involved in the safeguarding referral, only showed an initial moving and handling assessment dated September 2008 with no recorded review and a mobility care plan which had been reviewed last in November 2009. We were reassured that this person's moving and handling risks were involved in the reassessment work carried out by the Physiotherapist. Again staff have failed to continue a record of adequate assessment and review. We also pointed out that this person's care plans generally, had not been reviewed since November 2009.

The above shortfalls in record keeping are disappointing as it means that some people's needs have not been adequately monitored. We can however see that so much work has been done on improving the assessment and care planning of many people's care. We saw evidence that told us that qualified nurses have had record keeping and accountability training. We therefore remain particularly concerned about the competency and record keeping abilities of some nurses. Registered Nurses must comply with The Code, Standards of conduct, performance and ethics for nurses and midwives as part of their registration with the Nursing and Midwifery Council in the UK. One of these responsibilities is maintaining accurate and clear records. Evidence in past inspections has shown that poor record keeping has had a direct impact on service users' care. The registered provider must address any future shortfalls in record keeping and the individual nurse/s must be held accountable. A requirement has been made in relation to this.

One outstanding requirement related to the assessment and management of one person's pain. Our Pharmacist Inspector examined medicine records relating to this and also spoke to the person about their current level of pain and care. This has been reported on in the Pharmacist Inspector's report within this outcome. This requirement had been complied with and has therefore been removed.

Another requirement related to being able to demonstrate that a risk management process was in place for service users' particular risks such as falls, wandering and

Evidence:

leaving the building and the use of bed rails. The systems for the safe use of bed rails has been reported on in the Administration and Management outcome of this report. We looked at the falls assessment of one person where an increased risk had been originally identified in November 2009 due to a deterioration in the person's mobility. Clear measures had been included in the new care file documents by January 2010, giving staff guidance on how to reduce the risk of this person falling.

While we were inspecting one of the local doctors visited the home as part of his weekly review of several of the service users. He told us that he has never had concerns about the care of the people in the home and is currently happy with what staff are providing.

Prior to our inspection we forwarded questionnaires to the home so that service users or their relatives could give us their views of the service currently being provided. We received six back, five had been completed with the help of one of the senior carers and one by a relative. In relation to how people felt their care needs were being met, half felt they usually get the support they need and half said they always get the support need. All said they get medical support when needed. Specific comments included, "the care granddad gets is very good", under 'what the home does well two people said "provides all the care I need", "keeps me warm, clean and well fed". Under what the home could do better two people had commented "nothing", one person said "address increasing level of independence, therefore offer more assistance" and the same person said "would like to be checked more frequently".

We were told that the need to promote and maintain people's privacy and dignity is at the heart of all staff training and the home's policies and procedures reinforce this. This is promoted in the new care planning as are issues relating to equality and diversity.

Pharmacist inspector's report about arrangements for the handling of medicines found on 4th February 2010.

As a part of this key inspection one of our (the Care Quality Commission) pharmacist inspector looked at the arrangements for the handling of medicines. This was particularly to check that the interim manager had taken effective action to address the concerns with medicines we had raised again at our inspection on 17th September 2009. We looked at some stocks and storage arrangements for medicines and various records about medicines. We spoke to the interim manager, three registered nurses and the senior team leader. We visited some bedrooms and spoke to two people and at lunchtime saw one of the nurses giving some medicines to people who lived in the

Evidence:

home. We spoke to a doctor who came for the routine weekly visit. The inspection took place during a six hour period on a Thursday.

At our last inspection we made three requirements relating to medicines. These were about keeping accurate, clear and complete medicine records for people living in the home, providing proper guidance to staff about the use of certain medicines that were prescribed only to use 'when required' and making sure that records and arrangements for managing anticoagulant treatment were all in place in accordance with national guidance. In November 2009 the provider sent us an Improvement Plan describing the actions taken to address all the issues found at our last inspection including those relating to medicines.

Most medicine administration was undertaken by the registered nurses. During this inspection people received their medicines promptly. The nurses had administered the morning medicines by the time we arrived and we saw that at lunchtime the nurses were administering the medicines at the right times. One person we spoke to told us they did have pain but were able to ask the nurses for medicines when they needed.

Staff supported two people to self administer just a few of their medicines and there were risk assessments about this in their care plans. When we looked in more detail in the medicine record for one person we noted that he / she self administered one medicine spray but this was not included on the medicine chart as it should be. It is a useful check to record on this chart when a spray is given to the person to look after. We spoke to another person in their bedroom who told us he / she sometimes used a particular inhaler. This also was not included on the medicine record and the container in the bedroom had an expiry date of September 2009.

We looked at some of the medicine records that were in use at the time of this inspection. These indicated that all medicines were in stock and the records for doses administered were on the whole up to date. Where people were prescribed a variable dose (one or two tablets for example) what staff gave was generally indicated but there were a few examples where this was omitted. This had been picked up at the manager's monthly audits and followed up. Similarly directions for using eye drops generally indicated which eye but a few did not. Staff were able to tell us about this and we told them to add this to the records. Suitable arrangements were in place for managing people treated with an anticoagulant.

One exception was a problem with the consistent availability of a particular barrier cream (Cavilon) that several people needed. It would seem this was not as a result of a failure of the home but more because of cost pressures from the PCT. The interim

Evidence:

manager was following up on this as it was a recommended treatment.

For people with diabetes there were letters from the doctor about monitoring arrangements that were needed. Prescribed food supplements were included on the medicine records and nurses signed here to indicate supplied.

Where people were prescribed medicines to use just 'as required' special forms were in place for each person giving more guidance to staff about using these. We discussed about consideration being given to including other information that may be useful such as if the person is able to ask for or indicate their need for the medicine. In some case more specific information would be useful such as what 'constipation' means for that person or what is 'agitation' for that person and are there any other strategies before using the medicine? What are the indications of pain if a particular person is not able to say?

At the previous inspection we had concerns about insufficient recording for the application to the skin of topical medicines. We saw there was now a separate record chart for each person. These described the product and how to use with records of when applied. We saw examples of records that could do with more information such as frequency of application and where to apply. Staff told us this may come about when one chart was completed with staff not copying all of the information to the new chart.

There were suitable storage arrangements for medicines. There was a thermometer in main storage room but we suspect that this was not working properly as a temperature of 11 degrees centigrade was noted; it felt warmer than this. We saw that there were suitable arrangements for ordering medicines and recording what medicines were received and there were not excessive stocks of medicines. It is good practice to make sure all creams and ointments have an opening date as they should then only be used for a limited time so as to reduce risks of contamination. One random check in a bedroom found a cream with no opening date. In other rooms the containers had dates.

There were correct arrangements in place for managing controlled drugs and we made satisfactory random checks. There was a system in place for regular checks by the nurses and separately by the interim manager. This had been a bit inconsistent during January due to staff pressures. Generally two nurses witnessed the administration of any medicine in this class. It is important that if another member of staff has to be used as a witness they are suitably trained to understand what they are witnessing. The use of a witness is an important role and we provide more information about this

Evidence:

on our website (www.cqc.org.uk). In summary it is intended to reduce the possibility of an error occurring. To be effective, the witness must understand what the nurse administering the medicine is doing and therefore needs the appropriate level of training. This was a probable cause of an incident the home correctly reported to us at the end of September 2009.

The interim manager told us about the monthly audits of medicines she carries out and shared the results with the staff. We looked at some of these and saw there was an improvement during the previous three month period. The interim manager told us that the supplying pharmacy were going to provide some refresher training about the safe handling of medicines and she plans to discuss medicine training with the PCT care home support team.

The medicine policy was rewritten in November 2009 and included operational procedures to support the policy. This had been made available within the home so that staff were aware of what was expected of them when handling medicines. There were suitable homely remedy arrangements in place so that the nurses could assist people living in the home with treatment for some minor ailments.

Nurses told us that they now felt better supported and there was better team working. This was demonstrated in the more consistent practices with medicines at this inspection. We found that the actions about medicines described in the improvement plan sent to us in November 2009 were in place. The challenge now is to make sure that staff are able to sustain safe practices with managing medicines in order to protect the health and wellbeing of people living in this home.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home has a new activities coordinator and a basic activities programme is up and running again but not everyone is provided with recreational and social opportunities that meet their preferences and capabilities. However, big improvements have been made in how people's general preferences and choices are identified and the home's aim is to now try and meet these on a daily basis.

Evidence:

The new care plans are trying to capture individual service users' choices and preferences. This information was not just relating to simple decisions about where someone wanted to sit at a particular time of the day but included their preferences in how they wished to be cared for. We also witnessed staff giving people opportunities to make choices. One member of staff said she now felt far more relaxed when at work, less rushed and she felt that this had an impact on how she carried out her work. She said there was time to spend with people and listen to them. The returned questionnaires told us that people usually or always felt staff listened to them and carried out what they said.

The local funding authority's Quality and Improvement Team instigated a review of the activities provision at the home in September 2009. This was an area then, that

Evidence:

required far more support from the registered provider to achieve what it needed to in order to really benefit service users. For example there was and still is no specific budget for this. There has been yet again another change in activity coordinator. At the time of this inspection the new coordinator had just started in post and she said she was 'feeling her way'. We noticed that there were many people sleeping at various times of the day but we also saw some people watching television or reading. Several remained in their bedrooms through choice.

The interim manager said that the provision of activities was still 'work in progress'. It was hoped that specific training, which was to be confirmed, would help give the new coordinator more specific skills, ideas and confidence. There was a basic weekly programme of group activities on the noticeboard and we were told that some time is spent with people on a one to one basis. The AQAA tells us that a comprehensive programme of activities will be introduced in the coming months and it tells us how the home plans to do this. It says there have already been improved links with the local community such as local church groups.

Work is still taking place on service users' 'life histories' which not only gives valuable information for care staff but also gives a picture of people's social and recreational preferences and past interests, which can be built on within the home.

Service user questionnaires confirmed that 4 out of the 6 people who commented on this found that there were always activities that they could join in, 1 felt this happened sometimes. One specific comment under 'what the home could do better', said "arrange more outings in minibus and for pub lunches or local shows or pantomimes".

The interim manager told us that choices at mealtimes have been improved with a second option being provided at lunchtime and a hot option, as well as soup and sandwiches, now on offer at tea time. Fruit is also now provided every afternoon. The menu of the day is written on a wipe board in the dining room for service users to read.
Our inspections have always evidenced that the kitchen is well run and people's special diet needs are met.
There was mixed feedback in the service user questionnaires regarding the meals. 2 specific comments were "cater more variety for dietry needs" and "would like more choice of vegetarian food".

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.
People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Arrangements for the handling of complaints have been improved and people who raise a concerns should be confident that this will be recorded appropriately, investigated and acted upon.
Many systems and practices in the home have been improved to help protect people from abuse and harm.

Evidence:

We have not received any complaints about the home since our last inspection in October 2009. There were previous weaknesses in the recording of complaint investigations and the home could not always demonstrate that an adequate investigation had taken place. The AQAA tells us that there are now easy to access procedures in places for all to reference. We read the procedure situated on the main noticeboard along the ground floor corridor. This was in large print but probably to high for the majority of service users to read. All the questionnaires returned to us (6) said the person knew how to make a complaint. Concerns and complaints are now fully recorded, investigated and responded to according to the home's complaint policy. These arrangements were simplified, but made more robust by the interim manager as were the arrangements for safeguarding adults as discussed below.

The home has been the subject of ongoing monitoring by the local County Council's Safeguarding Team and both the registered provider and interim manager have been involved in this process and had opportunities to feedback their progress and answer

Evidence:

any concerns that have arisen. The interim manager has communicated well with all agencies involved in safeguarding adults and whilst she is in the home and managing this process we feel reassured by this.

The registered provider also has a responsibility to satisfy himself that these arrangements are maintained at all times and probably needs to adjust his auditing arrangements to achieve this. Since our last inspection all staff have received updated training relating to the safeguarding of adults. We saw certificates for this, which was provided by an external training provider accredited to provide this training.

The home now has a folder containing all the guidance and information that staff need if an allegation or situation of abuse arises. This information links in with the County Council's protocols and the staff we spoke to were aware of the folder and its contents.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.
People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are benefiting from the home being kept clean and tidy and in some of the additional improvements being made to the decoration, furniture and communal spaces.

Evidence:

The home has always had a programme of redecoration and refurbishment but the interim manager requested that some of these plans be altered or brought forward in order for the home to be inviting to prospective service users and more comfortable for those already living there. The AQAA tells us that refurbishment to a higher standard will continue. Communal spaces have been redefined and a large lounge at the front of the home is now used on a daily basis by several service users. The large dining room has had a small seating area introduced and the conservatory has had a table and chairs put in there to provide a separate activities area.

Part of the main corridor on the ground floor has had its walls painted and the plan is to continue this colour scheme throughout the ground floor. Two new chandeliers have been fitted providing attractive lighting in the main hall. A smaller lounge has been redecorated and new curtains and some new furniture has been introduced.

The part of the home called the extension is not being used much because currently the bedrooms are not needed. One person was using this accommodation at the time

Evidence:

of this inspection. These bedrooms and the communal area would require some refurbishment to make the area more comfortable and inviting for people to live in.

A new call bell system has been fitted, which now includes alarms on all outside doors including those at the far end of the extension. This means that although people can still access the garden, staff are alerted to the fact that another door is being opened apart from the front door. We were informed that several items of furniture and older beds had been thrown out and we saw some examples of new bedroom furniture in place. We were told by the interim manager that she plans to improve at least one room per month. We were informed that as well as a the usual full time maintenance hours that an extra two days had been allocated to the home for painting and decorating.

Over the Christmas holiday the home experienced a breakdown of the boiler in the main house. This resulted in emergency arrangements having to be made to provide adequate hot water and heating over several days. This was a difficult time but one that was well managed by the home's staff. During this inspection it was confirmed that all necessary work on the heating system had been carried out and we experienced a warm home. Only one room remained cold despite the one radiator being on. This room has two windows which provide a lovely view of the surrounding countryside, but which also helps to keep the room cooler. This has been identified in a previous inspection as the then occupant was cold. One senior member of staff during this inspection confirmed that it probably needs an additional radiator.

The home has some specialised equipment to help address people's needs. During this inspection there were two walk in showers but only one working bath on the ground floor. The once adapted bath on the first floor was still not working and still lacked a bath hoist. An immediate requirement was issued during this inspection to make appropriate arrangements to have this fully working before anymore admissions to surrounding bedrooms were made. We have subsequently been informed that this has been complied with and service users on this floor and one other now have access to a choice of bath or shower, near to their rooms.

There are arrangements in place to help ensure that good infection control is practiced at all times and that the home is kept generally clean. The AQAA tells us that this is underpinned by a specific action plan that the home works to. Some toilets looked cleaner on this inspection and we were told that extra cleaners had been employed which has resulted in additional cleaning hours. All the questionnaires returned to us (6) said the home was 'always' kept clean and fresh. The requirement made in relation to keeping the home clean, including the soft furnishings has been complied with and

Evidence:

therefore removed.

An audit of staff training in infection control has been completed and the training matrix tells us that the majority of staff received infection control training in September 2009 but that the home are still waiting for certificates from the training provider. Two staff still require this training but this has been booked.
The AQAA tells us that there are appropriate arrangements in place for the removal of soiled waste and a policy with procedures in place for the disposal of clinical waste.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.
There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's needs are being met more consistently because there are now enough staff on duty each day who have been provided with appropriate support and training.

Good recruitment practices continue to help protect people who live in the home from people who may want to harm them.

Evidence:

A requirement was made in the previous inspection for the home to be staffed adequately in number to meet people's needs and for those staff to have the necessary skills to meet people's needs. The interim manager increased the staffing numbers despite a period of reduced service user numbers because she considered it necessary in order to meet the existing service users' needs. We understand that the registered provider had been informed that this was necessary also to be able to meet the requirements and subsequently move the home forward. At the time of this inspection the new team of senior staff, with appropriate competencies, consisted of the interim manager, an additional full time senior team leader and a registered nurse from another of the registered provider's homes for two days a week. This team were in addition to the nurses and care assistants on duty, apart from most weekends. We spoke to the senior team leader who told us that he was taking responsibility for the care assistant team and providing hands on training and support but particularly safe moving and handling training. He was also taking a lead in the reassessment of the

Evidence:

service users who required personal care only and their care planning and risk assessments. He also informed us that he was working closely with senior carers and their team leaders to equip them with appropriate leadership skills. The interim manager explained that this left her free to generally manage the home but also, along with the additional nurse, give support to the nursing staff. The additional nurse was taking the lead in the care planning for service users who required nursing care as well as providing guidance on best practice. As well as this team the interim manager was aiming to have on duty at all times, six care staff and two registered nurses in the morning and from 2pm, six care staff and one registered nurse.

Additional time had been allocated to the nurses so that a comprehensive handover could be achieved between shifts and because of several other changes to the working routines, care staff were now having a full handover as well.

We saw this senior team actively involved with service users, care staff and nurses and when we spoke to some staff they confirmed that they felt far more relaxed, organised and supported. One carer had been recently promoted to a senior carer and she explained her role clearly to us and felt that there was now much clearer leadership in the home.

During this inspection we were able to evidence clear records of basic trainings either completed or booked. Some additional trainings have also been provided giving staff the skills they need to fulfil their role within the home.

Induction training is now in line with the Common Induction Standards and all new staff are expected to complete this. We spoke to one member of staff who we had spoken to in our visit in October 2009 when they had just begun to work in the home. They told us that they had completed the induction training and that they were still getting good support from senior carers. There were plans for this staff member to progress on to the National Vocational Qualification (NVQ).

The senior team leader also explained that if there was no record of induction training for longstanding staff, then the staff member has had to complete this.

At the time of this inspection 11 care staff, including the senior team leader, held a NVQ award in care and 5 staff (inclusive of the senior team leader) held a higher level than the basic Level 2 in care.

The AQAA tells us that local recruitment has been more successful as has staff retention. This will ultimately help the home to retain the skills and knowledge within

Evidence:

the staff team which will benefit service users as this skill base will hopefully mature.

We inspected the personnel files of three staff members employed since December 2009. All had application forms completed with no unexplained gaps of employment, although one application form only gave the staff member's employment history in years and not months and years so it was difficult to identify any gaps. We were told there had been none but the fact that this had been explored was not recorded. All had two references and all had returned Independent Safeguarding Authority, Adult First checks before they started in the home. All had returned clearances from the Criminal Records Bureau (CRB). Two had started after the return of this and one had started before their CRB arrived back. In this case we would have expected to have seen a written risk assessment in relation to the risks associated with this staff member starting work with vulnerable adults prior to a satisfactory CRB. This was not in place but apart from this the home has generally maintained good recruitment practices.

Specific space had been made for the staff computer which is dedicated to staffs' 'E' Learning (electronic modules of learning). This was being encouraged but senior staff emphasised that it was only an addition to the traditional forms of training.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are currently benefiting from the home being competently managed by the interim manager. This is resulting in people's health and welfare being protected. We are however concerned that the staff may struggle to maintain this without the right support in place.

Evidence:

As discussed in previous outcomes the previous inspection had several ongoing requirements that needed complying with so the interim manager was allocated to Euroclydon in September 2009. This person worked for the registered provider as the registered manager of a sister home to Euroclydon. She is an experienced nurse, known to us and other health care professionals and agencies. The registered provider has been reliant on this person's knowledge and experience to move the home forward. At the time of this inspection we had not received an application from this person to be the registered manager of Euroclydon and in discussion with her, she confirmed that her mind was not yet made up about staying in the home long term.

Evidence:

The AQAA tells us that there are now working audits in place to review care plans, medication, wound care, cleaning schedules and menus. This is reassuring and we saw examples of these having been completed.

We remain concerned about the registered provider's own skills and arrangements to monitor the performance of the home effectively and to engage with external agencies. We have received the required monthly reports from the provider under regulation 26 but these have been weak and have not indicated any of the shortfalls identified over this period of poor performance.

The interim manager told us that the home has sought the views of service users and their relatives on the services provided. This was done by questionnaire in December 2009 and the information has yet to be collated and a report issued.

Following our inspection in June 2009 we requested that the Health and Safety Executive (HSE) carry out an inspection into the arrangements for health and safety within the home. This was carried out in August 2009 and covered areas such as the safe use of bed rails, risk management generally, protection from scalds and burns in relation to hot water systems and Legionella safeguards. An enforcement notice was issued in relation to protecting people from Legionella and various additional requirements and recommendations were made. This was carried out in August 2009 and the registered provider was subsequently issued with an enforcement notice including various other requirements and recommendations. During this inspection we were shown the new door protecting the entrance to the basement which had been required by the HSE. We were also aware that thermostatic valves needed to be fitted to remaining hot water outlets in order to fully protect people in the home from hot water scalds. Many areas had previously been fitted with these but two bedrooms and both baths had not. We had been led to believe that this work had been completed but during this inspection the temperature of the hot water in one room was 58 Celsius (not the recommended 43 Celsius). Baths are a higher risk as people can be fully immersed. As a result we issued an Immediate Requirement for the risk from hot water to be removed and for the HSE action plan to be completed. We have subsequently received confirmation from the registered provider that all outstanding valves have been fitted and we have liaised with the HSE Officer.

We were also informed during this inspection that there are areas of hot water piping still not protected. Hot water pipes must be covered so as to reduce the risk of burns to people's skin, particularly if they were to fall against a hot water pipe. We were told that these pipes are behind pieces of furniture and not posing a risk but that they will be covered as each room is decorated.

Evidence:

We were told that a Legionella risk assessment has been completed and we are aware that the HSE are following this up with the registered provider as this relates to the enforcement notice issued.

It concerns us that the registered provider requires the intervention of regulators to identify shortfalls and that it often requires close monitoring and some enforcement action to achieve compliance. The interim manager and her senior team have communicated well with staff and external agencies.

The AQAA confirms that a comprehensive programme of supervision will be introduced. We saw evidence that told us that certain staff members have already received individual supervision with regard to specific shortfalls in their practice. The senior team leader confirmed that he has worked closely with all the care assistants in helping them to look at their own care practices. It was generally felt that the confidence and morale of the staff had greatly improved with the positive support being provided.

There have been no changes to the systems in place for service users monies. Small amounts can be kept safe and electronic records are kept of any income and expenditure. The service user or their representative responsible for their personal money is invoiced each month giving an update of the state of the person's 'in house' account. Amounts were not individually inspected during this inspection as this was carried out during our last inspection. Both the hairdresser and chiropodist are now providing receipts for work completed.

We saw evidence of various checks being carried out on a regular basis linked to people's health and safety. These included checking hot water temperatures, checks on emergency lighting, various checks on the fire alarm system and fire equipment, window restrictors and a visual check on bed rails. The AQAA confirms that the home has certificates in place from external agencies or company's where required, for example relating to manual handling hoists, the lift and gas appliances. We note that the home's 5 yearly electrical check is due in March of this year.

As discussed in the Health and Personal Care outcome we have been informed that all staff have been updated in safe moving and handling practices. It was confirmed that the home has enough of the right hoists to move people safely.

Are there any outstanding requirements from the last inspection?				
	Yes	☑	No	☐

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	3	14	People's needs must be fully identified and then assessed, correctly and comprehensively so that staff receive the correct information and so that care plans are relevant to the person's needs and abilities. (Unable to fully assess compliance. Timescale of 31/07/09 extended)	01/11/2009

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	3	14	People's needs must be fully assessed prior to their admission, correctly recorded and staff made fully aware of them. (Unable to fully assess compliance therefore timescales of the 31/07/09 and 01/11/09 extended) This is so that all the person's needs are fully identified. So that staff are given the correct information about those needs before the person moves in. This will help staff to know what support the person requires. It will help the staff to make any other arrangements that maybe necessary to help ensure the person's needs are met from the moment they move in.	01/05/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
2	8	12	People who are at nutritional risk must have this risk correctly monitored and assessed. This is so that people do not deteriorate due to a lack of basic monitoring. It is so that the right level of support is identified and provided.	19/04/2010
3	8	12	Staff responsible for reviewing care documentation and maintaining up to date records of care and assessment must do this when it is necessary and according to the home's policies and procedures. This is so that up to date monitoring can be demonstrated. So that the person's current capabilities and health status is identified. So staff then have access to the correct guidance on how to meet someone's current needs. This is also required so that qualified nurses uphold their professional responsibilities under the NMC Code in relation to record keeping.	19/04/2010
4	12	16	The registered provider must provide more support	01/05/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			in achieving a social and recreational programme that meet everyone's capabilities and preferences. This is so that everyone, irrespective of their preferences or capabilities are given the opportunity to be socially stimulated.	

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	8	Any records relating to service users' food intake should be completed straight after or as near after they have eaten as possible so as to be as accurate as possible.
2	9	Make sure that carers who may act as a witness for the administration of medicines have sufficient training appropriate to the role they carry out as a witness and that they are regularly assessed as competent to carry out these duties.
3	9	Review some medicine records to make sure that when a medicine is given to people to look after themselves when they are self-medicating there is a record kept as part of a system to monitor that these arrangements are safe and medicines are accounted for.
4	12	Provide a dedicated budget for activities and increase activity coordinator hours.
5	18	It is strongly recommended that the registered provider ensure he is also fully aware of the safeguarding protocols and arrangements in place, both in house and within the local County Council. This is so that he can competently audit the processes in place that help protect people within the home.
6	19	Particular improvements to the extension area of the home

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		should be made before people move into this area. This includes new bedroom furniture in some rooms, change of odourous flooring in some rooms and decorating.
7	19	The registered provider should continue with the new improved level of refurbishment, this being redecoration and introduction of new bedroom furniture so that all areas of the home benefit.
8	33	The provider must make independent arrangements to be able to robustly assess the home's performance other than being totally reliant on regulators identifying shortfalls or information being given by other sources.
9	36	All staff should receive adequate supervision and this should be recorded.
10	38	Any recommendations made by the HSE Officer should be acted upon and arrangements made to complete these.

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