

Chantry Retirement Homes Limited

Euroclydon Nursing Home

Inspection report

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Date of inspection visit:
27 November 2019
28 November 2019
29 November 2019

Date of publication:
30 December 2019

Ratings

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

Summary of findings

Overall summary

About the service

Euroclydon Nursing Home is registered to provide accommodation and nursing care to 48 older people and people living with dementia. 29 people were living at the home at the time of our inspection.

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

The provider had made improvements to their medicine management systems since our last inspection. Quality monitoring systems were being embedded and were ensuring appropriate action was taken when shortfalls had been identified.

People received care and support that was safe. People were protected from avoidable harm and abuse. There were enough staff deployed to support people safely. The provider met good practice standards with respect to managing medicines and preventing the spread of infection.

People's oral healthcare needs had been assessed and their day to day oral health needs were met. However, people were not always supported to access dental check-ups in line with published guidance about best practice.

Relationships and interactions between staff and people living in the home were positive and relaxed. People were clearly at ease in the company of staff and with each other.

People told us they were supported by staff who were kind and caring. We observed many kind and caring interactions between people and staff. Considerations were given to people's equality characteristics. Staff practice ensured people's dignity and privacy was respected.

The service had received compliments from the relatives of people who had passed away about the care people received during the end of their life.

People's care and support met their needs and reflected their preferences. People had access to a range of relevant activities designed to avoid social isolation. Visitors were welcomed at the home at any time.

The provider and registered manager ensured people were well-cared for and was making ongoing improvements to the home to enhance the surroundings for the people who lived and worked there.

People were happy with the way the home was managed. There was a positive and inclusive culture within the service and the registered manager supported staff and sought to improve the quality of care and support for people.

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

this practice.

We have made one recommendation about oral healthcare assessment and support.

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

Rating at last inspection

The last rating for this service was requires improvement (published 10 January 2019) and there was one breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Please see our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Please see our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Please see our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Please see our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Please see our well-led findings below.

Good ●

Euroclydon Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Euroclydon Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider previously sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who use the service and four of their relatives and friends. We spoke with seven

members of staff, that included the registered manager, a nurse, a cook, the home administrator, a senior carer and two permanent care staff. We reviewed a range of records. This included five people's care records and the services medication records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring audits and maintenance records were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. One person told us "I feel very safe here, they [the staff] make sure everyone is well looked after."
- There were systems and processes in place to protect vulnerable people from the risk of abuse. Staff received training in safeguarding vulnerable adults and were able to describe steps they would take to identify and report potential abuse. A member of staff told us, "We receive mandatory training in safeguarding and I have an NVQ 3, which covered safeguarding. It's about keeping people safe and protecting them from abuse. I would report any concerns to the registered manager as my first contact. If the complaint was about the registered manager I would report to the home owner or to CQC."
- The registered manager understood their responsibilities to report incidents of safeguarding to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and monitored. Risk assessments were person-centred and reviewed regularly. Staff used nationally recognised tools such as the malnutrition universal screening tool (MUST) and a falls risk assessment tool to assess and reduce risks to people.
- Euroclydon Nursing Home had a range of equipment in use to monitor the safety of people living there. For example, there were call bells that people could use to summon help and some people, who were at risk of falling had crash mats in their bedrooms to protect them from harm if they fell.
- We saw that staff used equipment safely. For example, we observed two members of staff supporting a person to transfer from a chair to a wheelchair using a hoist. The staff demonstrated that they knew how to use this piece of equipment in a safe manner and supported the person effectively throughout the manoeuvre.

Using medicines safely

At our last inspection the provider had failed to ensure people had received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were administered to people as prescribed. The medicine administration records [MARs] were used by nursing staff to record when people were supported with their medicines.
- The provider's medicines policy guided nursing staff to ensure people's medicines were administered in

line with their individual needs.

- The service had a clear PRN (as required medicines) policy. Records in relation to the administration of PRN medicines were clear.
- Controlled medicines were stored and managed safely. Records in relation to stock control and the administration of controlled medicines had been completed as required. Boxed and bottled medicines had a record of when they had been opened and when they would expire. This helped ensure people were given their medicines as prescribed and in line with the manufacturers instructions.

Staffing and recruitment

- The provider's recruitment process was robust to ensure skilled and experienced staff were employed at Euroclydon Nursing Home. Pre-employment checks were completed on staff before they came to work at the service. The checks included conduct in previous roles, right to work in the UK, proof of identity and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.
- There were enough staff on duty. The staff rota for the days we were on inspection accurately reflected the numbers of staff on duty. The registered manager used a dependency tool to monitor the amount of staff who were required to meet people's needs. A member of staff told us, "We are good with our staffing, we have reliable staff who pick up shifts when people are off."

Preventing and controlling infection

- Effective cleaning practices were in place. The home was visibly clean and tidy throughout. Staff had received training in infection control practises.
- There was a supply of personal protective equipment (PPE) to help minimise the risk of cross infection. A person told us, "they help me with my personal care and always wear an apron and gloves. I am never handled roughly."
- The registered manager had recently installed new washing machines and dryers in the services laundry. The registered manager told us the new machines were controlled through an electronic pump ensuring the temperature and amount of detergent used improved the quality of cleaning and helped prevent risk of infection.

Learning lessons when things go wrong

- The provider and registered manager had a process in place to ensure lessons were learnt when things went wrong.
- The registered manager carried out a review of falls and incidents so lessons could be learnt and to prevent reoccurrences.
- Where concerns or complaints had been identified the registered manager had ensured there was a thorough investigation and made changes to prevent reoccurrence. For example, the registered manager had recently implemented a new audit system for call bells, as they had received concerns around how long it took staff to respond to calls for assistance. The registered manager told us how this new system had provided them with confidence around the speed in which staff responded to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Peoples day to day oral health needs had been met and there were no reports of people experiencing dental pain. Records confirmed that people had their teeth cleaned twice daily as stated in their care plan. However, each person's oral health plan stated, as an action, "To obtain regular dental care - every 6 months or when required." When we discussed this with the registered manager, they confirmed that some people had not seen a dentist in line with the statement in their care plan. On the final day of our inspection the registered manager told us they had now made contact with a dental health access centre and had begun the process of making referrals for people living in the home.
- Peoples records evidenced that involvement of other health professionals had taken place. For example, we saw that people had received support from a speech therapist in relation to their swallowing needs. People told us they could see a GP when they needed to. The registered manager told us a GP visited the home on a regular basis.

We recommend the provider review published guidance about best practice in relation to the provision of access to, and assessment of, oral healthcare in care settings.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Information about people's capacity to make decisions needed better integration into their care plans. Where people lacked capacity to make decisions for themselves there was not always a clear record of their

capacity to make the decision. Best interest assessments were in place for a range of decisions, but this needed to be recorded in a clearer way to show the involvement of people and their representatives. A staff member told us, "the information in relation to people's capacity is in people's care plans, but I feel it could be more detailed."

- The registered manager understood the principles of the MCA and how to protect people's rights.
- Appropriate DoLS applications had been made in a timely manner by the service.
- We observed staff routinely asking for consent from people before they provided care and support.

Adapting service, design, decoration to meet people's needs

- The building was adapted to meet people's needs. People had access to safe and attractive outdoor facilities. A range of communal areas were available to people including a large lounge, conservatory and dining area.
- Some areas of the home had recently been refurbished. Since our last inspection the service had redecorated the foyer and some of the corridors of the home. The lounge and dining room had been repainted and new flooring fitted. This encouraged people to socialise with others in this space.
- People's bedrooms were spacious and personalised. We spoke with two people who shared a bedroom. They told us the service had been very supportive in ensuring their bedroom met their individual needs. They said, "We have been able to bring in any mementoes and furniture that's important to us into the home with us." They went on to tell us, "We have wonderful views right across Herefordshire from our bedroom."

Staff support: induction, training, skills and experience

- Specific oral health training for staff had not provided by the registered manager Staff told us they felt they had the skills to support people with oral health needs on a daily basis but would benefit from additional training in this subject. One member of staff told us, "we have not had specific training in supporting people with oral health." We raised this with the registered manager during our inspection and they told us that as a trained nurse they would incorporate oral health training into forthcoming team meetings.
- Staff were supported to undertake qualifications and received regular supervision and appraisal. A member of staff told us, "We get regular supervisions and I catch up with the registered manager quite often."
- New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People's weight and food and fluid intake were monitored when this was part of their care plan. The cook had a good understanding of people who lived at the home and responded to people's needs and wishes when planning menus and snacks. One person's relative told us, "they meet dad's dietary needs. There are some food items such as onions he cannot have and they always make sure they provide him the same meal without the things he cannot have. They served liver and onions last week and he had his liver with just gravy which he enjoyed."
- The mealtime experience was a relaxed and sociable experience. People who needed dedicated one to one staff support used a quiet area where there were minimal distractions and other people had a choice of where and what to eat.
- People and their relatives told us the food was very good. One person told us, "here is always plenty to eat. If you want some crisps or something between meals you only need to ask." A relative said, "I am impressed with the food. Its nice homely cooking. It always looks nice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to entry into the home. This ensured that the service was able to meet people's individual assessed needs. The registered manager explained that they carried out pre-entry

assessments personally to ensure the information received was accurate.

- People's needs were assessed with ongoing involvement of themselves and their close relatives and where necessary based on their assessed needs from healthcare professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives felt that staff were caring. A person told us, "Staff are very kind and caring." A relative we spoke with said, "I make cakes and bring them in for the staff every so often as a way of showing my gratitude for the excellent care my mum received when she was here."
- All the staff we spoke with said people were treated in a caring way. One staff member said, "I think this is a caring home, the staff are very caring, we get a lot of cards in when people pass away. We are like a big extended family. You can see that staff care and you can hear staff being friendly with residents."
- During our inspection there was a relaxed and friendly atmosphere at the home. Staff engaged in conversations with people throughout the day.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care and the decisions they made were respected. The relative of one person living at the home told us they had been fully involved in their relatives care plan. One person told us, "you can have whatever you want. You just need to ask."
- Staff knew the people using the service and gave them information to make choices about their care. They gave people the time and support they needed to make and express their choices. For example, during lunch people were given a choice of whether to have their meal in the dining room, lounge or in their bedroom. We saw that people had chosen to eat lunch in each of these places and were supported effectively by staff in each location.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They spoke to and about people with respect.
- Staff gave people who lived in the home encouragement and time to do as much as they could for themselves. This helped to promote peoples independence. For example, during a manual handling manoeuvre we heard staff tell a person, "hold on here and bring yourself forward." After the person had completed the manoeuvre, the staff member responded to the person with "that's it well done."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well. Care plans included people's likes and dislikes and their preferences for how their care should be delivered.
- People's care plans were reviewed monthly. Any changes were shared with staff during handovers and team meetings to ensure people received care that met their current needs. A visiting professional told us, "There has been a positive response to meeting the needs of people placed here." A staff member said, "Communication has improved massively in the last six months. Our handovers are far more effective. Information is kept on the handover records for at least seven days so it enables people who work shifts to be kept up to date with people's needs."
- People told us staff were responsive to their needs and listened to them. One person told us, "generally, I think it's OK. I can ask the nurse or carers if there's anything I need to know. I get very good communication with the staff."
- People's religious and cultural needs were documented in their care plans. Staff knew this and supported them accordingly. Religious services took place regularly or as when required to meet people's needs. A member of staff told us, "I see each person as an individual rather than a set of people who are all old people who are treated the same. I would speak to [name of person] differently to how I would speak to [name of person]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in activities to occupy them. Activities included games, exercise classes and music sessions. The home had numerous events planned for the festive period including, a Christmas raffle, mince pies and sherry on Christmas Eve and a Christmas jumper day with a fish and chip lunch and a visit from a ladies choir in the afternoon.
- People enjoyed performances from external musicians and entertainers who visited regularly to entertain people. Pupils from the local school also visited periodically to perform and engage people in activities.
- People maintained relationships which mattered to them. We saw relatives visiting their loved ones. They told us they were welcomed at the service and they were given the space and time they needed with their relatives. The home had invited visitors to have lunch with their relatives on Christmas day. One visitor told us, "We come in to visit [name of person] as we made friends with him when mum was here."

Meeting people's communication needs. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified through care planning. This included people's needs with

regards to their hearing, sight and speech. People who needed hearing aids and glasses had them on or had access to them. People were supported to attend appointments with their optician and audiologist.

- We observed staff interacting with people with limited communication using gestures and body language. Staff were patient when communicating and adjusted themselves down to a lower level so people could see and hear them more effectively.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to raise concerns if they were unhappy about the service. One person said, "I have absolutely no complaints." A relative told us, "any concerns I can raise with the nurse or manager they are both approachable."
- Records of concerns and complaints made about the service was maintained. These evidenced that issues were resolved in line with the provider's complaint procedure.
- There was clear evidence the registered manager used feedback from people to develop the service. Lessons were discussed and shared with staff as part of improving service quality.

End of life care and support

- Not all peoples care plans contained end of life information as this had not been discussed with some people or their relatives. The registered manager was aware of the sensitivity of the subject and was reviewing the homes systems for how best to discuss and record people's end of life wishes.
- Where people and their relatives felt comfortable discussing end of life plans, there were records in relation to this. Information in relation to people's funeral plans, where they had one, was well-documented.
- The home had received a high number of compliments in relation to end of life care and treatment. There were numerous cards sent to the home following a death and there were numerous compliments in relation to end of life care left on a care home review website. One comment we reviewed stated, "We as a family would like to thank everyone who cared for mum throughout her stay. Words cannot express our gratitude for the dedication of the nurses, carers and all staff who made mum so welcome. In the last days of her life the care and attention given to her was such a comfort to us a family, for this we shall be eternally grateful to you all."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff commented positively on the support they received from the registered manager. One staff member said, "I think he is here to make the home better and better for the residents." Another told us, "I like working at the home, I have worked in a few different homes but I really enjoy working here. It's the dynamics of the team, and the manager is really approachable which makes it a pleasant workplace."
- Relatives and visitors were positive about the support provided to people living in the home. One visitor said, "I cannot recommend the home highly enough." A visiting professional told us, "The service has gone above and beyond."

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

- The registered manager showed us a series of audits that they completed regularly. They were able to explain how the results from these audits were utilised to identify if there were aspects of care and support that could be improved. Although they had not yet formalised their action plans, the registered manager was able to show us a template of the document they were starting to implement.
- The registered manager advised that they had received good support from the provider. They told us that they had regular contact with them through formal meetings and telephone contact.
- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary to improve any aspect of the support provided to people in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt involved in the running of the service. For example, one staff member told us, "the manager is responsive to my needs as a member of staff and will accommodate my requests if possible. We have all made requests for our Christmas rota and this is an improvement to how shifts over Christmas were previously planned under a different manager."
- The registered manager and staff said that they had a good working relationship with healthcare professionals and other agencies who were involved in supporting people. We spoke with two visiting professionals during our inspection. Both were very positive about both the registered manager and the service and its staff. They told us that the service had responded positively in meeting the needs of the two people they had placed at the home. One of the people who had come to live at Euroclydon Nursing Home told us, "I would recommend this home to anyone."

- We saw evidence that staff acted upon advice that had been suggested and care plans had been updated to ensure that people received the best possible outcomes.

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

- Some records in relation to peoples capacity to make decisions and their oral health needs required further review.
- The registered manager had a clear understanding of the duty of candour and told us that the provider had clear processes in place to share information with relatives and others should any incidents occur.
- The service had delivered on planned improvements that had been advised to CQC at the time of the last inspection. For example, The registered manager and provider had introduced a range of measures to enhance the environment and to improve infection control. The implementation of a new system to manage medicines had proven effective and had led to clear improvements in this area.
- The registered manager was leading by example and maintaining a positive caring culture in the home which was welcomed by people, their relatives and staff. Since our last inspection they had built up trust and a rapport with staff. Staff we spoke with were unanimous in their view that the registered manager was very effective in their role. One staff member told us, "It was a process getting to know the registered manager. If I have a concern he deals with it quickly and effectively. Now I've got to know him I feel I can talk to him about anything."