

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Euroclydon Nursing Home

Hawthorns, Drybrook, GL17 9BW

Tel: 01594543982

Date of Inspections: 15 August 2012
10 August 2012

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Chantry Retirement Homes Limited
Registered Managers	Mrs. Helena Majcan Hadzihajdic Mrs. Pauline Rodman
Overview of the service	Euroclydon is care home for people with nursing and residential care needs. The home also has a small unit for people with dementia. The majority of people living at the home are over 65 years.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 August 2012 and 15 August 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We found there had been improvements at the home since the last inspection. A new management team had been appointed over the last twelve months. The manager and senior staff had conducted a review of how the home had been operating and had introduced a number of changes which had benefitted people using the service. We saw evidence of how care plans had been reviewed so as to ensure that they reflected the care and treatment choices of people living at the service. People told us that: "staff had asked how they wished to be supported". People also told us that: " staff had spoken with them when they had reviewed their care plans to ensure that they reflected their needs and dislikes".

The home had reviewed the nature of the activities it provided and recruited additional staff to provide activities. People told us that: " they like the activities and had been asked what activities they enjoyed".

We looked at all of the communal and some of the individual rooms at the home. There was a programme of redecoration and refurbishment which was ongoing. The refurbishment had resulted in an improved environment for people living at Euroclydon. Staffing levels had improved at the home. There were additional qualified and care staff on duty following a recruitment process. The appointment of additional managerial staff had improved the levels of staff supervision, audits of care, and standards of record keeping.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them. We saw evidence of how people had expressed their views and were involved in making decisions about their care. We observed staff interacting with people in a respectful manner and supporting them to be independent around the home. We observed staff sitting with people and discussing what activities they had enjoyed. We saw evidence in care plans and daily records, that staff had recorded individual choices regarding how people wished to be supported. We observed staff consulting with and respecting the choices made by the people.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in-line with their individual care plan. We saw the care plans for five people. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The care plans contained assessments of needs and risks and had been reviewed to reflect changes. The care plans had also reflected choices of how people wished to be supported. People told us they had support from staff to access health and social care professionals, who visited them on a regular basis. People also told us that they were supported to access health appointments away from the home. The provider had appointed two activities co-ordinators that had provided daily activities. We observed an activity co-ordinator supporting some people in the lounge and garden. People told us that they had enjoyed the activities and how they had been asked about what activities they may enjoy in the future.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We briefly reviewed the management of medicines with the nurse in charge. We focused on the storage and administration of controlled medication. Appropriate arrangements were in place in relation to obtaining, recording and administration of medicine. Medicines were prescribed and given to people appropriately and were kept safely. We saw evidence of how procedures, in relation to controlled medication, had been followed and monitored to ensure secure and safe keeping of medicines. We saw evidence of how the provider had conducted regular audits of the management of medicines.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that was suitably designed and adequately maintained. We viewed a number of individual bedrooms the communal areas and grounds of the home. All areas had been adequately maintained and many areas of the home had, and were continuing to be, redecorated and refurbished. The provider had also taken sufficient measures to ensure that the premises were secure. The provider told us that further measures had been instigated to secure the grounds with additional fencing. Risk assessments had also been conducted to identify and manage risks in relation to the premises.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. The provider told us that senior staff had recently conducted a needs analysis and risk assessment to establish staffing levels. There were sufficient numbers of qualified nursing, care and domestic staff to meet the needs of people using the service. The provider told us that a deputy manager, and additional nursing staff, had recently been recruited. Records showed how there had been only minimal use of agency staff. There was an induction procedure for all agency staff. The induction had provided essential health and safety information and a briefing in relation to risks.

We spoke with nursing and care staff. Both qualified and non qualified staff were able to describe the individually assessed support needs and risks of people using the service. The provider noted how, in addition to care staff, the two activities co-ordinators were able to provide support at certain times during the day.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We reviewed people's personal records, including medical records, risk assessments and personalised records. They were accurate and fit for purpose. Personal care records had been reviewed and updated to reflect changes in care and treatment.

We saw the recruitment records for six members of staff. They had either recently started or who had worked at the home for a number of years. The home's administrator told us that she had recently conducted a review of staffing files, to ensure that they were accurate and fit for purpose. Records were kept securely and could be located promptly when needed. The records and vetting process had ensured that the members of staff were suitably qualified and fit to work at the service.

The provider may find it useful to note that, for certain members of staff, Criminal Records Bureau (CRB) checks have not been renewed for a number of years.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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