

Chantry Retirement Homes Limited

Euroclydon Nursing Home

Inspection report

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Date of inspection visit:
20 June 2023
22 June 2023

Date of publication:
17 July 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Euroclydon Nursing Home is a care home providing accommodation to persons who require nursing or personal care, for up to 48 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 36 people using the service. People are accommodated in one adapted building.

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

People and their relatives told us they felt Euroclydon Nursing Home was safe and that staff responded to their needs. Staff had received training in recognising safeguarding concerns and knew the actions to take to protect people from harm. Nursing staff engaged with external healthcare professionals to ensure people received timely care and support that was appropriate to their needs.

People's needs were known by staff. Staff spoke positively about people and the support they required. People's care plans were reflective of their needs and the support they received.

People and their relatives spoke positively about the registered manager and clinical lead and the caring culture of the staff. Staff spoke positively about the support they received from the management team.

Safe recruitment practices were in place. The registered manager and provider ensured appropriate checks were being carried out to ensure staff were of good character.

There were enough staff deployed to meet people's needs. Staff, people and relatives spoke positively about the staffing at Euroclydon Nursing Home.

The provider had infection control procedures in place to protect people and prevent the spread of infection.

We observed positive interactions between people and staff throughout our inspection. People living in the home clearly enjoyed the time they spent with staff and others. People enjoyed the engagement and activities provided by staff and others.

Incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately and opportunity was made to identify and make improvements.

The manager and deputy manager ensured appropriate action was taken when people lacked capacity in accordance with the Mental Capacity Act. Staff supported people in the least restrictive way possible and in their best interests.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 20 December 2022).

Why we inspected

We carried out an unannounced inspection of this service on 7 and 8 November 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve people's person-centred care and their good governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in 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 Health and Social Care Act 2008.

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

Inspection team

Two Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Euroclydon Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

There was a registered manager in post at the time of our inspection.

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 considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in September 2022 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 9 people who lived or were staying at Euroclydon Nursing Home. We spoke with 4 people's relatives about their experience of the care and support provided by the service.

We spoke with 12 staff which included the registered manager, clinical lead, activities coordinator, 2 senior care staff, 4 care staff, 1 head housekeeper, 1 housekeeper and the chef. We also spoke with the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We reviewed 3 staff recruitment and personnel files.

We continued to seek clarification from the management team to validate the evidence found. We sought feedback from 2 healthcare professionals involved with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were assessed and known by nursing and care staff. Each person had detailed care plans in relation to their needs and risks. There were clear risk records to show how 1 person would be supported with nutrition. Staff had a clear plan to support this person, following guidance from healthcare professionals, this included individual food choice which in turn promoted their wellbeing and quality of life.
- Where people required textured diets or thickened fluids, guidance was in place for staff to follow. We observed staff supporting people in line with their assessed dietary needs. Staff were able to discuss the individual support people required.
- Staff were confident in explaining how they supported people with their wellbeing and knew how to support and reassure them when they may be anxious. There were clear support plans in place which provided staff with guidance on the support required to manage these situations which included, triggers which made people anxious.
- Staff took action to protect people from the risk of skin damage. Care staff monitored people's skin for any sores or bruises and reported concerns to the nurse and clinical lead. Care staff followed people's care plans and supported them to reposition people to reduce the risk of skin damage. The clinical lead told us, "Staff report everything, they are vigilant."
- People were protected from the risk of their environment. The provider and registered manager had a plan of refurbishment for the home. People and their relatives spoke positively about changes to the environment. Comments included: "The environment has really improved" and "They have really made an effort to brighten the home up."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. Comments included: "He is safe, well fed, cared for – we know when we go home he is safe, which is comforting for us. When we leave, staff come in and comfort him they are so upbeat and smiling" and, "Since [Registered Manager], it has really improved. So much I have also moved [relative] here."
- The registered manager and clinical lead regularly worked alongside care staff which made it easier for any concerns to be identified or reported to them. The management team responded to and acted on safeguarding concerns appropriately.
- Staff knew how to raise concerns in relation to people's safety. Comments included "I really feel we have improved. The service is definitely safe" and "We provide safe care. If I had any concerns I would go to [registered manager] or [clinical lead]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- The registered manager and clinical ensured that where people may lack capacity, appropriate assessments were made. Where people were being deprived of their liberty, but were unable to consent to this, necessary applications had been made.
- Where conditions had been made in relation to DoLS authorisations there was clear evidence that action had been taken. For example, 1 person's prescribed medicines had been reduced with support from their GP.

Learning lessons when things go wrong

- The registered manager and provider reflected on incidents and accidents to make improvements to people's care. Following one incident where a fault was found with a fire door, the service took appropriate action and provided clear guidance for staff to follow.
- Staff were supported to reflect on incidents, accidents, near misses and concerns. The registered manager carried out 1 to 1 discussions with staff in relation to concerns and implemented actions to support development and make improvements.

Using medicines safely

- People's medicines were stored safely, and they received their medicines as prescribed.
- Some people were prescribed medicines that were to be administered 'as required' when they could be anxious or distressed or were in pain. Protocols contained clear guidance for staff to follow, including when to administer these medicines and how to review the effectiveness of their prescribed medicines.
- People and their relatives told us staff supported them with their medicines as required. Comments included: "They bring my tablets – I have no worries about that" and, "They support – don't force it down our throats."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was responding effectively to risks and signs of infection.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. Staffing levels were based on the occupancy and needs of people using the service. The service used its own permanent or bank staff and did not use agency staff. We observed staff spending time with people throughout the inspection and supporting them with activities and conversations.
- People and their relatives told us there were enough staff to meet people's needs. Comments included, "There are always plenty of staff" and "The staffing has improved, there are more staff to support residents."
- Staff spoke positively about the staffing levels within Euroclydon Nursing Home. Staff said there were enough staff and they had the time they needed to provide people's care. Comments included: "We have enough staff to support everyone" and "Staffing is better. We have a really good supportive team."
- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection people had not always received personalised care which met their needs and promoted their wellbeing. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made regarding people's personal care and the service was no longer in breach of regulation 9.

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 now received activities and engagements which reflected their needs and preferences. Staff had time to spend with people and supported them with group and 1 to 1 activities. Staff knew people and supported them with the things that mattered to them. One person was supported to spend time with staff and family on the patio area.
- Staff knew people's preferences and how to promote their wellbeing. One person enjoyed drawing. Staff supported this person to have the drawing materials they needed and talked to the person about their pictures. Another person was supported with doll therapy, which was important for their wellbeing.
- People and their relatives spoke positively about life in the home and how staff supported them with their wellbeing. Comments included: "[Relative] loves music and the Cats protection come in, [they] loved it – nothing is too much trouble, [they] joins in activities even the choir" and "There is more going on for people. They treat [relative] really well."
- People were supported to maintain their personal relationships. This included keeping in touch with family during the pandemic. People's relatives were able to visit and spend time with their loved ones. The home had recently created a family room and additional space for people to meet, which included toys for children to play with. The registered manager engaged with people's families and was supportive of people maintaining and building new relationships.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and nursing staff used recognised tools alongside their knowledge of people to ensure they received care which was responsive to their changing needs. Staff kept a record of when people were unwell, or their needs changed and sought appropriate guidance from healthcare professionals.
- Care and nursing staff understood people's personal choices. Staff spoke about improvements in staffing and support they received. They discussed how this had enabled them to support 1 person who used to become anxious. One member of staff told us, "We know [person] needs and how to support them. We've got them involved more and we communicate more. They are really settled with us, it's been a massive

change, they are much happier."

- Where staff had sought the advice of healthcare professionals there was a clear record of the action they needed to follow. All appointments and feedback was clearly recorded to ensure staff had current information to meet people's needs.
- People's relatives told us they were involved in their loved one's care. Comments included: "They manager [relative] needs really well. With dementia they know people's needs and anticipate the support they need" and "Things have really improved. The way they treat people is good. The staff know people well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, assessed, and recorded in care plans. They referred to how people communicated their needs and any support they required. One person was registered blind and there were clear guidelines for staff to follow to communicate with them and promote their independence.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to. Comments included: "If concerned I would talk to [registered manager]" and "Any concerns I'd go to [registered manager], I'm happy they will listen."
- The management acted on complaints and concerns in a timely manner. We reviewed the manager and providers response to recent concerns. They took action to respond to the concerns and taken on board wider learning.

End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Where relevant, anticipatory medicines had been prescribed by health professionals.
- Staff spoke positively about end of life care and how they ensured people received the care and support that was important to them, including being visited by their loved ones. One person was being supported with end of life care plan. Nursing staff were working with professionals to ensure the person was comfortable and free from pain.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had not operated effective systems to identify concerns and drive improvements. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made and the provider had effective systems to monitor and improve the quality of service people received and the service was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and clinical lead undertook a range of quality assurance audits to ensure a good standard of service was maintained. We saw audits in relation to medicine management, infection control and health and safety. Any shortfalls or concerns were recorded in the audits and the action completed was documented.
- When required, the registered manager took effective action to address concerns or shortfalls. Concerns had been raised around communication. Following these concerns, the registered manager arranged weekly heads of department meetings to ensure clear communication was promoted throughout the service.
- The provider carried out monthly quality assurance visits of the home. During these visits, they spoke with people, relatives and staff and reviewed some audits. They identified where improvements had been made and where additional actions were required.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The registered manager and provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

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

- People and their relatives told us they were involved in the service. Comments include: "[Registered manager], comes up to see me – I am not forgotten up here. They ask if anything I would like changed" and "I feel I am asked for my opinion I have no concerns."
- The registered manager had met with relatives and sought the views of relatives through questionnaires. The registered manager provided a summary when they had reviewed questionnaires, to show where the

service had improved and if any further actions were required.

- Staff felt supported to express their views and felt the provider and management team listened. They spoke positively about improvements in the home and the support they received from the manager and provider. Comments included: "Things have improved. I feel really supported" and "We are listened to, and things change."
- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. The service had worked closely with infection control specialists and had implemented governance structures to aid improvements around infection control.

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

- People and their relatives told us they were benefitting from a positive culture in the home. Staff demonstrated a strong desire to achieve good outcomes for people. People's relatives spoke positively about the service. Comments included: "I'm really confident with the service" and "I feel it's a really good home. The staff are wonderful."
- The registered manager and the clinical lead were open and transparent throughout our inspection and were clearly committed to providing good quality care. Staff, people and the relatives all knew who the registered manager was. We observed the registered manager engaging with staff, relatives and people, ensuring they were comfortable or supported.
- Staff told us they felt supported by the registered manager. Comments included: "I feel supported. I feel listened to and valued. We can go to [registered manager]" and "Definitely feel the home and support has improved. We have a really good team now, it's better for the residents."

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

- The registered manager and provider understood requirements in relation to duty of candour and had an open and honest approach. The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- Concerns and complaints were actively listened to and acted upon efficiently. The registered manager shared learning from complaints with the staff to continually develop the service. Where concerns had been raised the registered manager had provided staff with supervision and training to ensure improvements were made.