

## Chantry Retirement Homes Limited

# Euroclydon Nursing Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Euroclydon Nursing Home is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

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

At the time of our inspection the service had several staff and housekeeping vacancies and relied on agency staff. Staff told us this placed them under increased pressure and meant that it was more difficult to provide person centred care. The provider and registered manger had already identified staffing as a high priority and were putting measures in place to reduce the risk whilst they developed a more consistent staffing team.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and staff followed the providers guidance and expectation. The provider was developing their paperwork to evidence that visits for people were in accordance with current guidance.

The provider was developing clearer documentation to evidence that risks to people had been identified and managed in areas such as moving and handling, and recruitment.

People had access to a balanced diet and were supported to eat nutritious meals.

At our last inspection we recommended the provider review published guidance about best practice in relation to the provision of access to, and assessment of, oral healthcare in care settings. The provider had made improvements.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 31 December 2019)

### Why we inspected

The inspection was prompted in part due to concerns received about food choices, infection control, staffing and moving and handling.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. 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](http://www.cqc.org.uk).

#### 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective 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 Care Act 2014.

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

The inspection team consisted of three inspectors.

#### Service and service type

Euroclydon Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and a professional who works with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care workers, administrator, the head cook and the head housekeeper. 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 reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to three relatives and a professional about their experience of the care provided. We spoke to the nominated individual, who is responsible for supervising the management of the service on behalf of the provider. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff had been recruited safely. Records showed that pre-employment checks had been completed to ensure staff were suitable to work with people. However, further evidence of the registered manager's decisions to employ some staff was needed when there was limited information about their previous employment histories and character.
- The service was experiencing a lack of staffing. Staff told us that there were not enough staff, which meant that they needed to focus on completing tasks rather than on person-centred care and support. One staff member told us, "[People] don't get enough time with staff to do extras such as activities, walks and chats. Staff are worn out and go from one thing to the next." A person also told us, "Staffing is an issue. I don't need to wait too much, in general I get a good service. However, I just worry about the pressure on them." The registered manager and nominated individual were aware of the shortfall in staffing. The nominated individual said, "Response to job adverts are low and it is a very hard time at the moment. Longer term we will get there. We are just looking at how we manage short term to ensure that everyone continues to receive good care despite the challenges."
- We observed people receiving the care and support they needed to be safe, but staff told us they might not always have the time to be flexible or respond to changing needs. One staff member said, "We have just had two colleagues leave. It puts pressure on you. Today we are short and that puts pressure on."
- On the day of our inspection there was one member of housekeeping staff instead of the planned two or three staff members. The head housekeeper said, "Some things don't get done when you're on your own, but we will do the high-risk areas. We can't always do the bedrooms; it is hard work."
- The service had enough nursing staff and there were no nursing vacancies. Nurses were available to support people and provide staff support across all shifts.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and the risk of abuse. Policies were available and safeguarding training had been provided to support staff in dealing with allegations appropriately. One relative said, "I feel that my [relative] is very safe here...we haven't seen any poor care or had any reason to be concerned."
- Staff kept up to date with their safeguarding training. There was a system to alert the registered manager and staff when they needed to update or refresh their training.
- Staff had access to whistleblowing information so that they could report incidents if necessary.

### Assessing risk, safety monitoring and management

- Risks to people were managed safely. Risk assessments were in place which guided staff in caring for people in a safe way. Risk assessments for falls, malnutrition and skin care were regularly reviewed to ensure the risks were minimised and managed proactively.

- Staff supported people who expressed distress in ways that other people found difficult. One staff member said, "if people become distressed, I would try and calm them down; go for a walk or somewhere quiet using distraction." The provider would benefit from providing all staff with formal training in supporting people who behave in a way that may challenge others. This would ensure that staff consistently manage the situation in a positive way and protect people's dignity and rights.

#### Using medicines safely

- Medicines were managed safely. We observed staff administer people's medicines safely and according to their needs.
- Medicine administration records (MAR) were in place, and people received their medicines as prescribed.
- When people were prescribed medicines 'as and when required' (PRN), the correct protocols were in place to inform staff when to administer these medicines. Records confirmed when and why they had administered PRN medicines.
- Staff completed appropriate training and had their competencies assessed to ensure their practice was safe.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 somewhat assured the provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager told us that individual visiting risk assessments were in place to ensure that people's risk of contracting COVID-19 was considered against the potential benefits of visits. However, the service could benefit from clearer documentation to evidence that individual risk assessments had been routinely reviewed to reflect the phased lifting of the national restrictions. We have signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- The registered manager was open to feedback from people, relatives, staff and professionals when concerns were raised. One person said, "I had a complaint and talked to the registered manager, and he responded well. He was supportive." A staff member said, "[The registered manager] is really supportive and always available. I can speak freely to him and he will always do his best to sort."
- The registered manager reviewed a recent complaint to ensure that actions had been recorded and the progress of the action plan was reviewed to prevent further occurrences.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were regularly reviewed to ensure that their care plan accurately reflected their needs and wishes. Care plans contained evidence of promoting choice in all areas of daily living. We observed staff offering people choice throughout our inspection.

Staff support: induction, training, skills and experience

- Staff received online moving and handling training as part of their induction. The registered manager told us that existing staff mentored new staff around moving and handling practice which they signed in their induction paperwork. The service could benefit from clearer documentation detailing which aspects of moving and handling had been covered. The registered manager is in the process of allocating a staff member to become a credited moving and handling trainer to further develop practice and drive improvement.
- Staff received an induction on commencing employment at the home and told us they felt suitably skilled to meet people's needs.
- The registered manager kept a training matrix which evidenced staff had mandatory training and identified where staff were due to undertake new or refresher courses
- Staff received supervisions and appraisals in line with the providers policies. A staff member described her recent supervision as a "useful session."
- Relatives we spoke with said they felt confident staff were trained well. One relative said, "Put it this way, what we have observed is real care from the staff; from what we know they are all well trained."

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

- People were supported to eat nutritious meals to suit their preferences and dietary needs. A relative said, "[My relative] is picky with food and they are very good at catering for [their] needs. The kitchen staff will always go in and speak to [them] each day to work around [their] wishes and wants." One person said, "Food is generally good. They know what I like and don't like and make changes to cater to my taste. They help me to avoid foods I don't like and give me other options".
- People had their weight monitored for changes and referrals had been made for support from the dietitian when needed. Difficulties in swallowing had been assessed and staff followed the advice of speech and language therapists to maintain effective nutrition.
- People were actively involved in mealtimes and were enabled to give feedback. One person said, "I'm the one who complains the most. I know who can cook well and who is not so good. Truthfully, they are quite good at making things better if I say something." A staff member spoke about a person who routinely made

alternative food choices, "It's [their] choice and we respect that."

- We observed lunch and found the environment was pleasant and the food was well-presented. A relative said, "Before the pandemic I used to [support my relative with lunch] when I visited; it always seemed quite nice. I would have eaten it myself."

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

At our last inspection we recommended the provider review published guidance about best practice in relation to the provision of access to, and assessment of, oral healthcare in care settings. The provider had made improvements.

- Peoples day to day oral health needs had been met by staff who received up-to-date advice and best practice from the local dentist. Six people had seen the dentist in person and virtually when required during the pandemic.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. A GP told us that staff appropriately refer to him and follow up actions, "They are pretty proactive."
- The registered manager was routinely involved in the weekly patient review to ensure that people received good access to healthcare services and support.

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

- People had personalised bedrooms which were decorated with people's own possessions One relative said, "[My relatives] room is perfect for them. They have it exactly as they want, with all the pictures and cushions that they want."
- Consideration had been given in the design and decoration of the building, to allow good care to be delivered to people with mobility and dementia care needs. There was signage in place to promote people's independence and help to orientate them around the home.

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.

- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- Staff had received training and guidance on MCA and DoLS. Staff understood the importance of

supporting people to make choices about their daily lives and we heard staff seeking consent from people before providing support with daily tasks.

- The registered manager completed DoLS applications when required and kept a record of those awaiting authorisation. Conditions applied to authorisations were included in how the care was planned and delivered.

# 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 good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders were addressing the staffing shortages to promote high-quality, person-centred care.

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

- People did not always receive person-centred care due to the impact of staffing shortages. One staff member said, "if you had more staff it would be better for [people]. At the moment we do personal care and feeding, and the only interaction is when you are doing their care. Some extra time to spend with [people] and talk to them would be lovely as they have some lovely stories to tell...staff morale is low at the moment." A professional said, "I think the staff are caring and considerate...Sometimes I do feel staff shortages does impact on the service as they maybe late getting people up and helping people to toilet facilities." A relative said, "They need to keep [my relative] motivated with activities and I'm not sure that always happens. [My relative] does drawing and word search but I think they could do more." The nominated individual told us the service was temporarily suspending admissions to the home until the issue with staffing had been resolved.
- Staff were knowledgeable about the people they supported and demonstrated that they worked hard to achieve good outcomes for people. One relative said, ""The staff have gone over and above throughout COVID. [My relative] likes a newspaper. Because [my relative] couldn't go very far or have the same amount of visitors, staff have all gone out of their way to get [my relative their] papers...staff always check if there is anything specific that [my relative] wants collecting. [My relative] says that staff are an extended family."

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 told us that they received comprehensive support from the nominated individual. We saw evidence of the topics which were discussed in regular meetings, although there were no records to detail the content of the discussions and agreed outcomes.

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

- The registered manager told us they were clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted and the registered manager was aware of and adhering to the duty of candour.
- The provider displayed their CQC rating within the service.
- Audits were in place to monitor the service and ensure people received safe care. When audits were embedded, they were working well. However, we spoke to the registered manager about the shortfalls we identified around recruitment, moving and handling competency and individual visiting risk assessments

during COVID. The registered manager told us that these shortfalls had been identified and appropriate action had been taken to minimise the risk. We did not see any impact of these shortfalls during observations and discussions with people, relatives and staff, but we did not see records to evidence this. The service would benefit from clearer documentation and auditing to evidence that risks to people had been identified and managed.

- Staff told us that they felt supported by the registered manager. During our inspection we saw the registered manager adopt a 'hands on' approach to leadership and management at the service. One staff member said, "[The registered manager] is fair and he is approachable. He has told me that I am appreciated, and I've had time off and breaks when needed."

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

- Staff meetings took place to ensure information was shared and expected standards were clear. The registered manager also engaged staff in alternative ways to gather feedback about the service. For example, a staff consultation was conducted to allow staff an opportunity to provide valuable feedback about proposed changes to shift times.
- People's feedback was gathered during day-to-day conversations and exchanges with staff. The registered manager told us that formal residents' meetings had not taken place since the start of the pandemic but would be reintroduced as restrictions ease.
- The staff liaised with specialist health and social care professionals for guidance and took on board any advice given. One professional said, "Communication is always excellent and if I have concerns regarding a [person] they are always listened to and acted upon."

Continuous learning and improving care

- The staff and registered manager were committed to providing high quality care despite the challenges that they faced with staffing.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.