Chantry Retirement Homes Limited

Euroclydon Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Euroclydon Nursing Home on 22 November 2018. Euroclydon Nursing Home is registered to provide accommodation and nursing care to 48 older people and people living with dementia.

We carried out this inspection following concerns raised regarding the service in November 2018, these concerns were focused on the safety of people, in particular skin integrity care and the responsiveness of staff to people's safe care and treatment. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to this topic. 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.

At the time of our inspection, 30 people were living at Euroclydon, one of these people was in hospital at the time of the inspection. Euroclydon is based near Drybrook in the Forest of Dean. Eurocluydon has accommodation for people over two floors. The home had an enclosed garden which people could enjoy, as well as a lounge diner, and two other communal lounges. The home was undergoing a range of refurbishment work which had reduced the current occupancy of the home.

We previously inspected the home on 27 January 2018. The service was meeting all the legal requirements and we rated the service as "Good" overall. At this inspection in November 2018, we only looked at 'Is the service safe?' and 'Is the service well led?' questions. We found concerns that people's medicines had not been administered as prescribed. Some of the systems operated by the management were not always formalised, meaning concerns around the management of medicines had not been identified. At this inspection the service was rated as 'Requires Improvement' overall.

There was no registered manager in place at Euroclydon. The manager was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they were safe living at Euroclydon. People's risks had been clearly assessed and guidance was in place for nursing and care staff to follow. Where people were cared for in bed, they received effective support to maintain their skin integrity. Staff we spoke with were able to tell us how they assisted people to reduce their risks and prevent them from avoidable harm.

People did not always receive their medicines as prescribed. Nursing staff did not always maintain an accurate record of when they had assisted people with their prescribed medicines.

There were enough staff deployed to ensure people's health needs were being met. The manager had systems to learn from incidents and accidents and reduce future incidents of preventable harm and share

this information with staff. Where people had an accident, care staff followed recognised post-accident protocols.

The manager and provider had some systems to monitor the quality of care people received at Euroclydon, however these were not always robust or consistent. Audits were not always effective at identifying concerns that we found in relation to the management of medicines. There were not always structured systems in place to seek and act on the views of people and their relatives, including a log of communication.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always as safe. People were at risk of not receiving their medicines as prescribed.

People's risks had been clearly assessed and guidance was in place for nursing and care staff to follow.

There were enough staff deployed to meet the care needs of people. People felt safe living at Euroclydon. Staff understood their responsibilities to report abuse.

Is the service well-led?

Requires Improvement

The service was not as well led as it could be. The registered manager and provider had systems to monitor the quality of the service, however these were not always robust. Concerns identified at this inspection in relation to the management of medicines had not always been identified through the service's own auditing system.

The service did not always operate robust systems to seek and act on the views of people and their representatives. Clear records of communication with people's families had not always been maintained.

Staff felt they were supported by the management team.

Euroclydon Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Euroclydon on 22 November 2018. The inspection was prompted in part by concerns we received about people's safety. We inspected the service against two of the five questions we ask about services: 'Is the service safe?' and 'Is the service well led?'. No risks, concerns or significant improvement were identified in the remaining three key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

The inspection team consisted of two inspectors. At the time of this inspection there were 30 people living at Euroclydon.

We did not request a Provider Information Return (PIR) prior to this inspection, as we had brought the inspection forward following concerns raised regarding the service in November 2018. This is a form that asks the provider 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 the information we held about the service, which included notifications about important events which the service is required to send us by law.

We spoke with two people who were using the service and two people's visitor. We spoke with six staff members; including three care staff, a housekeeper, an activity co-ordinator, a nurse and the manager. We reviewed five people's care files and associated records. We also reviewed records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

People's relatives felt their loved ones were safe living at Euroclydon. Comments included: "I think it's safe, we have peace of mind" and "I don't leave feeling concerned." One healthcare professional told us they felt the service was safe and they had no concerns. They said, "The last 10 years things have been good. (Nurse) has been astute at picking up the issues."

People did not always receive their medicines as prescribed and we found at times people had missed dosages of their medicines. For example, we counted the stock of three people's prescribed medicines to check whether people had received all their medicines. We identified that since the beginning of November 2018 people had not always received their medicines as prescribed. Three people's prescribed medicines had been signed as given on a variety of occasions, however upon counting people's prescribed medicine stocks against their administration records, we found more doses than we expected to find. Another person's prescribed medicine, had not been given on one day and this had been recorded by an agency member of staff as they stated they could not find this medicine. The medicine was stored in a bottle which had been recorded as being opened the day before this recording. There had been no follow up on relation to this failure to administer this medicine. This meant that people had missed their prescribed medicines and were placed at risk of their health and wellbeing being negatively impacted.

Where people's medicines were stored in boxes, care staff did not consistently follow recognised best practice. Staff did not always document when people's individual medicine boxes had been opened and an accurate record of people's prescribed medicine stocks were not always maintained. For example, one member of nursing staff had recorded a box of 28 tablets had been received to the service, however these tablets could not be found. Another person's prescribed medicine had been lost from medicine storage (we found a dose less than we expected to find). There was no record to explain this missed dose and this had not been identified prior to our inspection. This meant care staff and the manager would be unable to determine whether people had always received their medicines as prescribed or if maladministration of people's medicines had occurred.

We discussed these concerns with the nurse on duty and the manager who informed us they would take immediate action. The manager informed us they were tightening up their audits in relation to the management of people's prescribed medicines.

People did not always receive their medicines as prescribed. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were, monitored and recorded to ensure people's medicines were kept as per manufacturer guidelines. Where people required controlled drugs (medicines which required certain management and control measures) these were stored and administered in accordance with the proper and safe management of medicines.

People were protected from the risks associated with their care. We checked the records for three people who received support with their pressure area care. People received effective support. For example, one person had developed a pressure sore due to their declining healthcare needs. Nursing staff had identified the concerns to the person's skin integrity. Where concerns had been identified with the person's skin such as pressure ulcers or skin tears nursing staff sought support from healthcare professionals and implemented wound monitoring charts and care plans. These plans identified the person had two wounds which had been healed due to the effective care and support of nursing and care staff, including wound dressings and repositioning. Care staff kept a record of when they had assisted people with repositioning. A visiting GP spoke positively about the support people living at Euroclydon received, including skin integrity care. They told us, "Skin care and end of life care has always been very good."

People's health and wellbeing was maintained following accidents. For example, we reviewed accident records where people had fallen or slipped. Following an accident, nursing staff ensured people were safe, comfortable and free of pain. They followed recognised post fall protocols which included frequent monitoring. For example, one person had had an unwitnessed fall where they struck their head. Paramedics were called, however the person stayed in the home, staff ensured observations continued to ensure the person had not suffered a concussion.

The manager ensured the staff team learnt lessons from incidents to protect people from preventable harm. For example, one person had had a number of falls in the early hours of the morning. The manager informed us they had identified the person was always an early riser from their life history. Care and nursing staff supported the person to get up earlier in the morning, which had led to a reduction in falls.

There were enough staff deployed to meet people's needs. We observed there were plenty of staff deployed to assist people in a timely manner. People's request for assistance were responded to promptly. One person's relative told us, "I don't think there is a problem, staff are always around and approachable." One healthcare professional told us, "I think the care is very good, the staff are very long standing."

Care and nursing staff told us the staffing levels enabled them to ensure people's needs were met and to support them to enjoy one to one time and activities. Comments included: "I think we have enough staff in place to meet people's needs" and "There are lots of us and there is lots going on."

People were protected from the risk of abuse. Care and nursing staff had sufficient knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People could be assured the premises were safe and secure. Safety checks of the premises were regularly carried out. The manager explained that a range of refurbishment was being carried out, which included the replacement of fire alarm system. Maintenance work was being carried out safely, in areas of the home which visitors or people would be unable to access unsupervised.

People could be assured the home was clean and that housekeeping and care staff followed and recognised safe practices in relation to infection control. People and their relatives felt the home was clean. Care staff wore personal protective clothing when they assisted people with their personal care.

Requires Improvement

Is the service well-led?

Our findings

There wasn't a registered manager at Euroclydon Nursing Home. The manager was in the process of registering with CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager and provider had systems to monitor the quality of the service, however these were not always robust. For example, a nurse carried out a monthly management of medicine audit, however these audits had not identified concerns regarding the maladministration of people's prescribed medicines. While the audit prompts the auditor to check medicines stocks, there was no record that this had been carried out and there were not any documented findings. We discussed this with the manager who informed us they were developing their own medicine audit as they had identified potential issues with the current audit processes. They also explained that the supplying pharmacy had carried out a detailed audit in October and had found no concerns. They assured us that action would be taken in relation to this matter.

The manager and provider did not always keep a record of conversations or feedback, either positive or negative from people's representatives. For example, people's care files contained a healthcare professional record, however no record for people's representatives to use. One family had raised concerns regarding their relative's care, however there was no clear record of their concerns or how these had been resolved. While the manager stated the home had not received any complaints since they started in post. As no record had been kept the manager had no overview of people's concerns or where information had been provided to people's representatives. One relative told us that communication had not always been good. We discussed this with the manager who took immediate action and was implementing a relatives/representative's communication log in people's care files to ensure this information was recorded as part of their good governance systems.

The manager stated they had plans to develop and improve the service, however at the time of the inspection they had not formalised these plans, however they old us of the actions they had taken in relation to improving the environment, which included recruiting a new member of maintenance staff. The manager advised they would be formulating their action plan.

While there were some shortfalls in monitoring systems, the impact on people was often minimal. We recommend that the service sources a governance framework to monitor the quality of service.

Care and nursing staff spoke positively about the manager and the support they received. Comments included: "They are good, they are supportive"; "I have worked in care homes for a long time and have found this has been the most welcoming team I have ever worked with" and "I Feel things are getting better, I feel that I can approach the manager and have the confidence to do this."

The manager told us they had received effective support from the service provider, who was behind their

plans for driving improvements to Euroclydon. Care staff also told us that nursing staff and some care staff had worked at Euroclydon for a long time. These staff members provided leadership and guidance when the manager was not available.

The manager carried out incident and accident audits to identify any potential trends. For example, they analysed all accident reports to see the time of day accidents occurred to identify any potential concerns, such as staffing concerns, including staff skills. The manager told us that these audits would be expanded upon when the refurbishment had finished to assist them with identifying any potential trends.

The manager had a range of audits in relation to the premises, people's moving and handling equipment and people's care plans. These audits were detailed and demonstrated that the management team were reviewing the environment daily or weekly to ensure it remained clean, safe and that the risk of infection was minimised. Areas such as fire equipment and fire escapes had also been thoroughly checked on a weekly basis meaning that in the event of a fire people could be kept safe or evacuated from the premises safely.

The manager had audited peoples care plans to ensure records in relation to blood pressure, weight and temperature had been completed to ensure they remained healthy. Where concerns were noted we saw evidence of referrals to other professionals such as the local GP. Detailed pressure area audits demonstrated that peoples pressure areas were being regularly monitored and with input from tissue viability nurses were improving.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medicines as prescribed. Nursing staff did not always keep an accurate record of people's prescribed medicines. 12 (2) (f) (g).