

# Eastgate Care Ltd

## Canal Vue

### Inspection report

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#### Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

#### Overall summary

This inspection took place on the 18 and 19 May and was unannounced. At our previous inspection in September 2014 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There were breaches in meeting the legal requirements regarding care and welfare, staffing and the quality assurance systems in place. The provider sent us a report in January 2015 explaining the actions they would take to improve. At this inspection, we found improvements had been made since our visit in September 2014, although further improvements were needed to ensure people's needs were fully met.

Canal Vue provides personal and nursing care for up to 70 older people. It is a purpose built establishment over three floors. There were 36 people who used the service at the time of our inspection.

The home is required to have a registered manager in post. 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

# Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was no registered manager in post at the time of our inspection.

The recruitment practices were not thorough to ensure the risks to people's safety were minimised. Plans were in place to respond to emergencies but the information provided was not detailed to ensure people could be supported appropriately.

Legal requirements of the Mental Capacity Act 2005 (MCA) were not always followed when people were unable to make certain decisions about their care. The MCA and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interest. Where people lacked capacity to make decisions they had not been assessed appropriately to ensure their rights were upheld. People and their relatives were not always involved in planning and agreeing on how they were supported.

Risks to people's nutrition were not monitored effectively to ensure people maintained their nutritional health. People were in general supported to access the services of health professionals but this was not always done in a proactive way.

The needs of people living with dementia were not fully met because people's social and therapeutic needs were not addressed and staff's understanding was limited.

People told us they felt safe and staff demonstrated a good awareness of the importance of keeping people safe. They understood their responsibilities for reporting any concerns regarding potential abuse. Staff had all the equipment they needed to assist people. The provider checked that the equipment was regularly serviced to ensure it was safe to use. Safe medicine management procedures were in place and people received their medicines as prescribed.

Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions. People liked the staff and their dignity and privacy was respected by the staff team. Visitors were made to feel welcome by the staff.

Quality assurance checks had been put into place to monitor and improve the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities). You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 not consistently safe.

Recruitment procedures were not thorough to ensure risks to people's safety were minimised. Assessments were in place to reduce risks to people's safety. Safe medicine management procedures were in place. Staff understood their responsibilities to keep people safe from harm and sufficient numbers of staff were on duty to support people.

Requires Improvement



### Is the service effective?

The service was not consistently effective

Assessments were not in place to demonstrate that decisions were made in people's best interest when they lacked capacity to make decisions for themselves. Staff required further training to ensure people's needs were met. People were supported to access health professionals but people's nutritional intake was not always monitored consistently to ensure actions could be put in place as needed.

Requires Improvement



### Is the service caring?

The service was caring

People liked the staff and were supported to maintain their appearance and sense of self. Staff promoted people to make decision. People's privacy was respected and staff supported people to maintain their dignity. Relatives and friends were made to feel welcome and free to visit them at any time.

Good



### Is the service responsive?

The service was not consistently responsive.

The social and therapeutic needs of people living with dementia were not being met appropriately. People and their relatives were not always involved in the development and reviews of their care. Complaints were responded to appropriately. The provider's complaints policy and procedure were accessible to people who lived at the home and their relatives.

Requires Improvement



### Is the service well-led?

The service was not consistently well led

There was no registered manager in post and the changes in manager had led to inconsistencies in the quality of service provided to people. The quality monitoring systems in place were driving improvement to protect people from the risks associated with unsafe care and practice. Staff and people that used the service were positive about the current management of the home.

Requires Improvement



# Canal Vue

## 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 is 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 carried out this inspection on the 18 and 19 May 2015. The inspection was unannounced. The inspection team consisted of two inspectors.

We did not send the provider a Provider Information Return (PIR) request prior to this inspection. 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. However, we asked the provider during our inspection if there was information they wished to provide to us in relation to this.

We reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which

the provider is required to send to us by law.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with seven people who used the service, four people's visitors and nine members of staff which included care staff, nurses, the activities coordinator, the chef and the learning and development manager. We also spoke with the interim manager and the operational manager. We observed the care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans for five people. We checked four staff files to see how staff were recruited, trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the interim manager made to monitor the quality of care people received.

# Is the service safe?

## Our findings

The four staff files we looked at did not have all of the required documentation in place, to demonstrate that safe recruitment practices were followed. One person had no evidence on file to show that a Disclosure and Barring Service (DBS) check had been received. The interim manager was not aware if a DBS had been received. The DBS is a national agency that keeps records of criminal convictions. For another member of staff there was a significant gap in their employment history, without any explanation for this. The provider's application form only requested the last five years employment history when a completed history is needed. Another member of staff had no employment application form in place which meant we could not check if their work references were from their last employer. The interim manager was not aware if an application form was in place. This is a breach of Regulation 19 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. These provide guidance to staff in the event of fire or any other incident that requires the home to be evacuated. However, some people's plans were not specific to their needs. For example, one person's evacuation plan stated, 'Equipment needed to evacuate.' It did not confirm the equipment that was needed or the number of staff required to support the person. This meant that staff did not have detailed information to support people in a way that met their needs and maintained their safety.

The premises were maintained and records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as planned. Throughout our inspection the top floor was very warm despite windows being open and a portable air conditioning unit being in place. Most people that lived on this floor were unable to communicate if they felt too warm, however one person did tell us, "I am very warm, I could do with some fresh air." The interim manager had identified the top floor was too warm and told us it was being addressed by the maintenance staff.

At our last inspection we found there was a breach in meeting the legal requirements for care and welfare of people who used services. This was because staff did not have clear guidance on how to support a person whose

behaviours could put themselves or others at risk. At this inspection we saw that behaviour management plans were in place for staff to follow, to ensure people could be supported in a consistent way.

At our last inspection we found there was a breach in meeting the legal requirements for staffing. This was because there were not enough staff available to meet people's needs. At this inspection we saw there were sufficient staff on duty to support people. The interim manager told us and rotas seen demonstrated that the use of agency staff had reduced as new staff came into post. People told us there were enough staff to meet their needs. One person said, "There is always a carer around if you need them, I think there are enough staff now. There used to be a lot of agency but now there are permanent staff, so it's better for everyone." Another person said, "There are enough staff at the service, they are very willing and are able to help." One person's relatives told us, "There wasn't enough staff and [Name] had three falls but things are so much better now. There are always staff around to supervise people." Staff we spoke with told us that the staffing levels had improved. One member of staff said, "We very rarely need agency staff now."

People told us they felt safe at the home. Comments included, "The staff are brilliant, I feel very safe with them." Another person said, "I feel safe, the staff check I'm okay and are there to help me when I need them." Another person said, "I feel safe, when you use the buzzer they come straight away." A relative told us, "I think [Name] is safe, they always seem comfortable with the staff and I know [Name] likes the staff."

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff told us they were aware of the whistleblowing policy and said they were confident that concerns were taken seriously and appropriate action would be taken by the interim manager. The interim manager demonstrated their understanding to keep people safe, as they made safeguarding referrals when they were concerned that people might be at risk of abuse. The local authority information on safeguarding people was displayed in communal areas for people and their visitors to access.

Staff told us they had the equipment they needed to assist people and were able to explain the actions they took and

## Is the service safe?

the equipment used to support people safely. We observed staff supporting people with moving and handling equipment and this was done in a way that showed people were supported safely.

Care records showed that people's needs were assessed and their identified risks regarding their mobility were monitored and managed. For example one person had equipment in place to keep them safe when in bed, as their assessment demonstrated they were at risk of falling. This minimised their risk of injury and demonstrated that staff had guidance to follow to ensure people were provided with safe care that met their needs.

The interim manager showed us that they had developed and were using a system to analyse accidents, incidents and falls on a monthly basis. This was to enable any patterns and trends to be identified and action taken as needed, to minimise the risks of a re-occurrence.

People told us they were supported to take their medicine and confirmed that they received these as prescribed. We saw that people were supported by the staff to take their medicines in a safe way. We saw that actions had been taken to ensure processes were in place to store, administer and control stock levels.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. People that lacked capacity to make decisions were at risk of not being assessed appropriately to ensure their rights were upheld. Where people lacked mental capacity assessments had not always been completed when needed. The information in assessments did not clearly reflect people's capacity. There was no information to demonstrate how decisions were made in people's best interests. This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Staff we spoke with had some understanding of the MCA and told us they had been provided with training. We saw that staff respected people's rights to make their own decisions when possible and gained people's verbal consent before supporting them with any care and support.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. Some people who used the service were assessed as being deprived of their liberty. We saw the interim manager made applications for people who were affected. At the time of the inspection nine people had DoLS authorisations that had been approved.

Although staff were provided with training we saw that their understanding and knowledge in dementia care required further development. Some staff did not have a full understanding regarding the social and therapeutic needs of people. We saw that people had limited interactions with staff other than those that were task led, such as supporting people with personal care needs. This meant that people's needs were not always met. The interim manager confirmed they had identified that staff's knowledge in supporting people living with dementia required further development. For example they had purchased sensory products but as staff's understanding was limited these were being introduced gradually.

The provider ensured that new staff received induction training to provide them with the introductory skills and knowledge required. The learning and development

manager and new staff said that the new care certificate, implemented from the 1 April 2015 was being used. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us they felt supported because the interim manager was available to them as needed. The interim manager told us they were in the process of undertaking supervision meetings for all the staff. We saw that some supervision's had taken place in recent weeks. Staff that had not received supervision told us that if they had any concerns or questions the interim manager was very approachable and they would speak with them.

Some people's care plans identified that they were at risk of dehydration. Daily records were used for staff to record people's food and fluid intake. We saw that staff were not completing these consistently to show that people's dietary needs were being met or monitored. When we looked at the malnutrition universal screening tool (MUST) which is a five step screening tool to identify adults at risk of malnutrition, we saw that for one person the MUST assessment had not been fully completed. For the same person a referral had been made to a dietician, due to poor fluid and food intake. However the dietician had not been out to assess the person and we saw no action had been taken with regards to this.

The interim manager had identified that people's weights were not being recorded consistently and had initiated a monthly weight analysis chart to track if a person lost or gained weighed. We looked at this and saw that weights were now in place.

People we spoke with told us that staff knew how to support them with their personal care needs. One person told us, "I have nothing but praise for staff." One relative said, "Initially it was difficult in setting [Name's] routine at the service. We put together a care plan so that staff were clear on how to support [Name] with personal care tasks."

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. People told us that food was cooked and presented well. One person told us, "We always have a choice, the food is marvellous." Another person said, "The food is actually very good, there is a variety." A person's relatives said, "The food is lovely, we sometimes have lunch here and it's very good and [Name] always says the food is good."

## Is the service effective?

The lunchtime meal on the ground floor, which was used by people with residential and nursing needs, was a relaxed and a sociable experience. Some staff sat with people and had their lunch together. Staff were present in the dining area and provided people with verbal prompts to encourage them to eat.

We saw that in general people living with dementia were supported to eat in a respectful and unhurried way. There were occasions when people forgot to eat and staff reminded them to continue eating. However, we observed one person that did not want to sit and eat and walked around with some food in their in hand. Staff did not support or encourage this person to eat whilst they walked but focused only on picking up the food they dropped.

The chef told us they were aware of people's dietary needs and explained how they met the needs of people who

required a low sugar diet and soft diets. We saw that when soft diets were served to people, each food item had been blended separately to enhance the appearance of the meal so that it looked appetising for people.

People told us they were supported to maintain their health and the records seen demonstrated that people received health care support from a range of health care professionals. One relative said, "If [Name] is unwell they always contact us and keep us informed." Although people were supported to access services, we identified that nurses were not always proactive in seeking further medical advice. Care records we looked at showed that over the two days of the inspection there had been no improvement to one person's health condition. We spoke with the nurse, who then contacted this person's GP.

# Is the service caring?

## Our findings

We saw people were treated with kindness and compassion. One person said, “To sum it up I’m happy here.” Another person said, “The staff are lovely, very caring nice people.” A relative said, “The staff are very good.” This demonstrated that People and their relatives were comfortable with the staff.

There was a relaxed atmosphere and our observations of people’s care showed that staff were caring. We saw staff approached people with respect and in a kind and compassionate way. We observed staff sitting with people in the communal areas. They interacted well with people whilst engaging in conversations with them. This demonstrated that people were treated in a respectful manner and with consideration.

We saw that staff encouraged people to maintain their sense of self. One person showed us their manicured and painted nails and told us, “I have always liked to have nice

nails, it makes me feel better.” We saw that people were supported to maintain their personal appearance and we observed staff supporting people to freshen up after mealtimes as needed. This ensured their dignity was maintained.

People were supported to maintain their privacy. One person said “The staff knock on my bedroom door before coming in and they always ask for my consent when they are assisting me.” We observed blankets were used to cover people’s legs when they were transferred using the hoist.

This demonstrated that people’s dignity was promoted whilst being transferred.

People were supported to maintain relationships that were important. One person said, “My family visit when they can and the staff are always very friendly with them, which is good as this is my home now.” One visitor said, “The staff always make us a drink and have a chat with us, they are all very friendly and keep us informed of any changes.” This demonstrated that staff were welcoming to visitors.

# Is the service responsive?

## Our findings

People living with dementia were not provided with sufficient opportunities to ensure their needs were fully met. Our observations showed that there was little structure or stimulation to people's daily lives. During our inspection we only observed one occasion when staff supported people in the lounge on the top floor to participate in a group game. There were other communal areas on this floor which were not being used and our general observations were that the majority of people remained in one lounge throughout both days. People spent the majority of their time, sitting in this lounge with limited social stimulation. The environment on the top floor did not offer sufficient orientation and memory objects to support people living with dementia. These can be used to promote the wellbeing of people living with dementia as they can help to reduce confusion and support people's memory. We saw and the interim manager advised us that they had purchased sensory products to support people. However most of these were not in use. This meant that people's needs were not being fully met. This is a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

We saw that the activities coordinator had supported people with residential and nursing needs to participate in developing a memory tree. One person told us, "We were asked to put our best memory on it. Mine was when my great grandson was born." We saw the activities coordinator supporting people with residential and nursing needs in one to one activities. Several people had a manicure and their nails painted. People told us that they enjoyed this.

People told us they enjoyed external entertainers that visited the home. One person said, "I love them, I really enjoy a bit of entertainment." People's relatives felt there should be more external entertainment and told us these

were clearly enjoyed. One relative said, "[Name] loves it when people come in and everyone seems to really enjoy it, I think they need more of that as there isn't much else going on. Although the activities person has done the memory tree and [Name] joined in with that."

People were not routinely supported to be involved in the development and review of their care plans. We saw little evidence in people's care plans of their involvement. We received mixed views from people we spoke with. One person confirmed they had been involved, another person said, "I don't think I've ever seen my care plans, I don't remember anyone reading them with me, I would be interested in doing that."

Information from people and their relatives indicated that not everyone was aware of the complaints procedure at the home. One person told us they were not aware of the complaints procedure. Another relative said that they had not received information from the provider regarding the complaints procedure. Another person told us that they had made a complaint, which they felt that staff listened to and dealt with. People and their relatives told us that if they had any concerns they would speak to the staff or manager. One person told us, I would tell the manager if I wasn't happy about something. Another person said, "I would tell the staff or the new manager." A relative told us, "If the complaint wasn't serious I would speak to one of the staff but if it was I would go straight to the manager but I haven't needed to." Records were kept of complaints received and showed they had been addressed.

There was a complaints policy was on display for people to access but this did not provide people with clear guidance. In an event that a person was dissatisfied with the outcome of their complaint from the provider, the complaints procedure did not contain the correct information as to where they could escalate their complaint to externally. Information regarding the Local Government Ombudsman was not recorded as required.

# Is the service well-led?

## Our findings

The provider's legal responsibilities had not been met regarding statutory notifications that are required in accordance with the regulations. We identified that the provider had not notified us when referrals were made to the supervisory body for authority to deprive a person of their liberty and the outcome of referrals. This is a breach of Regulation 18 (4A) and (4B) of the Care Quality Commission (Registration) Regulations 2009

Consistent leadership and direction for staff had not been in place at Canal Vue due to the changes in management. There has been no registered manager in post since September 2014. The interim manager had been appointed by the provider to drive improvement. We saw that the interim manager had implemented improvements and was monitoring these.

Staff were positive regarding the appointment of the interim manager and told us they felt supported. One member of staff said that since the interim manager has been in post, staff had felt able to go to them if they had any concerns. The member of staff said, "We now have consistency and a manager who has knowledge of care and on how to manage the service."

The interim manager confirmed that surveys had not been sent out to people this year. They told us that a meeting had taken place with people's relatives and people were positive regarding the improvements made but were concerned regarding the number of management changes. Relatives we spoke with also confirmed this. One relative said, "I think there are definite improvements but I am worried that these won't be maintained when the manager goes." The interim manager advised us that a further relative's meeting had been scheduled and that reassurance would be given regarding the support they would provide to the new manager.

The majority of people we spoke with were aware of who the interim manager was. One person told us, "He is very

nice, friendly and easy to talk to." A relative said, "The manager introduced himself to us, which we appreciated as it is always good to know who is in charge." Relatives confirmed they had received a letter from the provider regarding the changes in manager and about the new manager commencing employment in the near future.

People told us that improvements had been made since the interim manager had commenced in post. They told us that the staffing levels were better, the décor on ground floor had improved to provide a more homely environment. One relative told us, "Things are so much better, the staff seem happier." Another relative told us, "The new interim manager has really made a difference everything is more organised and there are definitely more staff now."

Staff confirmed that team meetings had taken place. We saw evidence of actions being put in place to improve communication between staff. For example the interim manager was developing a handover sheet that staff would complete at the end of each shift to provide staff coming on duty with an overview of the care each person received.

We saw that data management systems were in place as people's confidential records were kept securely to ensure they were not accessible to unauthorised persons.

We looked at the improvement plan the interim manager had put in place. This identified the improvements required at the home and the actions that had and were being taken to drive improvement. For example, medicine checks identified that staff required further training including competency training in medicines and this had been arranged. The interim manager had used in their improvement plan the five key questions that we use, to assess and make a judgement about the quality of care provided to people. This showed us they understood the standards that were required to ensure people's needs were met and were working towards meeting these. The actions identified from commissioner's visits and internal audits were also incorporated into the improvement plan.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  
**People living with dementia were not provided with sufficient opportunities to ensure their needs were fully met. Regulation 9 (3) (b)**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
**People who lacked mental capacity were at risk of not being assessed appropriately to ensure their rights were upheld. Mental capacity assessments had not always been completed when needed. Regulation 11**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents  
**The registered person had not notified the Commission of applications made to a supervisory body regarding deprivation of liberty authorisation applications and the outcome of the applications. Regulation 18 (4A) and (4B)**