

Eastgate Care Ltd

Canal Vue

Inspection report

107 Awsworth Road
Ilkeston
Derbyshire
DE7 8JF

Tel: 01159791234

Website: www.eastgate-care.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Canal Vue is a residential care home providing personal care to 11 people at the time of the inspection. The service can support up to 70 people in across three floors of a purpose build building. People were only living on the ground floor at the time of inspection.

The systems in place to monitor people's health and wellbeing were now effective and led to good outcomes for people. All staff understood their responsibilities and this joined up approach helped to drive continuous improvement. There was good communication with staff and people who lived at the home to ensure their feedback was followed up. Communication was adapted to be accessible for people when there was an assessed need.

People received safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and potential abuse. There were robust systems to analyse when things went wrong to understand the cause and try to avoid repetition. People received their prescribed medicines safely and there were good systems embedded to manage the risks associated with them.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well. 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. Staff were skilled in understanding the needs of people and engaged them in meaningful activities. Staff knew them well and understood how to care for them in a personalised way. Care plans were informative and regularly reviewed to support staff.

People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The registered manager was approachable and there were meetings in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint. The environment was adapted to meet people's needs.

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

Rating at last inspection

The last rating for this service was Inadequate (published 28 June 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations. This service has been in Special Measures since April 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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 caring?

The service was caring.

Details are in our caring 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 ●

Canal Vue

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.

Inspection team

The inspection was completed by one inspector and an assistant inspector.

Service and service type

Canal Vue is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We also spoke with two visiting health professionals.

We spoke with seven members of staff including the registered manager, one senior carer, three carers, a

domestic member of staff and the nominated individual. We reviewed a range of records. These included five people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including audits.

After the inspection

We asked the provider to send us further information related to staff training and they did this.

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 Inadequate. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to always protect people from potential abuse or harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements and the provider was no longer in breach of regulation 13.

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One member of staff told us, "I have had training; for example, when someone has a fall or marking on the body and we have no idea where it comes from this is safeguarding."
- Bruises were identified and monitored and a full analysis of how the harm could have been caused was completed.
- Staff also explained how they would protect people if other's behaviour could potentially cause them harm; for example, one member of staff described ensuring some people were not left together without staff support to reduce the risk of potential harm.
- When safeguarding concerns were raised and investigated, action was taken to protect people from further harm.
- Safeguarding information was displayed in the home for people and relatives to know where they could raise any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements and the provider was no longer in breach of regulation 12.

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- At our last inspection some risk assessments were not followed by staff but at this inspection, we found staff very knowledgeable about the support people required.
- We saw people being supported in line with their plans; for example, being moved with the assistance of equipment or using cushions to protect their skin. One person was using a new pressure relief system. They

told us, "It does look large, but it is surprisingly comfortable and is making me feel better."

- Staff we spoke with knew about people's individual risks in detail. For example, they told us how they supported some people when they were distressed by being patient, offering a quiet space to talk about their concerns or supporting them to contact family members. One healthcare professional we spoke with told us the staff team were good at recognising a deterioration in mental health and made timely referrals to other professionals for support; for example, professionals in dementia care.
- We found daily records were detailed and showed clearly what support people had received; for example, this included when they had oral care given.
- When people did have accidents such as falls we found there was a detailed analysis of what went wrong and clear oversight by the registered manager. This included seeking medical attention when required and referrals to other professionals for advice and guidance.
- Medicines systems were organised and people were receiving their medicines when they should. One person told us, "The staff help me with my medicines. They give it to me and I double check it is correct. I'm quite happy with it."
- Stock was well managed and there were daily checks to ensure people had received their medicines as prescribed.
- When people had medicines which could only be used in a defined time period the date of opening was recorded to ensure staff knew when to replace it.
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.
- The environment was checked regularly to ensure that it was safe and well maintained. For example, we saw that equipment in the home had been serviced recently.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to infection control. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements and the provider was no longer in breach of regulation 12.

- The home was clean and hygienic which reduced the risk of infection. One person told us, "They keep my room very clean."
- There was guidance in the offices and staff rooms to remind staff of their responsibilities; for example, about correct uniform, no nail polish and bare arms below elbow.
- Since the last inspection, a reviewed cleaning schedule had been introduced which set daily cleaning tasks and was now signed for by day and night staff.
- Laundry staff understood their responsibilities to manage infection when cleaning soiled garments.
- Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing it and that it was readily available.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. One person said, "I feel safe because the staff are just there. I have my buzzer and can call them when I need them. They come as quick as they can. I don't have to wait long at all."
- We saw that staff had time to spend with people throughout the day and to respond promptly when

assistance was requested. One member of staff said, "It's perfect at the minute, we are not rushed.".

- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

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 Good. At this inspection this key question has remained the same. 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 needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs. They included national information to support staff; for example, NHS information booklets about Alzheimer's disease.

Staff support: induction, training, skills and experience

- People told us staff had the skills and training to support them well. One person said, "The staff definitely know what they are doing."
- Staff told us they had regular opportunities for training and that it was good. One member of staff said, "The training is good; it is all hands on and no E-learning." Staff had training to meet specific people's need; for example, in catheter care. A domestic member of staff told us they attended the same training as the other staff. They said, "I do spend time chatting to people, so it is good I have had training in understanding dementia too."
- There were regular opportunities for supervision and appraisal. However, staff told us they could speak with the registered manager at any time and any support they required was provided.

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

- People were supported to have balanced diets and made choices about the kind of food they enjoyed. One person told us, "Food is very good, it has improved greatly since we have the exceptionally good cook. We are offered choices."
- There were pictorial menus to help people decide which of two hot options they preferred. Other people chose to have a sandwich instead of the hot meal and this was also catered for.
- One person told us about their specialist diet and how happy they were with how this had been catered for. They said, "The staff do listen to us. If I say I don't like something I won't be given it again."
- Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement. Some people had adapted cutlery and plates to enable them to eat independently.

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

- There were good relationships in place to ensure that people saw healthcare professionals when required. People told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. We saw evidence of this in their care records.
- One healthcare professional we spoke with told us staff were good at recognising changes in people and

promptly followed up. They said there was good communication with staff and they followed joint plans to manage people's health.

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

- People were involved in decisions about the premises and environment.
- There was signage throughout the home to assist people to orientate; for example. Pictures and objects by people's rooms to help them to find it.

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.

- Staff had a good understanding of the MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.
- There were records to evidence capacity assessments and best interest's decision making. Some capacity assessments required further detail to demonstrate how judgements had been made. We discussed this with the registered manager and this was addressed after the inspection visit.
- DoLS applications had been made where required but were still awaiting assessment by the authorising body.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had caring, kind supportive relationships with the staff who supported them. One person told us, "Everybody is lovely." Another person said, "The staff know me well, we talk about family life. I know them well too." A relative also said, "The staff always make me feel very welcome."
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. One member of staff said, "It's like family, we are very relaxed and it's a calming atmosphere. We laugh a lot and have fun together." • Assessments highlighted equality and diversity support requirements; for example, around disability support needs.
- People were supported to practise their religious beliefs and visits from local churches was being organised to meet the needs of newer people who had moved into the home.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms. One person told us, "I have a shower in my room but I prefer to have a wash and the staff help me with it. They don't rush me, they take their time."
- People were included in planning their care. One person said, "I feel involved and have seen my care plan."

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. One person told us, "The staff are respectful and kind; they always knock on the door."
- People were encouraged to be as independent as possible. One person who was visually impaired used a cane to find their way around the home and staff ensured the area was clear of obstacles for them to do this safely.
- People's families and friends could visit the home freely. They told us they were always welcomed and kept informed of their relative's wellbeing.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we found staff were not always able to respond to people promptly because not everyone had access to call bells. At this inspection this had improved, and staff checked throughout the day that call bells remained within people's reach.
- People were supported by staff who knew them well and understood their preferences. Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- People had care plans which were personalised and detailed. They were regularly reviewed and updated. One member of staff said, "I know people well I do get to read care plans which are good. However, we also get to know people through talking with them and their families."
- Staff told us they met regularly to discuss what support people required. One member of staff said, "We have a handover every day to find out about people's needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and it was clear how information should be shared with them. For example, for one person who was visually impaired there were letters lit up outside their room, so they could recognise it. They had other adaptations such as a talking laptop. In another person's room there was a calendar which said what day it was. The person told us, "Somebody changes that every day which really helps me because I sometimes forget."
- There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could understand it. For example, the results of the last survey were in an accessible format on the wall.

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

- Activities were planned with people to ensure they were engaged and interested, including group activities. One person told us about joining in with gentle exercise and games. They said they preferred it when more people lived here and it was livelier.
- One member of staff said, "There are always activities on offer, but sometimes people don't want to take part. Spending one to one time often goes down better especially if people like to stay in the rooms. We are

mainly chatting, looking at old photos and completing puzzles. One person just likes you to sit in their room with them when they eat their meals." This showed us time was given to supporting people in an individualised way.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to. One person told us, "I have no complaints but if I did I could speak to any staff about them."
- There was a complaints procedure in place which was shared with people and on noticeboards in the home.
- No complaints had been received since our last inspection.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
- One member of staff we spoke with said, "We provide good end of life care. We focus on managing the person's pain, keeping them clean and comfortable. Families can visit whenever they want. We make sure we know the person's wishes."

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 inadequate. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed ensure the systems in place to monitor and measure the service were fully effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements and the provider was no longer in breach of regulation 17.

- There was a detailed action plan which was regularly reviewed to ensure improvements were being made. It covered feedback from the previous inspection as well as outcomes from internal audits. It was regularly reviewed by the registered manager and the nominated individual. We found the assessment of what had been achieved to be accurate. For example, there was regular monitoring to ensure people had daily oral care.
- There were several audits which took into account people's experience of living in the home. This included a dementia specialist audit which asked holistic questions. For example, were staff able to facilitate conversation with people living with dementia during mealtimes which encouraged them to eat and were people given real choices about their meals. This demonstrated to us that quality improvement was person-centred and covered mental health as well as physical health care needs
- All staff we spoke with were committed to improving the service and understood their responsibility in achieving this. For example, staff described their responsibilities in managing medicines and how they were assured people received them safely. Actions to achieve this included daily check of stock and medicines administration records. One member of staff told us, "Since last inspection I feel like there have been improvements. There has been a lot of training, all staff seem to know the job and get on very well which makes it a nice place to work."
- The registered manager and nominated individual told us the sharing of responsibility and open communication with staff had assisted them to achieve embedded improvement. They explained why it was important for staff to understand the reasons for the changes and how important their role was in achieving good outcomes for people.
- The provider had conditions imposed on their registration which meant they could not take any new admissions to the home without the permission of CQC and they were required to send us a weekly update. They had met this condition every week and through this open communication we were able to monitor continuous progress and success in meeting people's needs effectively.

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

At our last inspection the provider had failed to notify us of all the incidents they were required to and were in breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

At this inspection we found improvements and the provider was no longer in breach of regulation 18 (Registration).

- All staff understood their roles and responsibilities and there were clear lines of delegation. They were all aware of the duties to monitor people's health and wellbeing and were confident in what changes should be reported to senior staff and the registered manager.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. They were transparent and open in sharing any concerns and explaining what actions had been taken to reduce the ongoing risk to people.
- The previous rating of the home was displayed in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were regular meetings with people who lived at the home. They were an opportunity to discuss the running of the home and when we checked records we saw menus and activities had been discussed.
- Survey results were displayed for people to see the outcome. There was a consistently high score with comments such as, 'I can speak with [the registered manager] if I am upset.'
- Staff felt supported through regular supervisions and appraisals. Team meetings were productive, and staff felt confident their views and opinions mattered and were listened to. They told us they felt confident they could raise any concerns. One member of staff said, "The registered manager is very approachable. She is always available and knows what is going on. She gets issues resolved."

Working in partnership with others

- There were strong relationships with local health and social care professionals, schools, churches and social groups.