

Eastgate Care Ltd

Canal Vue

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Canal Vue is a care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 70 people across three floors of a purpose build building. People were only living on the ground and first floor at the time of inspection.

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

Staff understood how to keep people safe and knew how to identify potential abuse. Where concerns were identified, staff understood their role to report concerns to protect people from future potential harm. Care records were personalised, contained people's preferences and included risk assessments to mitigate the risks of harm.

There were suitable numbers of staff supporting people who had been recruited safely to ensure they could work with people. There were systems in place to ensure people received their medicines as prescribed. People were protected from the risks associated with the spread of infection and personal protective equipment was worn to reduce the risk of transmission of infection. Where improvements were needed, the provided had recognised and learnt from any mistakes.

Systems and processes were in place to monitor the service provision and identify where improvements were needed. There were regular meetings to keep the team updated on training and good care practice. The staff worked in partnerships with health and social care professionals to ensure people's needs were met and reviewed.

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 Good (Published 1 January 2020)

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 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.

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

Inspection team

Two inspectors carried out this inspection.

Service and service type

Canal Vue 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 who was completing an application to register 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of care provided. We also spoke with one senior care staff, three care staff, the activity co-ordinator, three domestic support staff, the manager and the group operational and compliance manager. We reviewed a range of records. This included six people's care records, medicine records, recruitment records, and a variety of records in relation to the management of 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe having support from the staff. Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- Staff had received safeguarding training and were confident to report any concerns. The manager was aware of their responsibility to raise concerns and staff were confident that the manager would deal with any issues they raised.
- When safeguarding concerns were identified, action was taken to protect people from further harm and incidents were reported to the local authority safeguarding team and to us.

Assessing risk, safety monitoring and management

- Risks to individuals were assessed, managed and reviewed. Where people were at risk of developing sore skin, we saw that plans were in place to ensure this risk was minimised. People were repositioned when required.
- Some people had special cushions to sit on and we saw staff ensured that people had these when required. Specialist mattresses were maintained and set according to the recommendations.
- The environment was checked regularly to ensure that it was safe and well maintained.
- There were plans in place for emergency situations such as fire evacuation. The manager accepted these could be developed further to ensure they included personal information which may support safe evacuation.

Staffing and recruitment

- There were enough staff to support people and we saw staff were available when people wanted their support.
- Before staff were employed, checks were carried out to determine if they were of good character.
- Criminal records checks and references were requested to assist the provider in making safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed and medicines were managed effectively to reduce the risks associated with them.
- Staff were knowledgeable about the medicines and we saw that the staff spoke with people at eye level and explained why the medicine was needed. The staff stayed with people until they were sure all the medicine had been swallowed.
- The records were correctly completed, and systems were in place to identify any errors promptly.

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 assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach to ensure staff consistently dilute cleaning products.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Accident and incidents were managed, and staff were informed of any incidents that had occurred. The manager analysed information for themes and trends to ensure corrective action was taken when incidents happened.

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 remained the same. 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

- People received care that was person-centred and provided them with positive outcomes.
- The new manager was committed to developing the service and spent time working alongside people to develop good relationships and understand how they needed their support.
- Staff felt the new manager was approachable and acted on anything that needed to be addressed. Staff told us the consistency of management was important and were positive about future developments.

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 management team and staff were open, transparent and supportive throughout the inspection process.
- People and staff were aware of who to speak to if they had any concerns and felt the home was managed well.
- There was a complaints procedure in place and the manager knew that concerns would need to be investigated and an apology offered where things had gone wrong.

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

- There was a new manager in the service and necessary checks were being completed in order that they could submit an application to register with us. The new manager and the management team had an oversight of the service and knew people who used the service well.
- The new manager understood regulatory requirements and when to make notifications to us, as required. This enabled us to monitor the service and ensure they were providing a safe service.
- Staff were clear about their roles and responsibilities and understood when further support was needed. A senior member of care staff was on duty at all times and the management team were on call to support staff with any issues that might arise.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were kept informed of any changes which occurred during the COVID-19 pandemic, including arrangements for visiting people. Newsletters had been sent and relatives knew how to visit the home safely and what to expect when being tested for COVID-19 upon arrival.

- Quality assurance surveys were available to gain people's views and opinions on the service provided. However, staff generally spoke individually with people to ensure they understood and could share their views. One member of staff told us, "People respond better when we talk and not everyone could fill in a form and let us know what they are thinking."
- Staff discussed COVID-19 and other significant events individually with people to ensure they understood and were not anxious.

- The provider had systems to gather feedback from people to help influence continuous improvement.
- The provider had an oversight of the service and senior managers visited the home and spoke with people and observed staff provide support.
- There were quality monitoring systems in place, which helped to identify where improvements were needed. Action plans were developed to address any concerns.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to ensure people received the care they wanted. For example, where it had been identified that people had lost weight, referrals had been made to a speech and language therapist (SALT) to ensure people's care was reviewed.
- The staff had developed relationships with local community groups to enhance people's everyday lives. For example, people were asked what they would like to achieve, or experience and staff had spoken with local groups for these to be realised. This included experiences such as riding in a fire engine.