

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Canal Vue on 8 June 2017 and it was an unannounced inspection. The home provides accommodation and nursing care for up to 70 older people, some of whom are living with dementia. At the time of our inspection 61 people were living at the home. The home had a registered manager in place. 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. This report reflects our findings as on 8 June 2017. However since concluding our inspection we have been made aware that the situation has changed and the registered manager is no longer in place. The service remains under review.

We completed a previous comprehensive inspection on 11 May 2016 and found that improvements were required in a number of areas. This included regulatory breaches in the amount of staff available to meet people's needs safely and staff understanding of restrictions under the Mental Capacity Act 2005 (MCA). After the comprehensive inspection the provider sent us an action plan within the timescales we requested to demonstrate how they would make improvements. At this inspection we found that some of these actions had been put in place; for example, staffing levels had been reviewed and we saw that there were enough to support people. We saw that people did not have to wait for assistance and that staff had time to spend socialising and reassuring them. However, the staff's understanding of the MCA was still not fully embedded. Some improvements had been made in applying for legal safeguards when people did not have the capacity to consent; however, staff were not aware what these were. Also, best interest decisions had not been considered for every restriction in place. Furthermore, some improvements that we found at the comprehensive inspection in May 2016 had not been sustained. For example, safe recruitment procedures had not been in place in the comprehensive inspection in May 2015 and were found to require improvement again at this inspection.

At each inspection (in May 2015, May 2016 and June 2017) we found that staff needed to be provided with training in supporting people who live with dementia and who may behave in a way which is challenging. We found that this had not been provided and staff recognised that it was required. The plans in place to support staff to know how to assist people when they behaved in a way which could harm themselves or others were not detailed enough to assist them. There was limited recording of when these behaviours occurred or when people took medicines to assist them to become calmer when it happened.

Other risks associated with medicines were not managed to ensure that people received them as required. The audits which were completed were not effective in identifying these issues. The high turnover of staff and managers impacted on the ability to manage quality improvement and to sustain it.

People were kept safe by staff who understood their responsibilities to protect them. Posters helped to explain to people how to raise a concern or make a complaint. They were also assisted to make choices about their care and how they wanted to be supported. They had care plans in place to support this and

these were regularly reviewed.

Staff were knowledgeable about people's needs and understood the risks to people's health and wellbeing. They supported them to see healthcare professionals regularly to maintain good health. Mealtimes were well planned to ensure that people received the support they needed, including specialist diets.

Staff had positive relationships with people and respected their privacy and dignity. People were encouraged to participate in activities and important relationships with friends and relatives were encouraged. People and their relatives were communicated with so that their feedback could contribute to the development of the service.

We found breaches 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 the 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?

The service was not consistently safe. Plans to manage risks to people health and wellbeing were not always sufficient or up to date. They may not always have received their medicines as prescribed and the systems were not always in place to manage the risks associated with them. Safe recruitment procedures had not always been followed when employing new staff. People were protected by staff who knew how to keep them safe from harm and how to report any concerns. There were sufficient staff to ensure that people were supported safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Staff did not always receive the training and support required to support people well. They were not always aware of restrictions that were in place including legal safeguards when people were unable to make their own decisions. People were supported to maintain a balanced diet and to access healthcare professionals when required.

Requires Improvement ●

Is the service caring?

The service was caring. Staff had developed caring, respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

Good ●

Is the service responsive?

The service was responsive. Care was reviewed to meet people's changing needs and plans were completed and reviewed. Hobbies and interests were encouraged and activities organised. Complaints were investigated and responded to in line with the provider's procedure.

Good ●

Is the service well-led?

The service was not consistently well led. The systems in place to drive quality improvement were not

Requires Improvement ●

always effective and previous improvements had not always been sustained. The manager ensured that there were systems in place to receive feedback from people and their relatives. Staff felt supported and told us that the manager was approachable.

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.

Two inspectors, a specialist advisor and an Expert by Experience completed this inspection on 8 June 2017. An expert by experience is someone who has personal experience of using or caring for someone who used a health and social care service. The specialist advisor was a qualified nurse with expertise in caring for people who are living with dementia. The inspection was unannounced.

This report reflects our findings as on 8 June 2017. However since concluding our inspection we have been made aware that the situation has changed and the registered manager is no longer in place. The service remains under review.

The provider had completed a provider information return (PIR). 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 used this information to help us to plan our inspection and come to our judgement.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with fourteen people and also observed the interaction between people and the staff who supported them throughout the inspection visit. We also spoke with eleven people's relatives about their experience of the care that the people who lived at the home received.

We spoke with the registered manager, two nurses, four senior care staff and five support staff. We also spoke with two visiting health professionals and received written feedback from two others. The operations manager attended to support the registered manager at the end of the inspection. We reviewed care plans for seven people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Medicines were not always managed to ensure that people received them as prescribed or to reduce the risks associated with them. We saw that on the medicine administration record (MAR) for one person there were hand written notes instructing staff to crush the person's medicine. This was not signed and there was no recorded reason for this in the person's care plan. We spoke with one member of staff who had recently been employed. They said, "I don't know why they were crushed or who wrote it. I haven't crushed them in the past two days and the person has been able to take them without doing so." Normally tablets should not be crushed because this may affect how the medicine works. If a person is unable to swallow a tablet or capsule this should be discussed with the prescriber or pharmacist to find out if it is safe to crush the medicine or whether a suitable liquid alternative is available. We looked at other people's MARs and we could not always be certain that they had received the medicines they were prescribed. We saw that there were gaps on the records where staff had not signed to say that the medicine had been administered. When we tried to count the stock of some people's medicines to check if there were any missing we were unable to work out an accurate amount that should be in storage. This was because the amount of stock kept had not always been recorded and sometimes people were prescribed to take one or two tablets as required but there was no record of how many they had taken.

Some people took medicines as required to assist them to calm down during periods of anxiety. There was limited guidance in place for staff and it did not describe when the medicine should be given, the maximum dose the person should receive or the maximum timescale people could receive the medicine before their doctor was consulted. When it had been administered staff had not indicated on the back of the MAR the reason why the person had been given this medicine. This meant that we could not be sure that it was given consistently or reviewed in line with their care plan.

Some people received their medicines covertly, this means without their knowledge. Medicines can be given covertly if the person does not understand that they are essential to maintain their health and wellbeing. We saw that their capacity to make this decision had been assessed and that the decision to administer their medicines in this way was made in their best interest with guidance from relevant healthcare professionals. However there was no plan in place to describe in what circumstances medicine should be given covertly, how to administer it and when this should be reviewed.

Some people who lived at the home could behave in a way that would harm themselves or others. When we spoke with staff about this they told us that they did not feel equipped to manage people safely. One member of staff said, "There have been some recent incidents which made me realise that I didn't know how to handle these situations". When we looked at records we saw that the risk around people's behaviours had been assessed but there was limited guidance for staff to know how to support them. For example, one said 'If agitated, review with health professional' and another said 'Use distraction techniques'. We saw that there were five incidents of aggression from people recorded in one month previous to the inspection visit. We also saw that regular records of incidents of behaviours were not maintained and so we could not review how often some people acted in this way or what the triggers may be. This meant that we could not be confident that the behaviour assessments and plans in place to reduce

the risk of harm were effective in supporting people.

Plans which were in place to deal with emergency situations, for example to evacuate the building, were not always up to date. We saw that they had not been reviewed in line with people's needs changing. For example, one person required a hoist and two staff to move safely but in the plan it stated that they could use a stand aid or a walking frame. This demonstrated that plans in place to manage risk did not always have the correct information to ensure that people could be safely supported in emergency situations.

This evidence represents a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Safe recruitment procedures were not always followed to ensure that staff were suitable to work with people. One member of staff we spoke with told us that their DBS check was not yet back since they had started employment. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. When we looked at this member of staff's records we saw that the provider had completed a risk assessment which stated that they should not work unsupervised until the DBS was received. We observed that this member of staff worked without direct supervision and they confirmed that this was correct. Furthermore, we saw information in recruitment records about some staff's previous work history which had not been explored with them. References were not always received from the previous employer in line with best practise guidance so that the provider could make a judgement about the character of the new employee.

This evidence represents a breach of Regulation 19 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

At our last comprehensive inspection we found that there were not always enough staff deployed to meet people's needs across all three floors of the home. During this inspection we saw that improvements had been made and people told us that they did not usually need to wait for staff to support them. One person said, "I do feel safe because I've got a buzzer and I can press it if I need anything and the staff come quickly". One relative we spoke with told us, "There do seem to be enough staff and we see them checking on people to see if they are alright". Staff told us that they felt that the levels were correct and that they had enough time to give people personalised care. We also saw that staff moved across the different floors to ensure that people had their needs met. One member of staff told us, "An extra person often comes to this floor to help us at mealtimes because we have a lot of people who need us to assist them to eat their food". In the PIR the provider told us that staffing had been increased since the appointment of the new manager. When we spoke with the manager at the inspection they confirmed that they had reviewed staffing and the dependency tools used so that consideration was given to the size and layout of the building.

Staff we spoke with knew their responsibilities to report any concerns they had about people's safety. One person told us, "I trust the staff to keep me safe". One member of staff told us, "If I saw something out of the ordinary I would go and speak to the manager. For example, if someone was upset I would raise it because this sometimes means that people are scared". We looked at the information the provider had referred to the local safeguarding authority and saw that they had fully investigated any concerns raised. This demonstrated to us that the provider understood their responsibilities to keep people safe.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we saw that restrictions on people's liberty had not always been authorised or made in their best interest. At this inspection we found that there were some improvements but that further improvements were still required. Staff were able to tell us about people's capacity to make decisions and how they supported some people to participate. However, they were unable to tell us who had a DoLS in place. One staff member said, "I am not sure who is on a DoLS and I think some recent reviews have happened". We saw that some decisions had been considered as a best interest with people who were important to the person and healthcare professionals. However, other decisions had not been considered; for example, when someone had bedrails put onto their bed. Some people's relatives had legal authority to make some decisions on their behalf and copies of these were not always available to ensure that staff were aware of this. This meant that the provider was not meeting their legal requirements under the MCA.

At our last inspection we found that staff did not always have the skills and knowledge to support people effectively. The provider had told us that they were implementing a dementia strategy which would mean additional training and creation of dementia champions. At this inspection we found that this had not taken place and staff we spoke with told us that they would like additional guidance in this area. Some people who were living with dementia could behave in a way that could cause themselves or others harm. Staff we spoke with said that they had not had training in assisting people with this including understanding what may be a restriction; for example, they described people being taken to their room for their own safety.

When new staff started work they told us that they had some time to observe other staff and learn about people's support needs before they worked independently. They said that they received some training and one member of staff said, "When we first started we filled in some questions in a booklet". Staff told us that they had not completed the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Although it is not compulsory it is recommended as best practise for a good induction. In the PIR and during the inspection visit the manager told us that they had plans to fully embed it. The operations manager said, "We are reviewing the training to see if it is fit for purpose and have plans to improve it".

People had their healthcare needs met and staff worked closely with healthcare professionals to respond to any changes noted. People told us that they saw healthcare professionals regularly and we saw some visit

during the inspection. One healthcare professional told us, "There have been significant improvements in some areas. The manager appears to have had a stabilising influence and the permanent staff are approachable and knowledgeable about people". When we reviewed records we saw that referrals were made and that people attended appointments to maintain their health.

People had their nutritional needs met and were assisted to manage their weight. One relative we spoke with said, "When [name] was at home they didn't eat and drink enough. They have put weight on since coming in here". People told us that they had good meals and were always offered a choice. One person said, "The meals are good. I don't eat meat so they always give me something else which is nice". Another relative said, "The meals are very good and they get a choice". We saw that one person asked for some food out of set mealtimes which they were provided with. A member of staff told us, "That person generally doesn't eat much and has a poor diet. So if they ask for anything we respond; I was surprised they did today but pleased". At our last inspection we saw that some mealtime experiences were prolonged and people had to wait. At this inspection people received individual support when it was needed and the mealtime was well planned so that they didn't have to wait. Staff were knowledgeable about people's specialist diets and ensured that they were supported in line with their assessments. One healthcare professional told us, "Meal times are more friendly and less stressful. People are supported to maintain their diet with fortified foods. Appropriate referrals to specialist healthcare support are made when required".

Is the service caring?

Our findings

People said that the staff were kind and that they got on well with them. One person said, "They are very good; caring and treat you well". One relative we spoke with said, "The staff are excellent. They are so good with [name] and really caring". The staff knew people well and we observed that they altered their communication style to meet individual need. We saw that some people were gently encouraged; for example, as one person was walking staff followed behind them saying, "Well done". Staff joked and laughed with other people in a lively way to encourage them. When some people were unable to communicate staff sat with them on occasion; talking to them and offering reassurance.

People were involved in making choices about their care and were encouraged to be as independent as possible. One person said, "I don't need much help and the staff let me do as much as I can for myself. If I need help they are always around to ask". Another person said, "I just say to staff when I am ready for bed and that's it. In the morning I wake myself up and get up when I want to".

We saw that people's dignity was promoted and they were treated with respect. One person we spoke with told us, "The staff always knock on my door before they come in, even if it is open. We are treated with respect". Staff knew people and took time to ensure that they were happy. For example, they were aware that two people knew each other in the past and had other friendships in common and so they ensured that they were sat together.

People told us and we saw that their relatives could visit at any time. One person said, "Friends and family can come in at any time to see you". One relative told us, "The staff make me feel welcome when I come. They always offer me a cup of tea". When some family members visited one person they were asked if they would like to have their visit in a more private, quiet lounge. We saw that this was arranged. This showed us that staff understood how to support people with their important relationships.

Is the service responsive?

Our findings

People were supported by staff who understood their preferences and responded to their needs. One relative we spoke with told us, "I never knew what it was like here at night but we came in because the staff informed us of [name's] high temperature. We were really reassured by how well the night staff knew [name] and they had spotted that something wasn't right. If they hadn't responded [name] would have been in hospital and we don't want that". We spoke with a member of staff about another person's health and they told us how they had observed a change in their mood. They had checked the person's daily records and were concerned enough to ask for a health professional visit. They had organised some tests prior to the visit to assist with a diagnosis. This showed us that staff responded to peoples changing needs and ensured that they received the support they needed.

People told us that they received the care they wanted. One person explained how they maintained responsibility for some of their health monitoring and medicines management. They said, "I can do some of it and the staff support me with the rest". Another person said, "I like to stay in my room all day. The staff come in to check if I am alright and to bring me drinks and things. They are very good but they don't interfere". We saw that people had care plans in place which described their how they like to be supported.

Care and support was reviewed when people's needs changed. One member of staff told us how one person's needs had been re-assessed and they had a plan in place to try to resolve some concerns. It included reviewing the person's medicines, risk assessments and speaking with the person and their family. Another staff member said, "We have a handover at the start of the shift and there is also a sheet to make sure we know everything we need to". Records that we looked at were reviewed and up to date.

People were encouraged to pursue interests and hobbies. In the PIR the provider said, 'Soon after appointment the home manager through observational audits found a distinct lack of meaningful activities and times where people were neither engaged nor occupied. This facilitated the manager to recruit a new member of staff into the post of activities co-ordinator. This in turn has brought about the implementation of a new meaningful activities programme. Feedback received so far regarding this activities programme and the increased levels of occupation and engagement has been very positive from both residents and relatives alike. We now have a seven-day schedule of activities with an activities box available for staff to use if there is no activity co-ordinator in the building'. One person we spoke with said, "They do organise things like watching films, dominoes and gardening in better weather". A relative told us about a trip out to a local football match that had been well received. We saw that there were some organised activities as well as some individual time spent with people. For example, we some people playing a game together, others were enjoying music and one person assisting a member of staff with some domestic chores. Relatives we spoke with recognised that there had been an improvement and thought that the member of staff employed to arrange activities was good at getting people involved. However, they felt and we saw that there were areas of the home that had less stimulation. When we spoke with the manger they acknowledged that the development of meaningful activities was still quite new and they would continue to improve it. They had plans in place to make more links with the local community and had some entertainers booked.

People and relatives we spoke with said they would tell the staff if they were unhappy or had any concerns. One person said, "You just go down to the office if you've got a problem and talk to them". Another person told us, "If I had a problem I'd talk to them. If you want something you can ask and it is lovely if you know that". Information about making a complaint or a suggestion was displayed prominently in the home so that people could make any comments or complaints about the service. There was a complaints process in place and we saw that when concerns had been raised there had been an investigation and timely response sent.

Is the service well-led?

Our findings

At our last comprehensive inspection we found that the home was not always effectively well led. The provider sent us an action plan addressing the issues we raised within the timescale requested. Some of the actions in the plan had not been specific but stated that the provider would continue with their existing approach. This meant that we had to ask them for further information at a later date. At this inspection we saw that some of the actions from the plan had been implemented and that improvements were clear; for example, there were increased numbers of staff to support people. However, other actions still required improvement; for example, the MCA was not fully embedded.

There was an audit programme in place to monitor the quality of care and drive improvements. However, some of the shortfalls we had identified regarding medicines had not been recognised during the audits. Other audits, such as reviewing the call bell system to ensure that people did not wait for staff for extended periods, had not been considered. When we reviewed the manager's monthly action plan we saw that some of the actions that they had set were not specific or timed. For example, it stated that one action was, 'MCA to be completed for all residents that lack capacity' and the progress was 'ongoing'. This would make it difficult to measure progress or when the action was achieved.

People and their relatives told us that the turnover of staff and managers had been a concern and caused disruption to them. One relative said, "They've had at least four managers while [name] has been here and it causes uncertainty because we don't always get feedback about why they leave". The lack of permanent staff had impacted on the provider's capacity to ensure all audits were completed to a thorough standard. One member of staff that we spoke with said, "As the only permanent person on this floor who has responsibility for medicines it is down to me to monitor them. I try not to have two days off in a row because I know it will take me a long time to rectify all of the problems when I return". It also meant that the provider had not maintained some of the improvements that we had noted at our last inspection. For example, at our comprehensive inspection on 18 and 19 May 2015 we asked the provider to make improvements about the safe recruitment of staff. We saw in 11 May 2016 that this had been improved but at this inspection visit it had not been sustained. Also, plans that were in place to improve the service had not been followed through; for example, to provide specialist dementia training.

This evidence represents a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

There was a registered manager in post who had been the manager for a few months prior to the inspection visit and who had become registered during the week of the visit. People and relatives told us that they were supportive and approachable. One person said, "They are nice and you can talk to them". Relatives told us that they had regular meetings and that they had recently discussed laundry and food. One relative said, "The laundry side seems a bit better. Clothes do still go missing but I feel as though they are doing something about it now". We looked at meeting minutes and saw that in response to suggestions the menu had been changed; for example, there was now more fish on it. The registered manager told us, "I have put a lot of work into improving the staffing levels and recruiting new staff. There has been a lot to do but I feel

like we are really making progress". The operations manager was also new in post and recognised some of the improvement areas that we highlighted and told us of plans that were in place to address these; for example, reviewing the training that staff received and checking their competency through more observations.

Staff told us that they felt supported and listened to. One member of staff told us, "Things have improved a lot recently and the home feels much more relaxed. We have more staff and more time to spend with people. I have had supervision and felt happy to share ideas and how I was feeling". Staff told us that they felt confident to raise any whistleblowing concerns. Whistle blowing is the procedure for raising concerns about poor practice. One member of staff said, "If I saw anything wrong I would raise it; we don't keep anything to ourselves".

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.

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 were not always supported in a safe way. Risk was not always mitigated to ensure their safety and medicines were not always managed to reduce the risks associated with them.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place to assess, monitor and improve the quality of the service were not always effective.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that all staff employed to support people were suitable to do so.