

# 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Canal Vue is a residential home providing personal care to up to 70 people. The service provides support to older people and people living with a dementia. At the time of our inspection there were 53 people using the service. The home provides care over 3 floors with a range of communal spaces for dining, activities and relaxation.

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

There were not always enough staff to support people with their individual needs. People's risks were assessed and detailed in their care plans, however staff were not always deployed effectively to meet people's needs.

The culture of the home did not always promote positive person-centred care and some staff and relatives did not always feel management adopted an honest and open culture. Systems in place to monitor the quality of the service did not always identify shortfalls in people's records.

Staff were recruited safely and people receive their prescribed medicines on time. Staff received regular supervision and training to carry out their roles. People were protected from the risk of abuse. Staff received safeguarding training and understood the procedures of how to raise a concern.

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.

Correct infection and prevention control measures were followed. Accidents and incidents were recorded and actions taken to prevent the risk of reoccurrence. The provider worked with a range of healthcare professionals to help meet people's outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 June 2021).

### Why we inspected

We received concerns in relation to staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Canal Vue on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to staffing and governance. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

Details are in our safe findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors, 1 specialist nurse advisor and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Canal Vue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Canal Vue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to 3 relatives, 5 people who use the service and 3 staff members on site. We reviewed 4 people's care records which included care plans, risk assessments and medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also obtained further feedback from a further 7 staff members and 15 relatives off site following the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There was not enough staff deployed to ensure people's needs were met. The registered manager used a dependency tool to assess staffing levels based on people's needs, however staff were not present in communal areas to support service users safely.
- We observed people in communal areas who did not receive encouragement with their fluids or support with their needs, for example, one person was struggling to put their slipper on and needed help, no staff were present. We alerted a member of staff who then helped the person.
- People who were at risk of falls were not supervised by staff in communal areas. One person, who needed a walking aid to mobilise was in the lounge without their walking aid, this meant people were at risk
- Staff, relatives and people told us there were not enough staff to support people. Some comments included: "Not very good, we're short staff and sometimes we don't get time to sit with the residents", "I don't feel there is enough staff", "It's hard and short staffed. We can't give them the care they need and it's not fair", "There appear to be insufficient staff for the number of residents" and "They don't come, they are very busy, they're not being awkward, they are just busy".

There were not enough staff deployed effectively to meet the needs of Service Users in a timely manner. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received appropriate training to carry out their roles. One staff member told us, "We do get training, some is online and some is paper based".
- Staff were recruited safely. Pre-employment and Disclosure and Barring checks were completed prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People were administered their prescribed medicines safely. Medicines which were out of date were not always disposed of. This was raised with the head of care who took immediate action to rectify this.
- Written protocols were in place for people prescribed with "as and when required medicines" for staff to monitor and administer people's medicines appropriately.
- Staff were trained in administering medicines safely. The registered manager and head of care completed competency assessments with staff to ensure they remained competent in this area.

### Assessing risk, safety monitoring and management

- Care records demonstrated that people's risks were assessed which included information for staff to support people safely, however, actions to minimise risk were not always followed. For example, one person's risk assessment detailed they were high risk of falls. We observed this person to be unsupervised in a communal area for approximately 25 minutes.
- We received mixed feedback from relatives in relation to managing people's risks. For example, relatives expressed concerns in relation to falls, one relative told us, "I have had some concerns over falls which may have been prevented if there were more staff". However, overall relatives felt the home was secure and safe.
- Risk assessments were completed for people with specific health risks, for example, we saw a risk assessment in relation to a urinary catheter. This was reviewed regularly.
- Personal emergency evacuation plans were detailed in people's care records. This ensured people's specific information could be shared in the event of a hospital admission or emergency evacuation of the building.

#### Systems and processes to safeguard people from the risk of abuse

- We received mixed feedback from people, some people felt safe, whilst others did not. Comments were varied, for example, one person using the service told us, "They are not interested" and a relative told us, "I think [person] receives exceptional care, he is safe."
- Systems were in place to protect people from potential abuse and staff understood how to raise a concern. One staff member told us, "If I had concerns, I would go to the manager".
- The provider had a safeguarding policy in place and staff received safeguarding training.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The clinic room was untidy and in a state of disrepair. Action was being taken to resolve this.
- 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.

### Visiting in care homes

There were no restrictions on visiting at the time of the inspection. The provider's approach to visiting was in line with government guidance.

### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. For example, the registered manager recently refreshed staff on the importance of critical timed medicines following a medicines error.
- Accidents and incidents were recorded and actions taken to minimise further occurrence. For example, a blood test was arranged for one person who had an unwitnessed fall.
- Staff understood the process to report accidents and incidents, for example, we saw the correct procedures followed for someone who had a recent fall.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider completed audits for aspects of the home to drive improvement, however audits were not always effective and did not identify issues identified on inspection. For example, a staff dependency tool was used to assess staffing levels, this was ineffective due to people being at risk of not receiving appropriate support for their needs.
- Audits did not always identify gaps in recording. For example, we saw incomplete documentation in a person's monitoring records which could have affected their outcomes.
- The registered manager submitted statutory notification for significant events that happened in the service.

Governance systems were not effective to assess, monitor and mitigate risks. This placed people at potential risk of harm. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A positive culture was not always promoted in the home. We received mixed feedback from staff and relatives in relation to the culture. Comments included, "I have a lot of doubts about this care home; I don't think it's a pleasant atmosphere", "I've never seen a manager; none appear to be present at the weekends when I visit". Positive comments included, "Generally I am very happy and [person] is happy there", and "I have nothing negative to say about the home; I've seen nothing to give me concern."
- There was not always an open and inclusive approach, some staff told us they felt any concerns raised were not followed through. For example, a staff member was concerned about the night-time routine and raised this with management, no action or response was given.

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 registered manager understood the duty of candour to be open and honest with people.
- We received mixed feedback. Some staff did not always feel they could approach management and some relatives expressed the same view.

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

#### characteristics

- Feedback was given about the service through questionnaires, which were sent out to relatives regularly. This meant there was an opportunity to obtain regular feedback to drive improvements.
- Staff attended supervision and meetings to allow for discussion and feedback.

#### Continuous learning and improving care

- The registered manager was focusing on strengthening the culture of the home to improve people's outcomes.

#### Working in partnership with others

- The provider worked in partnership with external healthcare professionals. We saw records which demonstrated referrals had been made to the falls and district nursing team and GP.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  Audits were ineffective and had not identified areas where improvements were needed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not enough staff deployed effectively to meet the needs of Service Users in a timely manner.

**The enforcement action we took:**

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