

Enter and View Visit Report

Canal Vue Care Home

28th February, 2015

1. Visit Details

Premises visited: Canal Vue Care Home, Awsworth Road, Ilkeston, Derbyshire, DE7 8JF

Service Provider: Eastgate Care Ltd

Purpose of the service: This is a care home with nursing. The residents it cares for are older people, people with physical disabilities, people with sensory impairments and people with Dementia.

The home accommodates up to 68 residents. All the rooms are single with en- suites.

It is situated less than 1 mile from the Ilkeston town centre and is alongside a canal.

Date and time of Visit: Saturday 28th February, 2015 11.00am - 3.00pm.

Authorised Representatives: Jas Dosanjh, George Harvey, Tanya Nolan, Anne Walker

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2. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, service users, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visit.

4. What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of



people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

5. Purpose of the Visit

This visit was requested by Derbyshire County Council and some concerns were also raised at at the Derbyshire Quality Surveillance Group.

6. Strategic Drivers

This visit was conducted in response to concerns raised, which is a trigger for Enter and View visits stated in our Enter and View Strategy.

7. Methodology

A large proportion of the visit was observational. This involved the Authorised Representatives walking around the communal areas and observing their surroundings to gain an understanding of how the home worked and how residents engaged with staff and the facilities.

Authorised Representatives approached residents to ask them about their experiences of living in the care home, when and where appropriate.

Authorised Representatives also approached any visitors, relatives and carers who were visiting during the time of the visit of their experiences.

Authorised Representatives also talked to members of staff.

The Authorised Representatives worked in pairs.

At the end of the visit, a brief overview of the findings was discussed with the provider organisation.

8. Summary of Findings

The care home was modern, tidy and bright and well maintained, however the ambiance was not welcoming and did not give a sense of homeliness and personality.

There is a lack of information and signage throughout the building. Some examples of poor health and safety standards were observed by the Authorised Representatives, and some aspects of cleanliness needed to be addressed. There was an unpleasant smell in some areas too.



Examples of preserving dignity and respect were observed during the visit.

Hot drinks were not available on request. There was no vegetarian choice routinely offered, although this could be requested.

More assistance was needed for residents on Floor 2 during meal times.

Staff were observed to be polite, respectful and friendly.

Relatives meetings were held during the day time, there appeared to be no provision for carers that might work.

Uniforms were worn by some staff, whilst others were awaiting theirs and there was nothing to indicate who worked in the home.

The fact that the home is spread over three floors presents challenges to the staff in allowing residents to not being confined to certain areas.

9. Results of the Visit

9.1 The Building

The home is easy to find, not far from the town centre, off the main road. The location is close to nature alongside the Erewash Canal with the wildlife creating a relaxing environment.

The home is a new brick built establishment with a large car park outside. There are disabled bays adjacent to the building. The overall appearance is that the building is well maintained.

The entrance/foyer to the building was devoid of the welcome factor and lacked information for visitors, e.g. where to find the manager, the signage on the floors was inadequate, for example floor number, directions to rooms/communal rooms.

Inside the building are 68 individual rooms, plus en-suites, for the residents along with several communal rooms some of which were large and multi-purpose.

The building comprises of three floors; ground floor (Floor 0), middle floor (Floor 1) and top floor (Floor 2).

Floor 0 - Residential

Floor 1 - Nursing and Dementia

Floor 2 - Dementia

Authorised Representatives did not see any clearly marked family rooms or quiet areas where families could spend private time with residents.



9.2 Furniture and Signs

Furniture looked acceptable and the covers were washable on some furniture.

There was a lack of signage to identify the floors, where the stairs and lifts were, where the facilities were, e.g. toilets, dining room, which caused dis-orientation.

The chairs in the hair dressing salon that are used for hair washing were identical to the chairs around the dining tables, which wouldn't be very comfortable for this purpose.

There was a clock immediately inside the building, but no clocks could be seen anywhere else in the building, nor was there anything to indicate what day it was for residents to retain theiradroitness.

A menu was displayed on the notice board on the ground floor. It was printed in a small font and looked un-inviting to read.

There were some pictures and posters of Marilyn Monroe and others that depicted different eras which may be of relevance to the residents.

9.3 Health & Safety and Cleanliness

In the Beach Room the wires attached the wall mounted television, CD player and DVD player were not tied down securely.

The top floor was found to be very warm.

Some residents were seen to be bare footed.

Floor 2 - A member of staff was observed to be assisting a resident out of her chair to go into the dining room. She appeared to place her hand under the resident's buttocks in order to lift her out of the chair.

Floor 2 - There was liquid spilt on a corner table and the floor immediately around it in one of the lounges. The Authorised Representative observed that no attempt was made to clean it up at the time even though it had been seen by a member of staff.

Some communal areas of the care home were found to lack cleanliness. There was food debris on the dining table, dirty floors etc. This was brought to the attention of the Care Home Manager after the visit.

The communal rooms did not have blinds or curtains. For example the conservatory, dining rooms.

Some areas of the care home were found to have an unpleasant smell. This was brought to the attention of the Care Home Manager.

The furniture was found to be a random variety and not co-ordinated.



Authorised Representatives observed that some residents' beds did not have bedding. This was noticed whilst walking past bedrooms with open doors. The residents were not in their rooms at the time.

9.4 Food and Hydration

The Authorised Representatives observed the midday mealtime on Floor 0 and Floor 2. The findings were:-

Floor 0

- The options for lunchtime were chicken or Cornish pasty.
- The staff were observed to be helpful and pleasant in dealing with the residents' needs.
- The process in which the staff conducted lunchtime on the ground floor went smoothly and efficiently. There was no sense of hurry.
- The residents seemed to enjoy their food which was hot and nicely presented.
- There were no pictorial aids used to help residents choose what they wished to eat and drink.
- The residents were not offered a means to wash their hands before eating.
- There were no hot drinks offered after the meal. Some residents had not had a hot drink since breakfast.

Floor 2 (men and women eat and reside in different areas)

- The options for lunchtime were chicken or Cornish pasty.
- The residents were not offered a means to wash their hands before eating.
- The process in which the staff conducted lunchtime seemed a little chaotic at times. For example, some female residents were observed struggling to eat the cabbage which was cut thickly, when assistance was provided the residents were able to eat more. A resident said, "Stop trying to pinch my dinner because it has been cut up" to another resident. Serviettes were not provided until later into lunchtime to the gentlemen.
- One resident was observed struggling with the mash potatoes. He said, "The potatoes slide off the fork, awful." When asked if he had chosen his meal, he replied, "It's what they gave me."
- There were no condiments on the dining tables.
- One resident was heard shouting for attention throughout lunchtime. She wanted a hot drink approximately 45 minutes prior to lunch. Authorised Representatives observed a delayed response from staff to attend to her needs which consequently left her last to be served. She was not given a choice of what she wanted to eat.
- Serviettes were provided for the ladies.

Although no vegetarian option was offered as a standard item on the menu, staff explained that residents would be offered a vegetarian option if required. It would be produced in the kitchen and given to the resident(s).

During the time of the visit, there was no signs of a consistent supply of refreshments made available to the residents.

An Authorised Representative (staff) was asked by a resident for a hot drink after lunch. A member of staff was approached who subsequently advised the Authorised Representative (staff), any residents wanting a drink would have to wait until the drinks trolley went round.



9.5 Dignity & Respect

On Floor 2, a resident chose to walk around in different coloured slippers. She was holding the other two in her hands. She was observed to be smiling.

On Floor 2, another resident was holding a pair of shoes and slippers in her hands which she looked happy doing.

On Floor 2, a member of staff was observed addressing a resident by a shortened name which the resident did not object to. The member of staff also kissed and hugged the resident which the resident did not object to.

During lunchtime on the Floor 2 a resident got up and took another resident's drink. The member of staff responded by giving the resident his own drink and saying, "This is yours sweetheart." He smiled at the member of staff saying, "thank you" and then left the room. The same gentleman was brought back into the dining room so he could finish his dinner. The member of staff made him smile. The member of staff tried to get him to sit down but he wanted to stand. He ate his desert (trifle) standing up.

During the lunchtime period on Floor 2, an observation was made of how a member of staff was helping a resident to assist with setting the table. The resident then had a drink out of a cup and proceeded to give that cup to another resident. Although the staff member was very busy, she offered a fresh cup to the other resident.

During mealtime on Floor 0, assistance was offered to those who obviously needed it rather than offering it to those who wished to keep their independence.

9.6 Personalisation

A member of staff showed the Authorised Representatives one resident's bedroom on Floor 0 that was set up with the resident's personal belongings. This demonstrated that residents were encouraged to bring in their own possessions.

The names of the residents were written on their doors.

Staff informed Authorised Representatives that one resident has a newspaper delivered.

A Dementia Awareness Tea Party was being arranged for 1st March 2015. This had been promoted on the local radio. This demonstrated that the home is initiating community contact and interaction.

Authorised Representatives observed a resident who was significantly younger than the majority. The Care Home Manager explained that the resident himself and his family wished for him to be at this particular home.

There were flower beds and raised beds outside. Staff advised that residents do take part in gardening when possible.

Chairs in the lounge areas seen were found to be placed in a circle around the outside of the rooms.



Dining rooms were arranged for all to sit around one big table.

9.7 Residents

The residents were all dressed in day time clothing, however some attire did look worn and/or lose on them.

Floor 2 - Some of the residents seen, were wearing matching slippers, others were seen wearing un-matching slippers.

Floor 2 - Some residents did not seem alert and interested.

Floor 2 - One resident was seen to be wearing slippers which were small for her. This was addressed with the Care Home Manager.

Authorised Representatives sought clarification from the Care Home Manager as to why there was a resident with nursing needs on Floor 1 by herself. The Care Home Manager explained the family had agreed (on that Friday) for her to be moved to Floor 0. This was to happen imminently. The Care Home Manager also explained she was turned every 2 hours.

9.8 Relatives/Visitors/Carers

Authorised Representatives were advised that families have access to care plans. Authorised Representative spoke to a family member who was visiting. She explained she was happy with the care her parent was receiving. Her young daughter went on to say she enjoyed coming to see her grandparent. The family member is unable to get to the Carers Meeting due to working during the day. When asked if she would attend an evening meeting, if this could be arranged, she said she would welcome it. This was put to the Manager at the end of the visit, a positive response was given.

9.9 Staff

Staff were found to have a friendly manner.

Not all staff that were seen were wearing a uniform, this was because most were new therefore awaiting uniforms.

Authorised Representatives were told there are some male workers, however there were none on duty on the day of the visit.

The Nurse-in-Charge for the day was not wearing a uniform.

A member of staff said she would recommend the home to family and friends. She also said she had flexible working hours which she liked.

Authorised Representatives did not see anything to indicate who worked at the care home, names or pictures to identify them.



All the staff that Authorised Representatives spoke to were enthused about the revitalisation of the care home now it was under new management. The morale and hopes for even more alterations and improvements were obvious. For example the introduction of the 1:1 key worker.

A meeting held with the Care Home Manager (who had been in post since 9 February 2015) and Nurse-in-Charge (who had been there since 4 November 2015), at the end of the visit. This was a constructive and informative meeting. The new Manager spoke about her plans to bring about change to how residents are supported and cared for, e.g. the introduction of a 1:1 key worker. She agreed that care needed to be more personalised. And this would be achieved once a key worker system was implemented.

10.0 Additional Findings

When residents require a dentist, they have to be taken to the dentist by their family members. There are no arrangements for a Domiciliary Dentist at the home.

11.0 Recommendations

Healthwatch Derbyshire Authorised Representatives and the Care Home Manager agreed that a further visit be carried out in 6 months' time to enable management to demonstrate they had taken on board our recommendations.

- A management structure with names, titles and responsibilities would be beneficial in the foyer area to inform residents/visitors/carers/family members as to who works in the care home. Information regarding who the duty officer is for the day would also be helpful. Curtains throughout the building would help to preserve the dignity and respect of the residents.
- Having blinds in the conservatory would protect the residents from the heat.
- Address the standard of cleanliness employed by staff and deal with the unpleasant smell.
- We suggest displaying pictures and photographs throughout the building that are more relevant to the residence to create a more reminiscence type of environment and a sense of nostalgia. For example, there was a large GHD Straighteners poster in the hair salon which would have no meaning to the residents.
- The hair salon experience could be improved by replacing the dining table chairs with reclining salon chairs that are fit for purpose.
- All staff to wear uniforms and identity badges when on site. This would avoid confusion for residents particularly those with impaired vision and/or confusion. This would also make staff identifiable to families and visitors to the care home.
- It was observed that some staff may require moving and handling training.
- Explore sending staff on Dementia Awareness training, or re-visit staff skills and knowledge in this area.
- Good clear signage with both words and pictorial images is needed on doors, at an appropriate height to help residents to understand the function of a room. For example, look at making toilets and bathrooms identifiable from as many view points as possible. Paint the doors the same colour throughout. Colour code the floors and conceal staff areas by painting the same colour as the walls.
- The personalisation of resident bedrooms making them easily identifiable could help to minimise confusion e.g. paint doors, add memory boxes to doors. This would help to give residents a feeling of belonging, recognition of privacy from staff and visitors.



- Arrange furniture in lounge areas to promote a warm and welcoming ambiance for the residents. For example, arrange the seating in dining rooms to seat the residents in small clusters to encourage social interaction. To have the choice to sit where they would like to sit. Have the option to dine by themselves or to have a space for a member of staff to sit with them.
- Arrange the lounge areas to encourage social interaction. For example, place board games etc on shelves that are visible and easily accessible. Arrange seating around a coffee table or dining table.
- Decorate the communal rooms by adding feature walls, landmark features etc to promote a sense of homeliness.
- Give residents appropriate support and aids at mealtimes.
- More and further community contact and interaction events (such as the Dementia Awareness Tea Party) should be arranged. For example, inviting local historians to talk about the past, piano sing-song nights, songs of praise on a Sunday.
- Arrange more meaningful activities like the existing ones such as setting the tables and growing and maintaining a vegetable and/or flower patch.
- The use of pictures as an aid and means to enhance communication between residents and staff. For example:-
 - I want a hot drink
 - I want a cold drink
 - I want to go to the toilet
 - I am hot
 - I am cold
 - I am tired
 - I want to go outside
- A lot can be learnt from looking at past photographs of the residents. This would enable staff to understand how a resident dressed and socialised thus helping to provide a more personalised approach. More applications of such a service are required, once the Manager puts into practice the plans she spoke of.

Throughout our recommendations we hope to assist the Manager in creating an environment that gives residents the comfort and care that values them as individuals. We hope the changes we are proposing as a group from our observations will help to bring about the shaping of a more homely atmosphere.

We sincerely hope a dedicated response from all personnel associated with the running and upkeep of Canal Vue Care Home will continue.

12.0 Service Provider Response

We would like to thank the team at Healthwatch Derbyshire for their detailed report following their visit to Canal Vue recently and we feel that the report is a fair representation of their findings. A number of the recommendations have already been actioned which include:-

- Daily checks of housekeeping standards are now being carried out
- All of our staff now have a uniform so can be easily identified by residents and visitors
- An update to moving and handling training has been held in May with further sessions booked



- The ground floor lounge seating has been rearranged and additional planting in place
- A programme to enhance the environment on the 2nd floor for residents with a dementia has begun

The remaining recommendations now form part of our on-going service and quality improvement plan.

We look forward to welcoming Healthwatch Derbyshire back to Canal Vue in the future.

