

## Enter and View Visit Report

Canal Vue Care Home

Friday 16th October, 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. During this visit there were 36 residents in the home.

**Date and time of Visit:** Friday 16<sup>th</sup> October 2015, 11.00am - 3.00pm.

**Authorised Representatives:** Brian Cavanagh, Jas Dosanjh, George Harvey and Tanya Nolan.

**Contact Details:** Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Nr Belper, Derbyshire DE56 0RN Tel: 01773 880786.

### 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 will inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff raises 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 Enter & View was a re-visit to observe if the care home had implemented the recommendations made in the Enter and View report published in May 2015 which related to the Enter and View visit which had took place in February 2015.

## **6. Methodology**

A large proportion of the visit was observational. This involved the Authorised Representatives walking around the communal areas and observing to ascertain if recommendations made by Healthwatch Derbyshire had been implemented.

Where there was no evidence or queries were raised, the Care Home Manager gave explanations and clarification.

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 to ask about 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 Care Home Manager.



## 7. Summary of Findings

On arrival the Authorised Representatives saw evidence that management had taken on board the suggestions made in our previous visit in February 2015 to create a more person centred environment. During the visit, Authorised Representatives also observed that a more person centred approach is being implemented in the delivery of care to residents.

- There was a calm and relaxing environment for residents - this included activities taking place that were interesting and age appropriate. There was music in the background of the communal areas.
- There was a high standard of decoration within the home.
- There appeared to be sufficient staffing to meet resident's needs.
- The management and staff were empathetic and caring towards residents providing high levels of dignity and respect.
- The management and staff were welcoming to visitors.

## 8. Findings

The Authorised Representatives findings below address the recommendations that were identified in the Enter and View report published in May 2015.

### 8.1 Recommendation 1

*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.*

There was no information displayed for visitors showing the management structure and associated responsibilities or where to find the manager. Similarly there was no information stating the Duty Officer for the day.

The Care Home Manager confirmed there is a framed management structure but due to lack of display space in the home, it had not been sited.

There was written advice concerning visitors' code of conduct in the entrance which could be easily missed. The Care Home Manager explained that all relatives in the first visit to the home are given this as part of a general information pack. It would be useful to have a reminder of these guidelines in a larger format and more predominantly displayed.

### 8.2 Recommendation 2

*Having blinds in the conservatory would protect the residents from the heat.*

We found no blinds in the conservatory. The Care Home Manager explained they are looking at putting voiles up so not to impact the view of the canal from this room.

We observed there were light, thin curtains in the communal room on the ground floor. On the first floor it would be appropriate to have further blinds fitted.



### 8.3 Recommendation 3

*Address the standard of cleanliness employed by staff and deal with the unpleasant smell.*

There were no unpleasant odours experienced during the visit. Overall the standard of cleanliness was an improvement from the visit in February 2015.

### 8.4 Recommendation 4

*We suggest displaying pictures and photographs throughout the building that are more relevant to the residents 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.*

There were pictures of Marilyn Monroe, Audrey Hepburn and also photographs of the residents displayed on walls around the care home.

The hair salon had been re-decorated with new chairs and ornaments. However the GHD poster was still present which is not age appropriate.

Themed pictures were seen throughout the first floor corridor giving it a vibrant and welcoming feel. Observations included:

- A Paris mural which had handbags and scarves hung up for residents to take. We were told that one of the senior carers had done some of the art work.
- There was a variety of artefacts displayed about the war including a gas mask, jumper, coat and a letter about the first gas masks.
- The home had a baking/cookery wall with different utensils on display and a laundry wall which residents could hang clothes up.

The Care Home Manager explained that decorating and creating an environment that was more relevant to the residents is still “Work In Progress”.

### 8.5 Recommendation 5

*The hair salon experience could be improved by replacing the dining table and chairs with reclining salon chairs that are for purpose*

The original chairs have been replaced by vintage style chairs.

### 8.6 Recommendation 6

*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.*

All staff wore uniforms with identity badges making them clearly identifiable. They looked professional and smart.



Authorised Representatives observed various colours identifying: the team leader, nursing staff, care staff and kitchen staff. For example, senior carers wore pink tabards whilst general care assistants wore grey.

#### 8.7 Recommendation 7

*It was observed that some staff required moving and handling training.*

A member of staff was observed using a hoist with the assistance from a colleague. It was noticed that a counting method was used in an attentive manner with the resident to prepare them for the lift.

#### 8.8 Recommendation 8

*Explore sending staff on Dementia Awareness Training, or re-visit staff skills and knowledge in this area.*

The Care Home Manager explained she is keen to look at training needs and recruiting more staff.

#### 8.9 Recommendation 9

*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 viewpoints 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 display on the floor (first floor) occupied by residents with dementia was both creative and stimulating. The walls are nicely decorated in colours which will aid residents to navigate their way around and to familiarise where they are. There were some signs on the toilet/bathroom. Although an actual photo would be better.

There were no signs to indicate the floor level although this did not appear to dis-orientate as experienced in the last visit.

The pace of change on the first floor has not been replicated on the ground floor. Modifications are taking place at a pace that residents and staff can handle and stay positive. Staff who were spoken to stated they, along with residents and families, had felt included.

#### 8.10 Recommendation 10

*The personalisation of residents' 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.*

Authorised Representatives noted two bedrooms on the ground floor had memory boxes on the doors. The remaining doors had laminated name signs with photographs.

Bedrooms where the doors were open on the ground floor, had different curtains in them and adorned with personal items. Clarification was sought as to whether residents were involved in



the choosing of these curtains. The Care Home Manager explained that when a resident first comes to the home they are asked for their preferences.

The rooms occupied by residents who have dementia have been transformed since the visit in February 2015, showing personalisation values are being promoted. For example, walls were different colours; there was evidence of personal items within them and memory boxes were on the doors.

These are all indications that positive change is taking place.

Some rooms had no memory boxes and no significant or relatable pictures or biographies on bedroom doors. The Care Home Manager explained this area is “Work in Progress” as residents make their own memory boxes as part of an on-going activity.

#### 8.11 Recommendation 11

*Arrange furniture in lounge areas to promote a warm and welcoming ambiance for the residents. For example, arrange the seating in the 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.*

Furniture was found to be arranged to promote a warm and welcoming ambiance for the residents in the ground floor lounge.

Dinning at Canal Vue is also improving; this was evident when entering the dining area on both the ground floor and first floor. Authorised Representatives observed coloured tablecloths and napkins to match place settings and comfortable chairs. On the first floor the tables had maroon tablecloths and matching napkins. Residents were observed relaxing and chatting and it appeared that mealtimes had now become a social occasion. This was reinforced when residents and staff began singing, ‘You’ll Never Walk Alone’, whilst waiting for the second course.

One lady on the first floor prefers to eat alone in her room and her request is respected.

#### 8.12 Recommendation 12

*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.*

The ground floor lounge was decorated and furnished to promote a soothing and relaxing ambiance. The furniture was appropriately arranged around tables.

#### 8.13 Recommendation 13

*Decorate the communal rooms by adding feature walls, landmark features etc to promote a sense of homeliness.*

Communal areas were decorated having feature walls and there were photographs of the residents displayed. Some of the photographs show local landmarks and denote local history.



On the first floor Authorised Representatives observed displayed items on the walls arranged on a themed basis helping residents and their family members to recall stories relating to their past, they included:

- Items of clothing and utensils used on washdays.
- Display of flags of European countries taking part in football tournaments and items used in the game.

#### 8.14 Recommendation 14

*Give residents appropriate support and aids at mealtimes.*

It was observed that residents on the ground floor did not appear to require aids or support at mealtimes. There were two options on the menu. Staff explained if residents did not wish to have either choice, the cook would prepare what the resident wanted.

On the first floor staff were observed helping residents to have a drink, one resident was shaking and the carer was very concerned, she quickly spoke to the nurse to escalate her concern. Staff asked if they were ok and a different beaker was offered. The Care Assistants were very attentive to all in the dining area. For example, helping residents to their seat and offering napkins.

#### 8.15 Recommendation 15

*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.*

The Care Home Manager told the Authorised Representatives about a Summer Fair that had taken place in July. The local MP has visited the home on a few occasions; she came to the Summer Fair as did the proprietors.

There are plans to arrange a day out to Ilkeston Fair. For those who are unable to access this trip, a more localised event such as a walk along the canal would be offered as an alternative. Authorised Representatives saw a poster advertising “Halloween coming soon” and “Wear it pink - Breast Cancer” event.

The Care Home Manager explained her plans to establish relationships with the local organisations such as the school and Ilkeston Football Club.

#### 8.16 Recommendations 16

*Arrange more meaningful activities. For example, setting the tables in the dining room and establishing a vegetable and/or flower patch.*

Authorised Representatives saw an activities timetable, in both written and pictorial form, which was displayed near the lift to the other floors. This showed activities such as a knitting club, Songs of Praise on Sunday, Film Friday etc. We observed, in the lounge on the first floor, staff assisting residents to make decorations for Halloween involving colouring and cutting out shapes.



The Care Home Manager explained there is a resident who likes to go with the member of the domestic staff and help with certain tasks.

The Care Home Manager spoke about her plans to bring changes to the home which will help to create more meaningful activities. These include having themed areas such as a pub environment calling it “The Old Bridge Inn”, this was the name of the pub that originally stood on the site that the care home is built. She also has plans for a kitchen area which residents will be able to use as well as a Bingo Calling section.

#### 8.17 Recommendation 17

*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*

Authorised Representatives did not observe the use of picture aids to enhance communication on the ground floor or first floor.

On both floors a drinks trolley was used to distribute drinks and light refreshments including fruit and biscuits. Choices were offered and residents’ needs were addressed.

- A resident was observed positively responding to a member of staff who said, “Tea darling?”
- A resident was observed not being happy with her drink. She asked for another, and staff immediately responded to her request.

In the first floor lounge a resident verbally asked to go to the toilet and the Care Assistants acted very quickly to assist the resident to the toilet but still ensuring that there was sufficient staff cover in the room.

The Authorised Representatives felt the temperature of the home was suitable for the time of year.

#### 8.18 Recommendation 18

*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.*

Evidence of a more personalised approach to care was observed by the Authorised Representatives in a variety of ways:

- Staff were seen to be sitting with, and chatting to, residents on the ground floor.



- Two of the residents were seen singing along to the song that was playing. Staff were seen to join in on the ground floor to show that were responding to, and enhancing, residents' enjoyment.
- The appearance of all the residents seen looked smart, their clothes looked clean and hair looked washed. All residents had slippers on. At the last visit residents were seen walking around looking lost and the doors were locked to segregate the corridors. However, on this visit it was very different, the residents were all engaged with an activity or having a conversation with the care assistants. This was in direct contrast to the previous visit.
- A resident was observed dressed very smartly and was wearing a watch of sentimental value. They said they liked the feeling of safety here. They also commented they like to listen to "popular songs" of their choice. They can ask for a drink whenever needed and water is "on hand".
- Some residents had jewellery on.

The Care Home Manager informed the Authorised Representatives that the Residents' Meetings are used to discuss residents' likes and dislikes and are resulting in a more focused activities programme. Activities are run in the main lounge area, activities are also trialled to see what works and what doesn't.

Three staff recalled their efforts in supporting residents during the day by helping with nail varnishing, chatting, reading items out of the newspapers, talking about television soaps and so on.

A local priest visits the home on a regular basis and this is appreciated by the residents.

It was apparent that the environment and approach to residents is in a transitional positive process towards personalised support.

## **9.0 Additional Findings & Resident and Relative/Visitor Feedback**

This section lists additional observations which the Authorised Representatives have not covered above, and comments received from residents and visitors/relatives who were spoken to during the visit.

### **Reception Area**

There was a memorial book on display which showed residents that had passed away. The entrance had information for carers and advertised the complaints process.

The Public Liability certificate was up-to-date but it appeared that staff were not consistent in signing out at the end of their shift.

One resident was observed sitting in the porch area. Authorised Representatives were informed that the resident does not like locked doors therefore he has direct access to the outside. It was confirmed that residents who can go outside have been risk assessed.



## Toilet Facilities

The toilets and bathrooms were observed to be clean with a slight odour. The bathroom felt clinical with no personal touches for the residents or pictures. The door opened inwards so a resident could be potentially trapped behind the door. The reason for this was explained by the Care Home Manager, 'The toilet doors have to open inwards due to them being on a fire exit route and under fire regulations the doors should not directly open onto a fire exit route as it could impede an evacuation. The bathrooms cannot be personalised too much due to infection control procedures and as it is a Nursing Home they are one of the areas which need to remain clinical.'

## Resident and Relative/Visitor Feedback

Authorised Representatives spoke to eight residents, five relatives/visitors and six staff during the visit. From these discussions the following information was gathered:-

Relative Meetings are publicised on the board and they are aware when they take place. Not all relatives who were interviewed thought they were meaningful.

Some of the relatives interviewed said there is currently a lack of regular stimulation for all the residents. Some comments included:

- More could be done so residents aren't left to. "... simply gaze out of the windows."
- A singer came to the home which all the residents enjoyed because they got involved. The frequency of such visits should be increased. The last time the singer came was approximately 10 months ago.
- Personalising activities to cater for physical and sensory impairments.

There seemed to be an understanding among relatives/visitors that assistance to go to the toilet was prohibited half-an-hour before mealtimes, throughout mealtimes and half-an-hour after mealtimes. The Care Home Manager was asked to give clarification regarding this. She explained this was historical practice prior to when she started at the Care Home and that there are no such restrictions now. Whilst she has been in post, staff encourage residents to access toilet facilities before and after mealtimes to promote cleanliness and dignity. This also reduces interruptions during mealtimes.

There was a lack of confidence, from the relatives spoken to regarding how the Care Home dealt with missing items. The Care Home Manager was asked to give clarification of how missing property was dealt with. She explained the process of dealing with missing valuables and that timeframes are communicated to families who wish to claim missing property (for example, clothing and valuables). To prevent items going missing, other procedures are in place including Opticians put the names of the residents on the arms of the spectacles. Also relatives are encouraged to label the garments of their loved ones and they are asked to identify garments that staff are unable to identify.

Relatives stated that staffing levels seemed to have improved lately. The high turnover of staff had reduced and the staff group is more consistent. However, it was felt there are not enough staff on duty at weekends. The impact of this is felt in the following ways:

- We were told a resident likes to be moved to a different chair after his/her meal, "Had to wait a long time for this to happen."



- Another comment suggested that buzzers are not always answered promptly. This was particular a concern for a resident who would like to go to the toilet.

Some comments were made regarding the difficulty in understanding foreign staff communicating with them. The Care Home Manager explained one particular member of staff has worked hard to establish and develop a good relationship with the residents and there is a positive rapport. Some of those interviewed felt they didn't see enough of the management.

Overall the staff were found to be positive. Comments made were, "They are lovely people" and "the cook is nice" and "staff are very good." However one comment said that some staff are "sharp."

"Meals are beautiful. Food is good. Have seen and heard residents ask for something different when they do not like the choices on offer. The cook responds promptly in getting something that resident will enjoy."

The Care Home Manager also explained:

- The Care Home Manager walks around the Care Home at least once per day to talk to residents and any visitors. More time is spent supporting the staff and residents than sitting in the office.
- There is currently no deputy in place as the Care Home is awaiting the commencement of the new deputy scheduled for end of October 2015.
- A new Head of Nursing and Head of Residential Care has recently been appointed.

## 10.0 Recommendations

We hope that our report acknowledges the efforts of the Manager and staff, as well as the cooperation of the residents and family visitors to bring about the change we requested after our visit in February 2015. We hope this will encourage further efforts to continue the progression we have seen taking place towards the shaping of personal outcomes for all residents of Canal Vue and their families.

## 11.0 Service Provider Response

I would like to say that the Healthwatch visit has been a positive experience for staff, relatives and visitors. The Representatives did not interrupt daily living and their approach to residents and relatives had been professional.

I feel the comments within the report are a fair representation of where we are at as a Quality Provider of Care. We are striving for excellence in the delivery of care and the overall living experience of our residents. We have come a long way over the last few months which has been acknowledged within the report and we recognise there is still a way to go, there is always room for improvement and we take on board any constructive comments.

I would like to make the following statements with regards to the recommendations listed in the Findings Section 8:



**Recommendation 1:** Due to the Reception being mainly glass there is not enough wall space to display the staff board and it was felt inappropriate to place it in the communal area as this would impact on the homely environment. As an alternative, there will be a staff information book this would enable more information to be included.

**Recommendation 2:** It was decided against using blinds at the windows due to infection control guidelines, curtains and voiles are used as they can be laundered regularly. If we needed to protect the residents' from the sun and the voile/curtains were not adequate protection, then we would encourage the Resident's to access one of the other communal spaces which is not in direct sunlight.

**Recommendation 4:** With regard to the GHD poster displayed in the hair salon, we have a broad age range of residents within the home and from discussions with residents it was felt the poster was suitable, as if they were attending a hair salon in the community there would be similar advertising posters displayed. Some of the residents did know what GHDs were and have used them previously. We have ensured a variety of vintage and modern items on display to meet the requirements of all.

**Recommendation 8:** There is a new Operations Manager in post who has a degree in dementia care and will be rolling out a new Dementia Strategy over the coming months which will include a detailed dementia training plan.

**Recommendation 10:** There are no plans to theme the ground or top floor. The middle floor has been themed to meet the environmental needs of a specialist dementia area. The themed corridors are to enhance the living experience of those suffering with dementia as it is known that they tend to spend more time in the corridors, and this provides them with access to meaningful activities and also aids orientation around the home. The residents on the ground and top floor would not expect to find these themed areas in their homes and, as we are trying to create a homely environment, we have restricted themed areas to the Specialist Nursing Dementia Floor.

In addition, with regards to this recommendation, not all residents agreed for their bedroom doors to be personalised and some did not want their names displaying. We have to respect the wishes and choices of all of our residents and this has to be agreed on an individual basis. One of our residents did not want her photograph on her door so, as a compromise, she agreed for pictures of Cliff Richard to be on her door as she used to be in the Cliff Richard fan club.

**Recommendation 16:** We are fortunate to still have the old public house tables, chairs, seating booths and the original bar which we are going to use to create the pub area. This is not to encourage alcohol consumption but to create a social interaction atmosphere. This will encourage participation in activities and recall fond memories. There is also a kitchen area planned for residents to access independently or with support from activity staff. We also have a resident's shop which promotes independence and, if able, to participate in running it.

**Recommendation 18:** We have implemented activity diaries for each individual which will be a running log of all activities the resident has participated in, including photographs and examples of their work. This also acts as a keepsake for relatives once their loved one has passed away.



I would also like to add the following comments to the Additional Findings Section 9:

With regard to the frequency of the entertainers, I have been in post since the end of May and in that time (5 months) there have been two entertainers in. This is advertised on the notice boards inviting people to attend.

With regards to lost property, items found are handed in to the office and a record made of where, when and who found the item. Relatives are asked if their loved one is missing any items as we do not like to publicise exactly what the valuable items are in case of false claims.

With regards to staffing at the weekend, there are the same number of care staff on at the weekend as in the week, the only difference is non care staff, for example office staff.

With regards to understanding staff from other countries we employ staff based on their skill and experience and are a fair employer under the Equality Act. We do employ some staff from other countries but this is kept to a minimum and their communication skills are assessed prior to employment.



## 12.0 Your Feedback

Healthwatch Derbyshire is keen to find out how useful this Canal Vue Enter and View revisit report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

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3) Since reading this report:

a) We have already made the following changes: .....

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b) We will be making the following changes: .....

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Your name: .....

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