Dovercourt Healthcare Limited

Lime Court

Inspection report

Lime Avenue
Dovercourt
Essex
CO12 4DE

Tel: 01255506340

Date of inspection visit:
25 April 2016

Date of publication:
20 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Lime Court provides accommodation and personal care for up to 44 older people, some living with dementia.

There were 37 people living in the service when we inspected on 25 April 2016. This was an unannounced inspection.

There was a registered manager in post. 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.

There were procedures and processes in place to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff were available when people needed assistance, care and support. Recruitment processes checked that staff were suitable to work in the service and people were safe.

Staff were trained and supported to meet the needs of the people who used the service.

The service was up to date with the Mental Capacity Act (MCA) 20015 and Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Lime Court

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.

This inspection took place on 25 April 2016, was unannounced and undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with seven people who used the service and six people's relatives. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager and nine members of staff, including the development manager, the deputy manager, care, administration, activities and catering staff. We also received feedback from the local authority. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel safe, there are alarms [call bells] everywhere." One person's relative commented, "[Person] is safe."

Staff had received training in safeguarding adults from abuse. They understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how concerns were to be reported to the local authority who were responsible for investigating concerns of abuse.

We saw staff ensuring people's safety. For example, when assisting them to mobilise using equipment and intervening if they observed a potential risk, such as when a person who was at risk of falls attempted to stand up without their walking frame. Staff quickly reassured the person and asked them to wait until their frame was brought to them.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, pressure ulcers and behaviours that may pose a risk to themselves and others. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce these risks. This included the use of pressure reliving equipment, repositioning and the administration of prescribed barrier creams. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated.

Staff had responded appropriately following a recent outbreak of infection. One person's relative said, "They ring [staff] and tell me of any changes, had a chest infection recently and they advised us not to come in. I rang every couple of days and then they rang to say that the home was clear."

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the fire safety equipment had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There was a contingency plan in place which identified the actions that were to be taken if an emergency occurred.

People told us that there was enough staff available to meet their needs. One person said that when they requested assistance using the call bell, "Response is fairly good, day and night, response is very good." One person's relative said, "Sometimes they could do with more when someone is off sick but generally there is not a problem." Staff told us that when there were issues of short term absence of their colleague they covered shifts to ensure people were safe. Staff were attentive to people's needs and requests for assistance were responded to promptly. One staff member told us, "Mornings are busy but you can always get someone to help."

The registered manager told us how the service was staffed each day and this was confirmed by the records

we reviewed and our observations on the day of our inspection visit. The registered manager told us that the staff levels were assessed and reviewed if, for example, people's needs increased.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. People were asked if they needed their pain relief medicines and responded when people asked what their medicines were for. For example, a staff member said to a person, "Would you like any pain relief today?" When the person refused, the staff member checked again with the person if they had any pain and then respected their wishes. A staff member asked another person if they preferred for them to return with their medicines after their meal. This showed that people's choices were respected. A staff member spoke with one person when they were taking their medicines and said, "Shall be try liquid paracetamol? It might be easier for you."

Medicines administration records were appropriately completed and identified staff had signed to show people had been given their medicines at the right time. People's medicines, including controlled drugs, were kept safely but available to people when they were needed. We checked the controlled medicines records and saw that they were appropriately completed. There were checks twice daily on the stock kept to make sure that the medicines tallied with the records. Regular temperature checks were undertaken to make sure that medicines were stored safely. Where people were prescribed with medicines that were to be administered when required (PRN), for pain relief, records showed that people had the capacity to request/accept this medicines. This was confirmed in our observations. However, there were no protocols in place to guide staff when these medicines should be given. The registered manager told us that they would ensure that protocols were completed to reduce the risks of the inappropriate administration of these medicines.

Good

Is the service effective?

Our findings

One person's relative said about the staff, "All the people who work here are happy helpful and seem motivated." Another told us, "Staff have training days." The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. We saw that the staff training in moving and handling was effective because staff assisted people to mobilise using equipment safely and effectively.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Records in place identified the training that staff had completed and when they were due to attend updated training. As well as mandatory training, including safeguarding and moving and handling, staff were provided with training in dementia. One staff member told us about the virtual dementia training they had completed which they enjoyed and used to understand and meet the needs of people living with dementia.

Staff told us that they were supported in their role and had one to one supervision and appraisal meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. One staff member said about their supervisions, "I can talk of any problems and [registered manager] has talked about me becoming a senior and is getting me to do my NVQ (National Vocational Qualification). I do feel supported and get lots of encouragement from the seniors."

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. Staff were provided with training in MCA and DoLS and understood how the principles of these and how they were important when caring for people using the service.

We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals, where they wanted to spend their time

in the service and to mobilise using equipment.

Care plans identified people's capacity to make decisions. Records included information which showed that people and/or their representatives, where appropriate, had consented to the care set out in their care plans. Where people lacked the capacity to make their own decisions, there was guidance in place for staff to identify the support they needed to make decisions in their best interests.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "I like the food." Another person commented, "Food is good here. Main lunch there is always three hot dishes, plenty of snacks between meals and plenty of drinks. The quality, quantity and variety of the food is good."

The lunch experience was a good one, people chatted with each other and staff. Equipment was provided to people, where needed, to promote their independence. This equipment included plate guards and large handled cutlery. People were also provided with a choice of drinking vessels, including cups and saucers or beakers which again supported their independence and dignity. Residents were encouraged to eat independently and staff promoted independence where possible. People ate at their own pace and were not rushed by staff. One staff member offered assistance to a person to eat their meal and said, "Here [person], borrow my eyes, let me help you. It smells lovely, little bit of broccoli? Can you open your mouth for me?" Staff were patient and encouraged people to eat. One staff member saw a person leave the table, this staff member returned their food to the kitchen to be kept warm for when they returned.

In all lounges there were bowls of snacks, such as pieces of cheese, crisps and savoury biscuits. When coffee and tea were served, a tray of cakes were offered to every person with each being told exactly what they were to enable them to make their choice.

Staff had a good understanding of people's dietary needs and abilities. A member of the catering staff showed us a document which identified people's specific dietary needs, including the equipment they needed. They told us that people were always offered choices of food and if they did not want what was on the menu they could choose something else. They said that there was always a tray of sandwiches at night in case people asked for food. We were shown a laminated book with pictures of food which were used to assist people living with dementia to make choices of what they wanted to eat.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support had been sought from health professionals, including a dietician. We saw that their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person's relative told us, "The community nurse comes in, the chiropodist and hairdresser. They call the doctor straight away." They also said that when their relative was not well during the night the staff had contacted them and called an ambulance, they added, "We were very pleased they reacted so quickly."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "Here, it is CWC, care with compassion and that is the important thing. Staff are very good, they do tend to chat to each other but they are kind." Another person told us, "Staff are very pleasant and amicable. Staff are in and out all day and ask are you alright, and they always ask how I am." One person's visitor said, "Very friendly staff, my friend quite likes it here."

We saw that the staff treated people in a caring and respectful manner. They communicated in an effective way by making eye contact and being patient to allow the people to express their wishes. One staff member was talking with a person and when they smiled at the staff member, they said, "That is the best smile in the world." People were clearly comfortable with the staff, they responded to staff interaction by smiling, laughing and chatting to them. One person commented about a staff member's hair, who said, "Would you like to touch it?" They both laughed when the person touched their hair. When staff assisted people to mobilise using equipment, they explained what they were doing and why. They encouraged people's independence and respected their abilities. Staff respected people's privacy by knocking on bedroom doors before entering.

Staff talked about people in a caring and respectful way. One staff member said, "Residents are my favourite people and I do like my job. I like caring for people." Another commented, "The residents are the best thing about my job, they have their different characteristics." Staff understood people's specific needs, how they were met and the actions to take when people showed signs of anxiety or distress. For example, one staff member when seeing that a person did not look happy, said, "Would you like me to fetch [item person had been holding]?" The person agreed, they smiled and cuddled the item when it was given to them.

People's views were listened to what they said and their views were taken into account when their care was planned and reviewed. One person's relative said, "When [person] first got here we filled in forms and what we wrote was included in the care plan and [staff] said that anything we [person and relatives] were not happy with would be changed." This was evident in records. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. People's records showed the terms of address people preferred and we saw staff addressing them in this way.

People's bedrooms were personalised and people had brought in their personal items. The bedrooms reflected people's choices and individuality.

The registered manager told us how they provided good palliative care and supported the person and their relatives in a caring way. This was confirmed by a person's relative who said that they had stayed with their relative overnight and contacted relatives when there were any changes. They told us that their relative's choices had been sought and respected.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and their views were listened to and acted on. One person said, "I like to get up around 7.30am…After lunch I have bed rest, they [staff] undress me and then I stay in my bed, it is my choice." Another person commented, "I have a strip wash my choice, don't want bath or shower. I feel fresh, they [staff] are respectful with me." One person's relative said, "[Person] is more looked after here. At home [person] would not eat nor bathe. Here [person] eats well and is always clean and tidy, [person's] glasses are always clean… We have no complaints. I would definitely recommend the home to other families."

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes, diverse needs, such as those living with dementia, and how these needs were met. Staff worked well together, demonstrating good team work. They were quick to intervene and divert people's attention if they were showing signs of becoming anxious. Staff understood how to support people with their anxiety and resulting behaviours because they knew them well.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs. The records identified people's specific conditions and how they affected their daily lives, including triggers to anxiety and how they were supported to reduce them. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records. This showed that people received personalised support that was responsive to their needs. The care plans had recently been changed to be stored on a computerised system, which we saw staff updating throughout the day.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "I like singing." Another person, who chose to spend time in their bedroom, commented, "I have a very pleasant room and it is my choice to stay in my room. I watch TV, read and listen to recordings and family comes in every day." One person's relative told us, "It is very good here, the level of care, stimulation and food and there is always something going on. It is very good." We saw photographs of a recent 1950's themed day. The day had been for nutrition and hydration week and people were provided with food from the 1950s and entertainment. A person's relative said that there were regular visits from entertainers. This was confirmed in the activities programme.

There were three lounges, which offered people a good choice of different environments. We saw staff asking people where they wanted to spend their time. One lounge had gentle animal sounds playing in the background and quiet activities like knitting. Another did not have any background sounds, this held a 'Reflection Corner' with items which relating to people's spiritual observance, including various prayer books. The third had a television and the group activities were held in this room.

During our inspection we saw people participating in various activities, including knitting. One staff member

asked a person to help them undo knots in the yarn by saying, "I have got myself in a pickle here, can you help me?" We saw that this approach worked well and encouraged the person to join in. We saw people reading the 'daily chat,' a booklet with puzzles, news and history. This also provided a talking point between people and staff.

An activities staff member told us that they worked five days each week and during the weekends they set up boxes of items including dominoes and games for people to use. They had sourced information to help them to plan activities for people living with dementia. Discussions with the staff member showed they were continually looking at ways of providing a choice of meaningful and stimulating activities to people. We observed this staff member going lounge to lounge and asking what people thought of the planned activities. One person's relative said, "Had a questionnaire, just got it, asking hobbies and history." We saw another person completing this questionnaire with their relatives. We also observed a staff member talking with the registered manager about the information recently received from a person's relative about their life history. They were in the process of inputting this onto the person's records and they discussed how important this information was to enable staff to know people better.

People could have visitors when they wanted them. One person's relative said, "Someone in the family comes every other day, we are really happy. Friendly happy staff and they look after [person] and we can come at any time." This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person said, "My duvet was heavy and I was too hot and said something. Two to three hours later they [staff] gave me this one and it is half of the weight." One person's relative told us how they had raised a concern with the manager and it had been resolved to their satisfaction.

Staff understood the actions they should take if anyone raised a concern or complaint. One staff member told us that they would, "Take a note of complaint and make enquiries and get full details and take to the manager."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records of complaints showed that they were investigated and responded to in a timely manner. This was confirmed in discussions with the registered manager.

Good

Is the service well-led?

Our findings

There was an open culture in the service. We saw that the registered manager knew the people who used the service and they responded to them positively. For example by smiling and talking with them. One person's relative said, "I know who the manager and deputy are and the seniors and I have a good relationship with them and they contact me with anything they think I should know about." Another told us that they felt that the service was well-led and that the registered manager was available if they needed to discuss anything.

People were involved in developing the service and were provided with the opportunity to share their views. Regular satisfaction questionnaires were provided to people and their representatives to complete. The registered manager told us that the annual satisfaction questionnaires for 2016 had been sent out and they were in the process of receiving the responses. When these were all received they were to be analysed and used to improve the service. This was confirmed by people's relatives, one said, "We got a questionnaire with questions just like you are asking." Another relative commented, "They sent me a form asking for my views." Another said, "Filled in a questionnaire from the head office, comes yearly." People and relatives were also asked to share their views about the service in meetings. People's comments were valued and used to improve the service. There was a notice board which included a document identifying improvements made as a result of what people had said. This included, more exercise on the activities programme and providing staff with portable devices to identify where call bells were ringing to allow them to be answered in a more timely manner.

Staff told us that they felt supported and listened to. One said, "It is lovely here, staff morale is good. Any problems I go and see a senior if I need help." Another staff member commented, "The manager's door is always open and [registered manager] is always willing to help. I feel supported and [registered manager] does listen to the seniors and all of the staff… Teamwork is good and there is brilliant support, lovely bunch of people to work with. We don't have people leave, everyone respects each other."

Staff understood their roles and responsibilities in providing good quality and safe care to people. They told us that they would have no hesitation in reporting bad practice or abuse and were confident they would be listened to. Staff were provided with the opportunity to share their views about the service in regular staff meetings. One staff member said, "Every other month we have a senior staff meeting then week later a care staff meeting but we will call one if something comes up."

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. They told us that they attended staff handover meetings daily to keep updated with information about the people living in the service or actions required to improve the service. The registered manager had kept updated with changes within the care industry, included with regulation and the new care certificate, which had been introduced for new care staff to complete during their induction. They told us that they felt supported and had regular supervision meetings where they received feedback on their practice.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls, infection control and care records. Incidents and accidents were analysed and checked for any trends and patterns. Actions were taken to minimise any risks identified.

A representative of the provider regularly visited the service and quality assurance checks showed that areas for improvement were identified and addressed promptly. This included the ongoing improvement of care records which had recently been transferred to a computerised system. This showed that the service continued to improve.