

## Larchwood Care Homes (South) Limited

# Dove Court

### Inspection report

Kirkgate Street  
Wisbech  
Cambridgeshire  
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### 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

Dove Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates up to 76 people in a two-storey building which is served by a main lift to the upper floor. Nursing care is not provided.

At our earlier comprehensive inspection in May 2017 we found two breaches of regulations that related to the providers failure to report incidents to the proper authorities and the failure to notify CQC of events they are required to by law. The service was rated as requires improvement. This unannounced inspection took place on 15 and 17 May 2018. The service is now rated as good.

The service had a registered manager. 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.

People felt safe and staff were aware of risks to people's wellbeing and how to manage them and protect people from harm. There is an open culture from learning from mistakes, concerns, accidents and incidents to improve staff practice and prevent reoccurrence. Medicines were stored and administered safely and medicine administration records were accurate. Regular cleaning of the service ensured that infection control was maintained and action was taken to address any cleaning issues. Staff followed the correct procedures to prevent and control the spread of infection.

There was a robust recruitment process in place that helped to reduce the risk of unsuitable staff being employed. There were sufficient numbers of staff with the right skills and abilities to support people when they needed it.

Assessments of people's support needs were carried out before the person was offered a place at the service. This ensured the service could provide the right care and support they needed, in the way they preferred. Technology and equipment were used to enhance the support provided to people.

Staff received induction, training and support to enable them to do their job well. People's nutritional needs were met and people were supported to have enough to eat and drink. A range of external health and social care professionals worked with the staff team to support people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives were involved in planning their care. Information about independent advocacy services was available for people to assist them with any decisions they wished to make. Staff respected people's privacy and dignity and encouraged people to remain as independent as possible.

Detailed and informative care plans provided guidance to staff about the level and type of care and support each person needed. Staff encouraged people to participate in activities and interests of their choice.

The service had received many compliments from people and their relatives. Staff were happy to be working at the service. A complaints procedure was in place and visible to inform people on how to raise a complaint if they needed.

Meetings and surveys provided people and their relatives opportunities to give their views about the service and how it could be improved.

The provider was aware of their responsibility to uphold legal requirements, including notifying the CQC of various matters. The management team worked in partnership with other professionals to ensure people received joined-up care.

## 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 enough staff to fully meet people's needs and ensure that people were safe.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded and appropriate action taken to help prevent reoccurrence.

People were supported to take their medicines as prescribed

Staff understood their roles and responsibilities in safeguarding people.

### Is the service effective?

Good ●

The service was effective.

Mental Capacity Act assessments and best interest decisions had been made for people in line with the legal requirements.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were being provided with a specialist diet if needed.

People were supported to access all healthcare services they required.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and their individual needs well.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

**Is the service responsive?**

The service was responsive.

Support plans were in place for each person and the support was personalised to meet individual needs.

Activities, entertainment and outings were arranged.

A complaints procedure was in place and complaints and concerns were responded to well.

End-of-life care was planned and provided when required.

**Good** ●

**Is the service well-led?**

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

**Good** ●

# Dove 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 15 and 17 May 2018 and was unannounced. The inspection was undertaken by two inspectors, and an 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We also asked representatives from the local authority commissioning team for their views on the service.

We spoke with eight people living at the service who were able to give us their verbal views of the care and support they received. We also observed care throughout the inspection.

We spoke with seven staff, the registered manager; the area manager; four members of care staff and a housekeeper. We spoke with two relatives and a healthcare professional visiting the service.

We looked at care documentation for three people living at Dove Court, medicines records, three staff files, staff training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection in May 2017 we found that the provider was not reporting all incidents to the proper authorities.

We found at this inspection improvements had been made and the provider was reporting appropriately.

Staff had received safeguarding training and they told us they were confident of the action to take and who to contact if they had any concerns. A policy was in place that supported staff with guidelines to use if any person was at risk of harm or poor care. One member of staff said, "I would have no hesitation of using the policy and I am positive the [registered] manager would address anything of concern." This meant that there were processes in place to safeguard people from harm.

People and their visitors told us they felt it was safe at Dove Court. Comments included, "I feel safe because the staff are always here if you need them." "Yes, I feel safe because there's always staff around and they won't let anyone near me." "I feel safe not just because of the locked doors but also the privacy you get when you want it." A relative told us, "I'm quite happy for [family member] to be here because of the security and the presence of the staff."

There was a whistleblowing policy in place to support staff to raise issues if they had concerns. It meant they could report these concerns and be confident they were being listened to. The registered manager had systems to investigate any issues reported to them. One member of staff told us, "I would not have a problem raising an issue of poor care."

People had risks to their health and welfare individually assessed, reviewed and monitored. Risk assessments provided guidance to staff on how to reduce identified risks associated to their healthcare and provide safe care and support. For example, people at high risk of falls or not eating and drinking enough. Guidance was also given on how people needed to be supported to reduce risk of injury. For example. When supporting a person using a hoist.

Where people required frequent re-positioning to prevent pressure damage to their skin, staff told us they would always explain to the person why they had to keep checking on them and that it was for their comfort and to protect their skin condition. It demonstrated staff understood the importance of acknowledging a person's choice but also how to continue to support that choice with more regular observations.

There were personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed if people needed to leave the building in an emergency.

The provider carried out safe recruitment practices. All necessary checks were undertaken on staff suitability before they began working in the service. Checks included references, criminal record checks with the Disclosure and Barring Service (DBS), identification and employment history to ensure staff were of good

character and suitable for the role.

There were enough staff to care for people. People told us that there were enough care staff available and that they attended quickly when asked or called. One person told us, "Staff respond to my call bell as quickly as they can. I know it is not always as quick but other people may require their help at the same time." Another person said, "Staff come fairly quickly." Staff told us there were times when there were not enough staff, such as when staff were on sick leave, but the registered manager would always try to get cover.

There were systems in place to determine the correct staffing numbers according to people's assessed dependency levels.

Medicines were administered safely to people. Staff administering medication had received regular training updates to ensure their practice was up to date and in line with current pharmaceutical guidance and legislation. They administered medication with patience and gave people an explanation of what they were taking and why. One person told us, "Medication is usually on time and [staff] won't go until I've taken them." Another person said, "Oh yes, [staff] make sure I take the medication". A third person told us, "When [staff] brought my medication they said I had to take a new tablet. I asked her why and she told me it was to put my blood right [instruction from the GP]."

Medicines were stored appropriately and records showed that room and fridge temperatures were within the appropriate range. This ensured that medicine remained effective. Medicine records had been completed appropriately by staff members. Some people were prescribed medicines to be taken 'as and when required' (PRN). Where people had PRN protocols in place they were sufficiently detailed to guide staff on the purpose of the medicine and when it should be given to ensure it was taken appropriately and safely.

The environment was clean. Housekeeping staff told us they had suitable cleaning materials and equipment and followed a daily cleaning routine. There were regular checks in place on cleanliness. Personal protective equipment (PPE) such as aprons and gloves were available to staff to prevent and control infection. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed.

Accidents and incidents were recorded by staff in people's care records. The registered manager recorded, tracked and monitored accidents, incidents and falls to analyse and identify any trends or themes. Where people had recurrent falls, advice was sought from healthcare professionals. Staff confirmed that any learning as a result of incidents that occurred were discussed in handover and that advice from healthcare professionals is passed in to reduce the risk of them occurring again.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment were also checked and serviced to ensure they were safe for use.



## Is the service effective?

### Our findings

A pre-admission assessment was carried out before people started to live at the service. Additional information from health and social care agencies was also obtained. This allowed the registered manager and staff to assess the person's needs and whether they had staff with the skills and experience to meet those needs. For example, if a person required additional equipment that staff were not familiar with. This ensured people's needs were properly assessed.

Staff had the required skills and knowledge to meet people's needs. Staff confirmed they received a structured induction when they joined the service. Staff undertook a range of training topics, delivered face-to-face by a trainer or via e-learning on the computer. Staff work towards the care certificate and undertook national vocational qualifications as part of their learning and development. One member of staff said, "I think the training here is very good." Staff also told us they did not work unsupervised until they and their manager were confident they could do so. All staff spoken with said they had received training appropriate to their roles and gave relevant examples.

Staff told us that staff meetings took place regularly and that they also felt supported by their registered manager and received adequate training opportunities. Senior staff said that they discussed training with staff in supervision sessions and checked what the member of staff had learnt from any recent training courses they had undertaken. A staff member said, "We are very well supported. There is no doubt about that." Staff comments were valued and supervision was a two-way process. This meant that people were supported by a staff team who received training and support to do their job well.

People were supported to have enough to eat and drink. The lunchtime meal was a relaxed and social experience for people. Conversations took place between people and staff. The tables were laid with cloths, flowers, condiments and napkins. Assistance provided by staff was in a manner that was both respectful and inclusive. Staff regularly checked to ensure people were managing and enjoying the food. Most people were complimentary about the food provided. One person told us, "It's great. It [the food] surprised me actually. I don't know how they do it." Another person said, "Mainly it's good and there's plenty of it and there's always a snack if you want it." A relative commented, "Ninety-nine per cent of the time the food is good and the diet is fine. I have had my meals here sometimes."

People's individual dietary needs were catered for. Information about people's food and drink allergies, preferences and requirements were shared with the catering staff to enable them to safely prepare meals and snacks according to their dietary needs. People at risk of malnutrition were provided with a fortified diet to increase their calorific intake and to promote weight gain.

Drinks were available throughout the day. Comments included, "The tea trolley comes around three or four times a day with tea, coffee, hot chocolate or fruit drinks." And "If you want a cup of tea and it's not tea time, you only have to ask."

Staff worked together with various professionals in implementing people's care and treatment. Records

showed that regular visits from the GP took place. Where there had been advice from the dietician we saw that this had been incorporated into the care plan so that staff were clear about the support that was needed to meet the persons diet and hydration needs. One person told us, "If you need a G.P. or a dentist the [staff] will arrange it" A relative told us, "The chiropodist and the hairdresser is organised through the [staff]."

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. We saw that the service had made applications to lawfully restrict some people of their liberty. No applications had yet been approved.

The service held an appropriate MCA policy and staff had been provided with training in this legislation. Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. They told us that people had the right to make their own decisions as much as possible and they presumed people were able to do this unless assessed as otherwise. Staff regularly checked if people wanted to take part in activities or change what they were doing. The staff had access to guidance to help them to carry out mental capacity assessments to assess an individual's capacity to make a decision for his or herself.

A refurbishment plan was in progress and improvements were planned for the environment. This include appropriate colouring and signage to aid those people living with dementia to find their way round the home. Discussion about the re-decoration were held during resident meeting and ensure that people were able to contribute to the refurbishment plans

## Is the service caring?

### Our findings

People told us that staff were respectful and knocked on doors before entering their rooms. One person told us, "The staff always knock, they never come in without being asked." Our observations confirmed this. During meal times, staff spoke with people, they took time to explain what meals they were serving. One staff member confirmed that some of the people preferred their care to be given by staff of a specific gender. We saw that this information was recorded in their plan of care.

The service encouraged continued contact with family and friends. A relative told us that they could visit any time throughout the day. One person confirmed this by saying, "My visitors are welcome at any time." We saw that visitors were welcomed throughout the duration of our visit to the service.

People's confidentiality was respected and their personal care records were stored securely.

People told us that they liked the care staff who looked after them. One person said they were happy with, "The caring attitude of the staff, nothing is too much trouble for them." Another person told us, "(Staff) are good to me here. Nothing is too much trouble for them." A third person said, "I'm quite happy here. I'm treated well enough." A visiting health professional told us that staff always appeared kind and talked to the people. They felt that people were well looked after. They said that if a person required support they would inform staff and staff would go immediately to assist them. All the staff we spoke with said they would be happy for a relative of theirs to be cared for at the service

Staff were kind and thoughtful in the way they spoke with and approached people. We saw that they lowered themselves to make eye contact, so they were not standing above the person. They faced people, spoke directly with them. In turn, we saw that people usually responded to this attention in a positive way. We noted that staff spoke to one person towards one side, they told us it was because they were hard of hearing on the other side and "It is important we speak to them on this side." This meant that they didn't have to raise their voices to speak with the person and that the person could understand what they had said.

Although staff knew people well we saw that encouraged people to make their own choices and decisions. For example, when drinks were offered staff asked each person what they would like to drink. One person told us, "The staff know me well but they always check if I have changed my mind."

A visitor told us how they were involved in their relative's life and how staff kept them updated with any changes. They said, "I was involved right at the start in all aspects of [family members] care and I am regularly kept informed of any changes in it." However, when we asked people if they were aware of their care records, they told us that they were but it was their choice not to see them. One person told us, "I know what a care plan is but I wouldn't want to be involved in it." Staff told us that people were shown their care records when they first moved to the service and again if they asked to see them.

Information about advocacy services was available to support people in making decisions about their care

and support. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes. No one at the time of this inspection was using the advocacy service.

## Is the service responsive?

### Our findings

People told us staff were responsive to their needs and were available when they needed them. We observed staff responding to requests for assistance in a timely manner especially in response to call bells. One person told us, "Staff are quick to fairly quickly, it just depends how busy they are." A relative told us "Kindness and compassion, yes. I can go home knowing all her needs are being met".

Each person had a care plan, which gave staff guidance on how to meet the person's needs in a responsive, personalised way. Care records held life history information. Staff were knowledgeable about people's care needs and could tell us about people's history and care staff demonstrated they knew people well. This helped them have meaningful conversations with them, especially where people who were living with dementia. Daily care notes were completed by staff who were giving the care each day. Staff told us that people, and their relatives/friends when the person wanted them to be, contributed as much as possible to planning the person's care. People told us they were able to follow their own routines and staff respected their choices to ensure people had as much control as possible over their own lives. One person told us, "I get up when I wake up. You can more or less do what you like here."

As well as the handover at the start of each shift, the daily notes provided staff coming on duty with a quick overview of any changes in people's needs and their general well-being. One person told us, "I can look at [my care plan] but I don't. Staff discuss progress with me." A second person told us when we asked about the care plan, "They give you help when you need it." A third person said, "I am not bothered about the paperwork, I get the care I need and the staff are lovely."

Most people commented positively about the activities provided in the service. The registered manager said there was an activities member of staff who worked at the service five days a week. Staff told us there were entertainers who came to the service, singers, a member of a local church came to provide a religious service. There was information in the service that showed there was a dedicated activity programme, including one-to-one activities. The current monthly list of activities taking place included, quiz, flower arranging, bingo, arts and crafts. There was a monthly trip to a local cinema. One person told us, "We're taken to the cinema to see the old-time films." Another person said, "We all look forward to our Bingo." People told us staff asked them if they wanted to take part in activities but could choose not to do so. Staff told us that when people are admitted to the home, they would discuss with them what hobbies the person likes to do or is there anything new they would like to try. A third person told us, "When I can't sleep [staff] just sit and chat and if they're called away they come back when they've finished."

The provider had a clear complaints policy available. The policy was displayed within the service and people received a copy when they moved in. Where complaints had been made the registered manager told us they would, where possible, meet with the complainant to make sure they fully understood their concerns. The records showed that complaints were dealt with in line with the provider's policy. One person told us, "You tell the staff and they fetch the [registered] manager to see you." Another person said, "I'd ask to see the [registered] manager and no, I wouldn't feel uncomfortable." One relative told us, "I would have no problems in raising concerns with the [registered] manager and they would certainly be taken seriously."

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health these directives had been clearly identified in their care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. We saw that Do Not Attempt Resuscitation forms, correctly signed, were in place for people who had chosen not to be resuscitated. This helped to make sure staff knew about people's wishes in advance. Staff received training in end of life care, which provided them with guidance about how to continue meeting people's care needs at this time. There was no one on an end of life plan at the time of this inspection. The registered manager told us that they would continue to support people where possible with the support from professionals if people were nearing the end of their life.

## Is the service well-led?

### Our findings

At the last comprehensive inspection in May 2017 we found that the provider was breaching one legal requirement in relation to the registered person failing to notify us about events that, by law they were required to do.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. Since the last comprehensive inspection, the registered person had made the necessary improvements and had notified CQC of any incidents as required by the regulations.

The service is required to have a registered manager. 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. The service had a registered manager in post and they were available throughout the two days of the inspection.

People, relatives and staff told us the registered manager was approachable, listened to and acted on information that was presented to them. A relative said, "The [registered] manager is very approachable and soon sorts out problems." A member of staff told us, [Name of registered manager] is very supportive they will try and sort out anything I ask, they are very helpful and supportive."

There was a management structure in the service which provided clear lines of responsibility and accountability. The staff told us they understood what was expected of them. The registered manager and staff team told us they were very proud to be part of a team that delivered a good level of care to people. One member of staff said, "I feel the team work well together, care staff do support each other when it is busy." All staff told us about the philosophy of the home which was we want everyone to enjoy life to the full. Everyone is treated with dignity, privacy and respect. We always try to ensure people are able to be as independent as possible as well as giving people choice

People and their relatives had the opportunity to give their views on the quality of the service provided. There were meetings for them to attend. One person said, "I have been to a meeting, and we can say if they are any problems." Another person told us, "I have not been to the meetings I will speak to [name of the manager] if I am unhappy about anything."

People, relatives and visitors to the service were able to give their views and experiences through various forums including the Care Homes UK website. Comments left were positive.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals. A hairdresser and chiropodist from the local community provide a service to the people at Dove Court on a regular basis.

Staff meetings took place regularly for all staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding

any changes. A staff member told us, "If we can't make it, minutes are available so we don't miss anything." There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained.

The provider had a system in place to monitor the quality of the service being delivered to people by the staff. Senior staff and managers undertook a number of audits of various aspects of the service to ensure that where needed improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. Action was taken where people had a number of falls. We saw that people had been referred to healthcare professionals and had been supported to minimise risks by providing more appropriate equipment. The provider's representative continued to visit the service and undertake a quality audit. This also gave people and staff an opportunity to raise concerns at a higher level if they wished to. Areas for improvement had been noted by the registered manager and actions were underway to address these. For example, improvements included a redecoration plan had commenced, and work to improve and uneven pathway in the garden.