

Dovercourt Healthcare Limited

# Lime Court Care Home

## Inspection report

Lime Avenue  
Dovercourt  
Essex  
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Date of inspection visit:  
13 November 2018

Date of publication:  
30 November 2018

### 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 Care Home is a purpose built care home that provides personal care and support for up to 44 older people some of whom may be living with dementia. There were 38 people using the service at the time of our inspection. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had been safely recruited and there were sufficient numbers of staff on duty to meet people's needs in a way which met their preferences and promoted their independence. People told us they felt safe. Staff had received training in the protection of adults and knew what action they should take if they suspected or witnessed abuse.

Medication was administered by staff who had received training to do so. Sufficient numbers of staff met people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The service worked well with other professionals to ensure that people's health needs were met. People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. Staff were well trained and attentive to people's needs.

Some elements of the environment required updating and the registered manager provided information that this was planned. We have made a recommendation about improving the environment for people living with dementia.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them.

Records we reviewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

People could choose the activities they liked to do. The provider had arrangements in place to respond

appropriately to people's concerns and complaints.

Systems were in place to monitor and improve the quality of the service. Audits of the premises helped ensure the premises and people were kept safe.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Lime Court Care Home

## 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 the 13 November 2018 and was unannounced. The inspection team consisted of 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 previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, the head of care and care staff. We looked at a range of records including two staff files, four people's care plans and other records relating to the management of the home. We also observed people in the main lounge/dining area during meal and activity times.

## Is the service safe?

### Our findings

People continued to be safe at the service and were happy to speak with us. One person said, "I feel safe, I've always got my alarm button if I want something." Another person said, "They know what they are doing, when you press the bell they come and say what do you want, you tell them and they do it for you." A third person said, "I feel very safe living here with all the staff around."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Staff had the information they needed to support people safely and undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments. Assessments were regularly reviewed and kept up to date for staff to follow. We saw that electronic care plans included photographs of the specific type of sling required to move a person safely.

There were sufficient staff to meet people's needs. Throughout the inspection we saw there was enough staff around to support people. One staff member said, "Yes, some days there is lots to do – there is always something to do. The seniors are good, they'll always come out on the floor. There's always someone to help. People that need hoisting take that bit more time and support." Another staff member told us, "We've got the staffing it says we need but every resident is so different. But I think that's the same in every care home."

Although most people and relatives we spoke with confirmed that sufficient staff were available there was some that felt that sometimes they had to wait for staff to respond. Comments included, "I suppose it's OK. Sometimes they can't get me up very early as they haven't got the staff. They keep getting new residents and they haven't got enough staff to cope with it. Sometimes it's been 10 in the morning and I need to get up. I don't wish to complain as they are so kind and caring", "I never use the alarm, I walk to go and find the girls. I have used it at night, they are very good at coming and helping you", "They are marvellous, I used to be reluctant to ring the bell, but the way they respond, now I don't worry about it." As most people were happy with the staff response we fed back that some people felt they waited too long so the registered manager could monitor this.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. We did note that some of the flooring around the edges of two of the toilets had lifted, however the registered manager showed us that another toilet had been completely refurbished and sent us the schedule of works for remaining toilets.

The provider had effective systems in place to monitor accidents and incidents and to learn lessons when things go wrong to prevent them from happening again. All accidents and incidents were logged on to an electronic system so senior staff could also monitor actions taken and learn from trends or themes. A staff

member had been shortlisted for a Prosper (Promoting safer provision of care for elderly residents. A collaboration between care homes, Essex County Council, the health sector, UCLPartners and Anglia Ruskin Health Partnership) award for producing a poster related to reducing falls. The poster was titled 'Footwear, Frames and Ferrules' and reminded staff to check these every month. (Ferrules are the rubber feet on Zimmer frames).

The provider had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Medicines were managed and administered safely. People told us they got their medicine on time and when they needed it. Only trained and competent staff administered medication which was stored safely in accordance with the manufactures guidance. The senior showing us the medicines had very good knowledge of the medicines system and had completed a dispensing course. We observed a medication round, the staff member administering went close to individual and spoke quietly. The person declined medication, so the staff member double-checked and then took the medication away. One person said, "I have my meds on time. I have insulin twice a day. I do it myself, but they check I've done it. They test my blood night and morning, they always tell me what it is. I've only had one hypo staff recognised it and brought me into my room and dealt with it."

## Is the service effective?

### Our findings

People and their families had been involved in a pre-admission assessment which had been used to gather information about their care needs and lifestyle choices. The assessment gathered information about a person's medical history and how they needed support whilst reflecting their level of independence. The information had been used to create care plans which had been developed in line with current legislative standards and good practice guidance.

Staff were supported to complete training to develop their skills and help them perform their role. New staff had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. Staff also completed the Care Certificate this is an industry recognised award that equips staff with the skills and knowledge they need to work in care. Staff had regular staff meetings and supervision to discuss all aspects of the running of the service and any support or training needs they may have. The provider also completed appraisals on staff performance and asked staff for their feedback. One staff member said, "I feel I can go to anybody if I have a concern or if we have an idea. We have regular meetings too. The managers are open to ideas – if we say a room needs moving about – we have lots of equipment here – if we think it could have a better layout."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS, and had a good understanding of the act. The provider had applied for DoLS authorisations when required.

People were complimentary of the food. One person said, "The food is excellent, I've never had any complaints." Information about people's likes, dislikes, and any special dietary requirements, had been shared with the catering staff. We saw that people had access to drinks throughout the day and adapted crockery had been provided specific to people's needs. We did note that people were supported by staff to go to the dining room quite early which meant some people were waiting for lunch for quite a while. We discussed this with the registered manager who told us people often ask to go into the dining room early but will monitor this to make sure this remains reflective of people's choices.

The service had good relationships with the district nurse and other healthcare professionals. People were supported to have all their healthcare needs met. One health care professional had sent in a letter thanking the staff for their excellent care and compassion related to a person that had been admitted to the service with extensive moisture damage to their skin. They praised the diligence of staff for following the treatments advised by the district nurse team which had resulted in the person's wounds improving remarkably in a very short space of time. During the inspection we spoke with the healthcare professional that had written the letter. They said, "Their monitoring process is really good and I have never seen this level of improvement in such a short space of time. The person seems better mentally as well as physically, their



wellbeing has improved massively." One person said, "I've been a little bit poorly the last two weeks, but I've had antibiotics so I'm now on the mend. Staff instantly picked up I was not quite my usual self and called the doctor."

Some signage and adaptations were in place, however some areas had been decorated and we found a lack of signage, orientation clues or interest in corridors. Although bedrooms were personalised there was very little to support people to find their rooms or orientate themselves to find their way back to communal areas. Several rooms did not have numbers and/or names on the outside. The registered manager told us they were currently working on ideas to improve this area.

We recommend that the service finds out more about current best practice, in developing a more supportive environment in relation to the specialist needs of people living with dementia.

We did see that the service had introduced an initiative where night staff wore pyjamas designed to orientate people to the time of day and aid sleep. Staff had written their comments related to how they thought this had helped. They recorded, "We cannot always rely on people with dementia recognising it is night, so we need to give them other clues" and, "We have found wearing night attire has had a positive effect in promoting sleep at night."

## Is the service caring?

### Our findings

People and their relatives were happy with the care they received at the service. Comments included, "I've always got on very well with the staff. If you want anything, they are always ready to help you out, always on hand. They are very very kind", "Staff are the best people in the world, they help you. They are very good to me, very kind. When I get muddled they say just try and find us and we will put it right. None of them grumble", "The care is excellent, they spoil her. Staff are friendly and helpful, they are good to her."

Throughout the inspection we noted there was a very calm and relaxed atmosphere. During the meal observation we noted that one person appeared distressed and was crying. A member of staff sat directly next to [person] and started to talk to them. The person then stopped crying and started to eat. Staff members took their time when supporting individual to eat. Using a small spoon, not overfilled and leaving time between mouthfuls.

Another person was reluctant to eat. Staff encouraged them by talking about what was on the plate, offering a drink, offering support and giving time before trying again. The person ate a mouthful but didn't want anymore, staff offered dessert which [person] said they would try.

Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time.

Staff treated people with dignity and respect and encouraged them to be as independent as they could be. Care plans recorded what people could do independently and what they might require support with. We observed staff knocking on doors before entering. One person said, "The staff here do everything for me. When you are taken short both ways, they take you to the toilet, treat you like a human being, wash you, change your clothes and you go out feeling lovely. I can't think of anything bad to say about them, they are angels."

People were supported and encouraged to maintain relationships with their friends and family. People told us that their family could visit at any time and that there were no restrictions.

People had their communication needs understood and met. One person was Welsh and liked to speak using their language. The team leader had written some Welsh phrases for staff including information on how the words were pronounced so staff could communicate with the person. We noted the Head of Care who was also Welsh spoke with the person in Welsh.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the senior staff met with them and their family or carers to do a full assessment of their needs to see if they could be met by the service. Care plans were then formulated identifying how people liked to be supported. One person said, "I do have a care plan, I get to see it, it was sorted out between me and the managers." A relative said, "There is a care plan, I did have discussions with (the manager). They keep in touch with me and my daughter. They rang me about the fact that [family member] was under the weather, so I trotted down here."

Staff were trained in equality and diversity and we saw that they were aware of people's needs and preferences. Staff made no difference to the way they treated people or the choices they offered them. Care plans incorporated people's life history, religious beliefs, and what was important to make them feel comfortable within the service. For example, one person received holy communion every week to support them with their religious beliefs.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw people were encouraged to communicate in ways which suited them. Staff made sure people has access to their hearing aids and glasses.

Staff encouraged people to maintain their interests and links with the community. We spoke with the activity co-ordinator who told us about events happening at the service. They said, "It's like a community, the residents all come together and there is a community feel to it. Activities include music therapy, singing, children visiting, animals – pet the dog and a petting zoo came a couple of weeks ago - they went up to the rooms too." The service was involved in the Friends and Neighbours network where funds were raised to enable people to have a wish granted. One person was able to sing a solo in a local concert and another person wanted to meet a Chelsea pensioner.

Four people had recently been involved and attended a remembrance memorial service. A local funeral service displayed the wreaths made by people in their shop window, with their memories written alongside them. One person said, "I always come and sit here, I like sitting here. Sometimes I go to the activities, they do their best. I had my nails painted yesterday, this morning when I woke up, I thought wow, look at my fingers." A relative said, "They have done all the gardens up and the entertainments manager puts on lots of good things. They had some great barbecues in the summer, they have animals visit, a lady comes in and sings."

The registered manager had a complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager.

People were supported at the end of their life. Care plans included people's preferences and wishes at the

end of their life. We saw that some people had 'do not resuscitate' documents in place that had been agreed with them and their relatives. We noted one care plan where the person was at the end of their life recorded, "The activities co-ordinator, spends 1:1 time with me, listening to music. I also enjoy fortnightly aromatherapy foot massages." The registered manager told us that two staff were undertaking training in relation to the Gold Standard framework (GSF). GSF is a systematic, evidence based approach to optimising care for people approaching the end of life, delivered by frontline care providers. A staff member said, "Everybody is checked regularly. Quite often we'll sit and hold their hand, put music on – classical. We try to find out what they want before. We involve family. The families are here as much as they want. If someone has no family we try to sit with people more often."

## Is the service well-led?

### Our findings

People, relatives and staff were very complimentary of the registered manager and how the service was run. A staff member said, "The support from the manager and seniors is very good. If I had a problem I would go to [registered manager]. Her door is always open." A person told us "The manager is very competent. They had something here called what do you want, the activity coordinator asked everyone, and I said I would like a brass band to visit, I used to play in one. They organised it, it was wonderful." Another person said, "I get on well with the managers and all the other seniors, they are very hands on."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they were happy working at the service and they felt they had a good team, with plenty of support. One staff member said, "This is the first residential home I have worked in, I used to support people in the community. It feels like a family, a family atmosphere." Another staff member said, "I worked here previously when I was 18, and I've come back – I'm now 40. I have enjoyed coming back. It's very friendly, homely, we involve residents and family in things but respect people's privacy if they don't want to do things."

People were actively involved in improving the service they received. The provider gathered people's, relatives and staff views through surveys. In addition, they held meetings with people and relatives to discuss the running of the service and to get their feedback. We did note that whilst the response rate from staff was very low there were some negative comments related to their workload. Results and comments were further discussed with staff in meetings. Results from resident and relative's surveys undertaken in April 2018 were positive.

The registered manager also kept a 'lessons learned' folder using incidents and events to discuss with staff as learning opportunities to avoid reoccurrence.

The registered manager had spent time making links with health professionals to ensure people living at the service got the best outcomes available. For example, linking with the local GP, district nurses and relevant professionals to support people with any health needs.

The provider had quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, accident and incidents, health and safety, and environment. They used the information to provide them with a good oversight of the service and to see where they could make changes or improve the experience for people living there.

The registered manager ensured that any notifiable incidents were reported to the Care Quality commission in a timely and appropriate fashion.