

Coastal Care Homes Limited

Puddavine Court

Inspection report

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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 

Overall summary

Puddavine Court is registered to provide personal care and accommodation for up to 45 people who are living with dementia and /or a physical disability. Nursing care is provided by the local community nursing team.

This inspection took place on 10 and 15 June, and 2 July 2015 and was unannounced. There were 32 people living in the home at the time of the inspection. The service was last inspected on 27 June 2013 when it met the regulations we looked at.

Since our inspection, the manager has registered with the Care Quality Commission. 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 were pleased with the service provided. Their comments included "The staff are marvellous, really

Summary of findings

kind” and “The staff are as good as anyone can hope for”. Staff treated people with respect and kindness. Staff spent time speaking with each person individually. People enjoyed the conversations and visibly brightened whilst chatting.

People were happy and relaxed during our inspection visit. People felt safe and comfortable in their home. People said “I know I am safe here” and “The staff always make sure I’m ok”. Staff understood the signs of abuse, and how to report concerns. Appropriate staff recruitment checks had been undertaken to ensure staff were suitable to work with vulnerable people.

People received support from skilled, trained, and experienced staff who knew them well. Staff said “The training is very good and there is lots of it”. Staff knew the people they supported. They were able to tell us about people’s preferences and personal histories.

There were enough staff to meet people’s needs. Staff were patient when supporting people, allowing them time without rushing them. Staff spoke with people, explained what they were doing, and reassured them when supporting them with their care needs. Staff did not seem rushed and remained calm and attentive to people’s needs. One person told us “They’ve always got time to do what you need”. Two relatives said they were concerned about staff cover overnight. The manager confirmed they were recruiting new staff and planned to increase the number of staff on duty. In the meantime, extra cover had been put in place.

People’s needs had been assessed and care plans developed to ensure people’s individual care needs were met. People’s care plans were updated when these needs changed. People were supported to access health care services. Visiting healthcare professionals said staff were excellent at keeping on top of people’s health needs and always rang as soon as concerns were identified. They felt people were well looked after and benefited from staff who knew them well and were quick to act.

People were supported to follow their interests and take part in social activities. For example, staff gave one person a jigsaw puzzle as they enjoyed them. The staff member encouraged them to put the jigsaw together and see what the animal was. Some people had taken opportunities to take part in the day to day running of the service. For example, one person delivered people’s

newspapers and fed the cat. Another person enjoyed folding napkins. There was a memory room and shop window for reminiscence. This was full of items for people to pick up and use. This type of stimulation can improve mood, encourage people to talk with others and take part in daily activities. Group activities were also offered. For example, a knitting club, outings, musical entertainment, exercises, and art club. One relative said they would like to see more activities. Two people told us they would like to have more walks in the garden. The manager told us they planned to look at individual plans for meaningful activities to ensure people always had activities to promote their wellbeing.

Staff had a good knowledge of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. Staff sought consent from people before carrying out care. For example, staff explained to a person what they were going to do. They asked the person for consent and this was given. A number of people had been assessed as not having capacity to consent to care and treatment. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This includes decisions about depriving people of their liberty so they get the care and treatment they need, where there is no less restrictive way of achieving this. The manager had made the appropriate DoLS applications to the local authority. The front door was locked to keep people safe whilst the DoLS applications were in progress. One application had been authorised and there was evidence the person’s best interests had been properly considered.

People’s medicines were managed safely. Records relating to medicines were completed correctly. The service could evidence that people had received their medicines as they had been prescribed by their doctor to promote good health.

Risk assessments were completed for each person. For example, people were protected against the risks associated with behaviour that may put themselves or others at risk. Staff knew how to manage each person’s behaviour according to their individual assessment. One

Summary of findings

person invaded another person's personal space and this could cause upset. Staff were mindful of this and spent time ensuring this person had meaningful occupation. This prevented incidents from taking place and meant the risk was minimised.

People benefited from a service that was well-led. People spoke highly of the manager. Comments included "It's so much better now that they're in post" and "They're so

efficient and kind – it's a breath of fresh air". A relative told us "The manager is exceptional". People and staff told us they found the manager approachable and could discuss issues with them at any time.

The provider had systems in place to assess and monitor the quality of care. The director and management team were keen to develop and improve the service. They accessed resources to learn about research and current best practice.

Summary of findings

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 was safe.

People told us they felt safe. People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified. Staff had been given information telling them how to manage risks to ensure people were protected.

Good



Is the service effective?

The service was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Mental capacity assessments had been carried out and where a person lacked capacity to make an informed decision, staff acted in their best interests.

People had regular access to healthcare professionals. When concerns about a person's health were identified, staff monitored the situation and sought professional advice when needed.

Good



Is the service caring?

The service was caring.

People were positive about the caring attitude of staff.

People were treated with dignity and respect. Staff spoke with people, explained what they were doing, and reassured them when supporting them with their care needs.

Staff were patient when supporting people with their care needs, allowing people time without rushing them.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care plans developed to make sure those needs were met. People's care plans were updated when needs changed.

People benefited from activities and staff encouraged them to pursue their hobbies and interests.

People were encouraged to feed back their experiences and raise any issues or concerns.

Good



Is the service well-led?

The service was well-led.

Since our inspection, the manager has registered with the Care Quality Commission.

Good



Summary of findings

People and staff spoke highly of the manager and confirmed they were approachable. Staff worked well as a team to make sure people got what they needed.

The provider had systems in place to assess and monitor the quality of care. The system enabled them to quickly identify any issues.

The director and management team were keen to drive improvements in the home. They accessed resources to learn about research and current best practice.

Puddavine 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 was 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 10 and 15 June and 2 July 2015 and was unannounced. Two social care inspectors carried out this inspection.

At the time of our inspection, 32 people were using the service. We used a range of different methods to help us understand people's experience.

We spoke with eight people, six relatives, ten staff, the manager, the group locality manager, and three visiting healthcare professionals. We spent time observing care and used the Short Observational Framework for inspection (SOFI). This gives us a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five care plans, medication records, staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included “I know I am safe here” and “The staff always make sure I’m ok”. People and their relatives felt if they reported any abuse it would be taken seriously. People were protected by staff who knew how to recognise signs of possible abuse. There was information about how to raise safeguarding concerns on the staff noticeboard. Staff told us they had received training in how to recognise harm or abuse and felt the manager would listen to their concerns and respond to these. Staff said “If I thought anyone was being hurt I would definitely tell the manager. I know they would do something to stop it” and “We look after some very vulnerable people here, you have to watch out for them”.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People’s medicines were stored safely and securely. People had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Senior care staff, who had been specifically trained gave other people their medicines. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Regular medicine audits were carried out. The audit completed in June 2015, identified a tablet had been found in a bedroom. Staff were reminded to check people had taken their medicines. This meant any issues could be picked up quickly and action could be taken to prevent any further shortfalls.

Risk assessments were completed for each person. Risk assessments relating to moving and handling, falls, pressure care, and nutrition were seen. Staff had been given information telling them how to manage these risks to help ensure people were protected. Each risk assessment gave information about the identified risk, why the person was at risk and how staff could minimise the risk.

People were protected against the risks associated with behaviour that may put themselves or others at risk. Staff knew how to manage each person’s behaviour according to their individual assessment. For example, one person at

times invaded another person’s personal space and this could cause upset. Staff were mindful of this and spent time ensuring this person had meaningful occupation. This prevented incidents from taking place and meant the risk was minimised.

There were sufficient staff to meet people’s needs. Call bells were answered in good time. One person told us “They’ve always got time to do what you need”. At lunchtime there were sufficient members of staff in the dining and lounge areas serving and assisting people with their food as required. Staff did not seem rushed and remained calm and attentive to people’s needs. Two relatives said they were concerned about staff cover overnight. The manager confirmed they were recruiting new staff and planned to increase the number of staff on duty from two to three overnight. In the meantime, an additional staff member was working from 4pm to 10pm to provide additional cover.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Where accidents and incidents had taken place, the manager reviewed their practice to ensure the risk to people was minimised. For example, one person had pulled a wardrobe on top of themselves and caused a serious injury. All wardrobes had been firmly fixed to the walls to prevent any further accidents.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire, gas, electrical installation, lifts and hoists.

People were protected from the risk of infections because the environment was clean and hygienic. Personal protective equipment including aprons and gloves were available throughout the home. Anti-bacterial hand gel was available in communal areas for people, visitors, and staff to use. Staff had received training in infection control.

There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that told staff how to safely assist them in the event of a fire.

Is the service effective?

Our findings

Staff told us they felt skilled to meet the needs of the people in their care. One staff member said “The training is very good and there is lots of it”. The service had its own training room and staff had access to moving and handling equipment for practical training. Staff received regular training to make sure they knew how to meet people’s needs. Additional training was completed in relation to end of life care, sensory deprivation, and stoma care to meet people’s specific needs. There was a training session on stoma care on the first day of our inspection. New staff completed an induction programme. They worked with more experienced staff until they had been assessed as competent to work on their own.

Staff had received regular supervision. During supervision, staff had the opportunity to sit down in a one-to-one session with their line manager to talk about their job role and discuss any issues. Staff said “It gives us a chance to reflect on practice and learn new things” and “It makes you feel that your hard work is acknowledged”. Staff had also received an annual appraisal to discuss their training and development.

Information about the people and any care changes were discussed in handover meetings between each shift. One staff member said “The handovers are really good, we get a chance to discuss what needs to happen”.

Staff had a good knowledge of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. Staff sought consent from people before carrying out care. For example, staff explained to a person what they were going to do. They asked the person for consent and this was given. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. A number of people had been assessed as not having capacity to consent to care and treatment. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests. Records confirmed families, advocates, and professionals had been consulted about people’s care and decisions had been made in the person’s best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This includes decisions about depriving people of their liberty so they get the care and treatment they need, where there is no less restrictive way of achieving this. The manager had made the appropriate DoLS applications to the local authority. The front door was locked to keep people safe whilst the DoLS applications were in progress. One application had been authorised and there was evidence the person’s best interests had been properly considered.

People were supported to have enough to eat and drink. People were offered drinks throughout the day. At lunchtime people ate in the dining room or their bedroom. People had a choice of dishes, all cooked on the premises. People told us they enjoyed the food at the home. One person commented “The food is very nice”. Staff knew people’s likes and dislikes including their preferred portion size. If people wanted an alternative, these were always available. For example, at lunchtime people were offered sandwiches and fruit as they didn’t want the choice on the menu. One person chose to have an orange for dessert. Staff offered to peel the orange for the person, spent time with the person whilst peeling the orange, and checked they were ok before moving on. This showed the lunchtime experience was not rushed and staff had time to chat with people.

Information for staff about people’s special diets were on a noticeboard in the kitchen for quick reference. Food was brought quickly and efficiently from the kitchen. Some people enjoyed their lunch independently. Specialist crockery and cutlery was available and enabled people to eat independently. Staff encouraged other people to eat. One member of staff sat down next to a person to assist them to eat. They chatted to the person and laughed together making it a more sociable experience for them.

Records showed the food and drinks each person ate and drank each day. This helped to ensure staff were aware of each person’s daily intake. Where concerns had been identified, the GP had been called for review and advice.

People had regular access to healthcare professionals such as GPs, chiropodists, district nurses, opticians and dentists. The visiting GP told us staff were excellent at keeping on

Is the service effective?

top of people's health needs and always rang as soon as concerns were identified. District nurses who visited the service felt people were well looked after and benefited from staff who knew them well and were quick to act.

Is the service caring?

Our findings

People and relatives were complimentary about the staff's approach. Comments included "The staff are marvellous, really kind" and "The staff are as good as anyone can hope for".

Staff treated people with respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way.

Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. Staff spent time with one person talking about the weather and farming. Staff spent time speaking with each person individually. People enjoyed the conversations and visibly brightened whilst chatting.

Interactions showed staff were patient and did not rush when meeting people's needs. People were given clear explanations of what was about to happen. For example, one person was not feeling well. The service had contacted the GP and asked for a home visit. Throughout the morning, staff told the person the GP would be visiting.

When the GP arrived, staff let the person know and supported them to move to another area where they could see the GP in private. This respected the person's privacy and dignity.

People were involved in making day to day decisions. For example, staff came round to each person and offered them a choice of hot or cold drinks. Staff knelt down next to people and spoke kindly and gently. One person asked for a milky coffee. The staff member acknowledged this and explained they were going to get the drinks. This showed the staff member respected the person and treated them in a caring way. One person liked to always wear make-up and perfume. Staff offered to help the person with their make-up and gave them a choice of perfumes. This meant the person had their preferred perfume for that day.

Staff took quick action to relieve people's distress. For example, when one person became distressed for no apparent reason, staff spoke with them gently and said "Why don't you come with me and we'll get a cup of tea and something to eat". This diverted the person's attention and they calmed immediately.

Relatives told us they could visit the home at any time. They felt involved in people's care and support and told us they were kept informed of any changes.

Is the service responsive?

Our findings

People's needs had been assessed and care plans developed to ensure people's needs were met. People's care plans were reviewed regularly and updated when their needs changed. For example, one person had recently been in hospital. A meeting was held with healthcare professionals who provided advice and guidance. The person returned to the home and arrangements had been made to ensure staff were able to care for them.

People's care plans contained information about their personal history and interests. Staff knew people's interests and supported them to take part in social activities. For example, one staff member played the piano in lounge. They talked about their piano lessons and music, before encouraging one person to play. The person was uncertain about this but with further encouragement they sat down and began to play. Other people in the lounge listened and watched, enjoying the music. At another time, staff gave one person a jigsaw puzzle as they enjoyed them. The staff member encouraged them to put the jigsaw together and see what the animal was.

People enjoyed spending time with each other, were comfortable in each other's company and chatted together. Some people had taken opportunities to take part in the day to day running of the service. For example, one person delivered people's newspapers and fed the cat. Another person enjoyed folding napkins.

There was a memory room and shop window for reminiscence. This was full of items for people to pick up and use. For example, there was a pram, a typewriter, old posters, and fabrics with different textures. This type of stimulation can improve mood, encourage people to talk with others and take part in daily activities. Staff told us people enjoyed spending time in this area.

Group activities were also offered. For example, a knitting club, outings, musical entertainment, exercises, and art club. Events were arranged and relatives were invited. A Summer fun day was planned. A cream tea had been held on Mother's day. One relative said this was "Really lovely".

One relative said they would like to see more activities. Two people told us they would like to have more walks in the garden. The manager told us they planned to look at individual plans for meaningful activities to ensure people always had activities to promote their wellbeing.

People were encouraged to maintain links with the community and their families. One person said "It's nice here, my friends can come and see me anytime". Relatives said "We can pop in anytime" and "We're always welcome". People had access to a computer. Staff told us one person used this to keep in contact with their family who lived at a distance. During our inspection, several people went into the local town.

The service had a complaints procedure. The written policy was made available to people, their relatives and representatives. One relative told us they had made a complaint. The service's group locality manager met regularly with them to discuss and monitor their relative's care. People we spoke with had not had to make a complaint. They knew what to do if they were worried about anything. People felt the staff were approachable and would deal with any concerns. Comments included "If there was anything at all I would speak to the manager" and "All the staff make it their business to ensure things are ok".

People were encouraged to give feedback at regular meetings. During the meeting in April 2015, people asked about doing some gardening. Since the meeting, people had planted the raised flower beds in the courtyard garden. People enjoyed spending time in this space.

Is the service well-led?

Our findings

The directors are very much part of the "hands on" senior management team and were present on all three days of the inspection. Since our inspection, the manager has registered with the Care Quality Commission.

People spoke highly of the manager. Comments included "It's so much better now that they're in post" and "They're so efficient and kind – it's a breath of fresh air". A relative told us "The manager is exceptional". People and staff told us they found the manager approachable and could discuss issues with them at any time.

Staff had recently completed a questionnaire relating to training, management, and their job role. One staff member commented on the manager "They seem lovely and very approachable". Several issues relating to training and teamwork had been identified and the manager had arranged a staff meeting to give staff the opportunity to discuss these.

Staff worked well as a team to make sure people got what they needed. There were nice interactions between staff. For example, when one member of staff went off duty another member of staff thanked them for a good morning.

The director and management team were keen to develop and improve the service. They told us how they accessed resources to ensure they kept up to date with research and

current best practice. For example, they accessed information from the CQC, Skills for Care and Social Care Institute for Excellence. They attended care conferences and forums with other providers to share good practice.

Regular managers' meetings were held to discuss practice. For example, at the meeting in June 2015, the managers had discussed good practice from other homes by reading the CQC inspection reports. They arranged for external speakers to attend their meetings such as the optician and pharmacist to keep their knowledge up-to-date.

The provider had worked with the local health trust's hospital discharge team to look at ways of improving paperwork. The trust had decided to use the paperwork once it was developed. This showed they wanted to improve the service for people when they were discharged from hospital to the home.

Regular audits relating to care plans, accidents, risk assessments, the environment, and training were carried out. A monthly independent audit was also carried out. The auditor spent a day in the service speaking to people, looking at the environment, and checking records. They checked actions were followed up at the next month's visit.

The service had received a food hygiene visit in November 2014. They had been awarded a rating of five. This was the highest rating and showed the service maintained very good hygiene.

The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.