

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 ●

Summary of findings

Overall summary

About the service

Puddavine Court is a residential care home, providing personal and nursing care for up to 45 people aged 65 and over who may also be living with dementia or a physical disability. 39 people were living at the home at the time of the inspection. Accommodation is provided over three floors with passenger lifts giving access to the first and second floors.

People's experience of using this service and what we found

Without exception all the people and relatives we spoke with praised the home. People felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.

There were sufficient numbers of staff employed to ensure people's needs were met. We saw staff had time to sit and engage people in conversation and to support people's involvement in social activities. Recruitment practices were safe and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and management plans were in place to ensure risks were mitigated as much as possible. Staff were aware of their responsibilities to safeguard people.

People's care plans contained personalised information detailing how people wanted their care to be delivered. People and their relatives were involved in making decisions about their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were keen to ensure people's rights were respected including those related to disability, gender, ethnicity, faith and sexual orientation.

People received their medicines safely and as prescribed. Medicine management practices were safe.

The home was spacious and well furnished. The environment was safe and equipment regularly serviced to ensure it remained in safe working order.

Consideration was given to providing a variety of leisure and social activities for people to enjoy.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 13 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Puddavine Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Puddavine Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience undertook the inspection on the first day. One inspector completed the inspection on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Puddavine Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 17 people who used the service and two relatives about their experience of the care provided. We spoke with six members of care staff as well as the provider, area manager, registered manager and the

chef. We spent time in the communal areas of the home observing the interaction between staff and people.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training, meeting minutes and internal safety and quality audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection in November 2016, we found risks associated with nutrition and hydration had not always been identified or actions taken to mitigate those risks. At this inspection in July 2019, we found improvements had been made.
- Risk assessments identified whether people were at risk of not eating or drinking enough to maintain their health, or whether people had swallowing difficulties. Where risks were identified, guidance had been sought from healthcare professionals.
- Records of people's food and fluid intake were recorded and reviewed for those people with identified risks.
- Other risks, such as those associated with the risk of falls and the management of diabetes, were managed as safely as possible. Reviews were undertaken of all falls to assess whether any action was needed to try to prevent a reoccurrence.
- Environmental risk assessments, including fire safety precautions, ensured the environment was safe.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home was managed in a way that protected their safety. People's comments included, "Yes, most definitely" and "Yes, safe as houses."
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns regarding people's safety and well-being. Staff said the management team and provider would take immediate action in response to concerns over people's safety and welfare. Staff knew to report concerns to the local authority, and/or the police and had contact numbers to do so.

Staffing and recruitment

- Recruitment practices were safe with pre-employment checks, including disclosure and barring (police) checks, carried out prior to the commencement of employment.
- There were enough staff to ensure people's needs were met. The home also employed housekeeping, laundry, catering and administrative staff. One person told us, "There's always someone around to help, always someone to come with me which is such a good thing."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Only staff who had been trained in the safe management of medicines, and whose competence had been assessed, administered medicines to people.
- There were safe arrangements in place to receive, store and dispose of medicines.
- An audit by the local pharmacist in May 2019 concluded the home's medicines practices were safe.

Preventing and controlling infection

- The home was very clean, tidy and free from unpleasant odours.
- Staff had access to, and were seen to use, protective clothing such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The registered manager used people's and relatives' feedback, as well as reviews of accidents, to make improvements to the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments identified people's care needs and provided staff with guidance on how to meet these needs in line with best practice guidance and people's preferences. For example, in relation to nutrition and skin care.
- Regular care reviews ensured changes to people's needs were identified quickly and care plans amended to reflect these changes.
- People had been involved in the planning of their care and their wishes were respected.
- Good communication between care staff meant people's needs were well known and understood within the team.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent to receive care and support was gained by staff with each interaction. Where people were unable to consent to receive care and support, capacity assessments had been undertaken and best interest decisions made on people's behalf. Records showed relatives were involved in the decision-making process.
- Where restrictions had been placed on people's liberty to keep them safe, authorisation had been applied for.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job, in care related topics as well as health and safety issues.
- New staff were provided with induction training and supported to undertake the Care Certificate if they

were new to care. The Care Certificate is a nationally recognised induction for staff. One newly recruited member of staff described their induction as "very good" and said they felt very well supported by the staff.

- People and relatives told us staff were knowledgeable and competent.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice and access to sufficient food and drink throughout the day as well as overnight. Meals were well presented, and people told us they enjoyed the food. Their comments included, "Its lovely and I am really fussy about food" and "The food is perfect."
- The catering staff said they felt it was important to give people a choice and make sure they were eating well.
- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks.
- During the period of hot weather, staff ensured people were offered plenty to drink, and we saw this happening throughout the inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were being met.
- Records showed referrals were made to the GP and community nursing services when required. People had opportunities to see a dentist and optician regularly or when needed.

Adapting service, design, decoration to meet people's needs

- The home was spacious and very well decorated and furnished. A number of pleasant communal areas were available for people to spend time in. These included a 'memory' sitting room which contained items of interest that people could look at and handle, and which staff used to prompt conversations. There was also a shop from which people could purchase toiletries and other items and a small kitchen for visitors to use.
- The home had its own hairdressing salon.
- Bedrooms were personalised.
- Toilets and bathrooms were adapted to the needs of people with reduced mobility.
- Some signage was used in some areas of the home to direct people to the communal areas and toilets.
- Passenger lifts provided access to the upper floors and all areas of the accommodation were accessible to people with limited mobility.
- Equipment was used effectively to meet people's care and support needs. For example, sensor mats were used to alert staff when people at risk of falling got up from their chair or bed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew their needs, personalities, likes and dislikes well. Without exception people and relatives told us how well they were cared for. One person said, "They listen to you, I find it very nice", another said, "Yes they are all lovely. They also come in and say hello. They never get cross."
- Our observations showed staff were kind, caring, friendly and attentive. Staff respected what was important to people. For example, we observed one person saying to a member of staff, "hold my hand" and we saw the member of staff take their hand and sit with them. They made conversation, asking the person how they were and what was planned for the day.
- Staff told us they enjoyed working at the home. One said, "I love it here, it's really good" and another said it was a "very nice home" with a relaxed routine.

Supporting people to express their views and be involved in making decisions about their care

- People, and their relatives where appropriate, were fully involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care and improve the home.
- People told us they were offered choice in how they received their personal care and how it was provided. Staff told us people decided how they spent their day, when they got up and went to bed, when and what to eat, and whether to join in with the planned social activities.
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were seen to be discreet when asking people if they required support with personal care. Bedroom doors were closed and staff were seen to knock and wait for an answer before entering.
- Staff were keen to ensure people's rights were respected. They gave us examples of how they had provided support to meet the diverse needs of people, including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and people told us how well their individual needs were met.
- People were supported to maintain and develop relationships with those close to them. Relatives were invited to spend as long as they wished with people and were able to have meals with them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs. One person said, "They are all very kind. [registered manager] says 'we are all here to help you'", and another person said, "I didn't think I was going to settle, but now I know everyone, it's very good."
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences and which promoted their independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed a wide range of activities. During our inspection, we saw 22 people participating in a singing and conversation group.
- Other regular activities included, visits from a baby group, visits for conversation and engagement from people living with a learning disability, participation in the local community radio, as well as individual trips to the local shops.

Improving care quality in response to complaints or concerns

- People and relatives had no complaints and felt confident they would be listened to if they did. One person said, "I can't find any complaints" and a relative said, "I would speak to [registered manager] or someone else. I would be comfortable approaching them."
- Records of complaints were maintained, and actions identified to resolve issues. The registered manager and area manager reviewed all complaints and told us they used these as an opportunity to learn and make improvements.

End of life care and support

- Where people's wishes were known about how they wished to be cared for at the end of their lives, this was recorded in their care files.
- People's care plans indicated any additional needs for those receiving care at the end of their lives.
- Staff were supported through training, and guidance from the community nurses, regarding caring for people at the end of their lives.
- Feedback from relatives praised the care people had received at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager was committed to providing high-quality care for people in an environment where people could feel at home.
- People and staff told us the home was well managed and they had seen improvements since the registered manager had been in post.
- Recent feedback from a relative praised the home saying they were "very grateful" for the care provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their duty of candour.
- Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements. The manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us, and records showed, they were asked for feedback at meetings and on a day to day basis. Relatives said they were listened to and their feedback was welcomed.
- People were supported to participate in decisions about the running of the home, particularly social events. For example, people were involved in planning the upcoming summer fete.
- Regular staff meetings took place to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the registered manager, and had an input into the running of the home.
- The home worked closely with the community nurses, and other healthcare professionals, to ensure people's needs were met. The home participated in an online healthcare professionals' group to improve communication between themselves and professionals. This meant the home was able to access medical advice more quickly for people.

Continuous learning and improving care

- The manager was supported by a deputy manager and a team of senior care staff. Each had recognised

responsibilities and there were clear lines of accountability.

- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.