Coastal Care Homes Limited

Puddavine Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This unannounced inspection took place on 28 and 29 November 2016. The home was previously inspected in June 2015 when the home was meeting the regulations we looked at.

Puddavine Court is a residential home in Totnes, Devon providing accommodation and care for up to forty five people. People living at the home are older people, some of whom were living with dementia or a physical disability. On the day of the inspection, thirty three people were living at the home.

The home had a new registered manager who had been in their post since August 2016. 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 and associated Regulations about how the service is run.

People told us they were happy living at Puddavine Court and the staff were described as "lovely" and the home as "wonderful". One person said, "The staff are lovely, they look after us very well". Throughout the inspection we observed staff interacting with people in a friendly, caring manner.

People told us they felt safe, and we found that the registered provider had a number of systems and processes in place to promote safety. Staff received training in and understood their responsibilities in relation to safeguarding adults. Staff were knowledgeable about how to recognise and report abuse. There were risk assessments in place regarding risks associated with people's care. These explained how people's care should be delivered in a safe way and how to reduce any risks involved.

Risks associated with nutrition and hydration had not always been identified or actions taken to mitigate those risks. For example, we found that staff did not consistently complete food and fluid monitoring records or provide details of the amounts people at risk had eaten and drunk. The registered manager did not monitor these charts to ensure staff were completing these records. Whilst staff and the registered manager were convinced these people were eating and drinking sufficiently well, records did not always support this. In the absence of these records, staff could not determine that people were eating and drinking sufficiently well, and that the risk to their health and welfare was being managed. We have made a recommendation about the management of risks associated with providing adequate nutrition and hydration.

Other risks were managed well. Each person had detailed risk assessments, which covered a range of issues in relation to people's needs. For example, risks in relation to nutrition, falls, pressure area care and moving and handling were assessed and plans put in place to minimise the risks.

The registered manager and registered provider used a variety of quality management systems to monitor the services provided at Puddavine Court, which included a range of audits and spot checks. Although these systems had not been effective in identifying the issues we found in relation to providing people with

adequate nutrition and hydration, in general they were comprehensive. We made a recommendation that the provider ensures governance systems are robust.

On the day of the inspection there were sufficient staff available to meet people's needs. We observed staff were attentive to people and people received care and support in a calm, patient and relaxed way. However, we received mixed views from people about the staffing levels. Some people reported having to wait for help with their care needs. We discussed this with the registered manager who told us they were not aware of any complaints about staffing levels. Staffing levels were determined according to people's needs and adjusted accordingly. Rotas showed that the home's staffing levels were consistent. We have recommended the registered manager keeps this under review and speaks with people about their experience. Staff understood people's care needs and how to support them effectively. They were provided with training to ensure they had the skills and knowledge to effectively meet these needs.

Safe recruitment systems were in place to ensure staff were suitable to work at the home. People told us and we observed that staff were kind and compassionate in the way they supported and cared for people. People said that staff respected their privacy and dignity. People had developed positive relationships with staff and were confident that they would address any concerns or complaint they might have.

Staff understood people's individual preferences, likes and dislikes. These were clearly documented within people's plans of care so that staff knew what action to take to deliver care focused on individual need. Care records were reviewed with people, regularly. People were supported to maintain their independence, take part in activities that were of interest to them and to get out and about.

People were given support to make their own decisions about their individual care and support needs. Staff understood how to ensure people's human rights were protected and people were continually offered choice throughout their day. They worked within the principles of the Mental Capacity Act (2005) to ensure people's capacity was assessed and monitored. Where people lacked capacity, any decisions were considered with people who were important to the person as part of a best interests decision. Staff were able to describe how they gained people's consent and how they worked in a way to ensure people were offered choice in their everyday lives.

People told us they enjoyed the food, had enough to eat and drink and received a healthy balanced diet. People were assisted with an appropriate diet to suit their needs. Snacks and drinks were also available throughout the day.

People received their medicines at the right times. There were safe systems in place to store, manage and administer medicines. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

Staff had mixed views about the management of the service. Some said they did not always feel able to raise issues with the registered manager or the higher management team. Other's felt the registered manager and management team supported them well.

People and relative's spoke positively about the registered manager and the improvements they had made. One relative said "it's improved since [manager's name] been here". However, some people and their relative's felt unsettled by the recent changes in the management team.

People had opportunities to express their views about the home, as did their relatives and staff. There were meetings to ensure information was shared with them about any developments in the home, as well as to

ask what they would like to see happening within it. There was also a system for receiving and investigating concerns or complaints in a formal way so that people could have these addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

Risks associated with nutrition and hydration had not always been identified or actions taken to mitigate those risks. Other risks were being managed and processes were in place to reduce risk of harm.

People were protected by a robust staff recruitment process.

Medicines were ordered, stored and administered safely.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The home was effective.

People were able to choose their food and drink and were supported to maintain a balanced healthy diet.

People were able to make choices and their rights were supported through the appropriate use of the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People benefited from staff who knew them well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People had access to healthcare and were supported to maintain their health by staff who liaised with health professionals effectively and appropriately whilst promoting people's choices and independence.

Is the service caring?

Good

The service was caring.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff treated people respectfully, and supported people to maintain their independence.

People's privacy and dignity was respected and people were routinely involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and provided information of how staff should support them.

People were actively encouraged and supported to engage with their community and there was a range of varied activities available within the home.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the home, their views were sought and acted upon.

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor the quality of the care at the home.

People, relative's and staff spoke positively about the registered manager and the improvements they had made.

People benefited from staff that worked well together.

The registered manager had kept us informed of safeguarding incidents and other notifiable events which had occurred in the home in line with their statutory obligations.

People were consulted and involved in the running of the service;

their views were sought and acted upon.

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 unannounced inspection took place on the 28 and 29 November 2016. On the first day, two adult social care inspectors and an expert-by-experience attended the inspection with one adult social care inspector returning 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. As part of the inspection we reviewed the information we held about the home. We looked at previous inspection reports and other information we held including statutory notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the team employed by the local authority to review quality in the home and the safeguarding adults team who provided information about the home. We spoke with two visiting health care professionals. We used all of this information to plan how the inspection should be conducted.

To help us understand the experience of people living in the home we looked around the home, observed the way staff interacted with people and met and spoke with everyone living at the home. We also spoke with three relatives who were visiting. We spoke with eight members of staff, including the cook. In addition, we spoke with the registered manager and deputy manager who were supported by the registered provider, area manager and two registered managers from two of the providers other services.

We looked at the care plans, records and daily notes for four people with a range of needs, and sampled a further three care plans for specific information. We looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at four staff files to check that the home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Puddavine Court. One person said, "I've absolutely no complaints dear. It feels safe here". Another person told us when asked if they felt safe, "I definitely feel safe". Relatives told us they did not have any concerns about people's safety. We saw people were happy to be in the company of staff and were relaxed when staff were present.

Risks associated with nutrition and hydration had not always been identified or actions taken to mitigate those risks. For example, some people had been identified by staff as being at risk of malnutrition and needed to have their food and fluid intake monitored. Charts were available for staff to record details about people's food and fluid so they could determine if people had eaten and drunk enough. However, we found that staff did not consistently complete these or provide details of the amounts people at risk had eaten and drunk. The registered manager did not monitor these charts to ensure staff were completing these records, and to ensure staff were able to make decisions that people had eaten and drunk sufficiently well to manage these risks. Whilst staff and the registered manager were convinced these people were eating and drinking sufficiently well, records did not always support this. In the absence of these records, staff cannot determine that people were eating and drinking sufficiently well, and that the risk to their health and welfare was being managed.

People had Malnutrition Universal Screening Tool (MUST) assessments. (MUST) is a management plan for people who are malnourished or at risk of malnutrition. People who were assessed as at risk of malnutrition were having their weight monitored on a weekly basis and we saw that action was taken when people had lost weight. One person had lost a significant amount of weight from August to September and a further weight loss following a period of time in hospital, in September to October. The person was referred to their GP and a community dietician. They were commenced on a food monitoring chart and were given a diet of high calorie foods and supplements to maintain their current weight. Records confirmed this was happening. However, we found this was not happening for all people who had lost weight. For example, one person's weekly weight record indicated they had lost 5.8Kg from April to November 2016. There were no diet and fluid intake records for the person and their daily care notes did not routinely reflect how well they were eating and whether they were drinking the high calorie drinks when offered.

We discussed our findings with the registered provider and the registered manager. The registered manager told us the senior staff on duty were responsible for monitoring people's intake and alerting them to any concerns they may have. We asked if there were any procedures in place for reviewing people's daily intake throughout the day. We were told that there were not. The registered provider and registered manager agreed it looked as if this person had not received sufficient diet and fluids. They took immediate action that day to ensure food and fluid charts were accurately maintained and checked regularly by the registered manager.

We recommend that the service reviews current best practice on managing risks of providing adequate nutrition and hydration and take action to update their practice accordingly.

Other risks were managed well. Each person had detailed risk assessments, which covered a range of issues in relation to people's needs. For example, risks in relation to nutrition, falls, pressure area care and moving and handling were assessed and plans put in place to minimise the risks. The plans were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. Where people were at risk of developing pressure sores a universal assessment tool was used to assess this risk. People were provided with appropriate equipment to help reduce risk of skin damage and staff were given specific instructions on how to monitor people's skin. For example, one person's care plan identified their skin was very fragile. Staff were instructed to ensure their feet were raised up off the bed, to reduce pressure on their heels, and change their position in bed every two hours. Records showed that this was happening. Some people were using pressure relieving cushions and had air pressure mattresses. We found that staff checked these regularly to ensure they were working and set appropriately.

Risk assessments balanced protecting people with respecting their freedom. We found the registered manager and staff managed risks to people and continually supported people to stay safe whilst promoting their independence. We saw staff assisted people to move around the home safely. For example, when someone got up to walk a member of staff reminded the person to use the walking frame, which they placed in front of them and walked with the person.

Some people living at the home required specialist equipment to help them move. Staff used the correct moving and handling equipment and took great care to ensure they explained the procedure, reassuring people throughout. One person told us that although they did not like to use the hoist they felt safe, they told us "two to three people have to help me, but I feel very safe".

Accidents and incidents were reported and reviewed to identify ways to further reduce risks. They were monitored to identify any trends related to accidents/ incidents, falls, complaints and medication errors. People assessed as being at high risk of falls had risk assessments and care plans in place for maintaining a safe environment which outlined the measures needed to keep the person safe. For example, one person had a sensor mat (a mat which sets off an alarm when stepped on) in place to alert staff when they got up and moved about. This had been discussed with them and they were happy for the alarm mat to be in place. The registered manager told us they completed a falls risk assessment and falls diary. All falls were analysed monthly and sent to head office. This enabled staff to investigate and monitor falls and identify possible causes so that plans could be put in place to minimise the risks.

People were protected from potential abuse and avoidable harm. Staff were trained in safeguarding so they knew how to protect people from harm. Staff were knowledgeable about the safeguarding procedure; were confident to raise concerns with the management team and understood the role of external agencies. The registered manager was aware of their legal obligations to refer safeguarding concerns to the local safeguarding authority and notify CQC.

Suitable recruitment procedures and required checks were undertaken before new staff began to work at the home. Checks included proof of identity, references and Disclosure and Barring Service [DBS] checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These checks helped to ensure staff were suitable to work with people at the home.

We saw that on the day's of the inspection there was sufficient staff available to meet people's needs. We observed staff were attentive to people's needs. People received care and support in a calm, patient and relaxed manner from staff who were unhurried and able to spend time and interact with them in a positive way. Call bells were answered promptly and people were not kept waiting when they asked for assistance or

support with personal care.

We received mixed views from people about the staffing levels. One person felt there were enough staff, but they did have to wait a while. Another person said "The staff come as quickly as they can. I'm not the only one who needs help". Other people told us they felt the home was understaffed, ""There's less staff. Some of them have left". We asked the person how this affected them, they told us, "Sometimes you don't get enough attention, more so in the lounge". Other comments included, "There are times when they're short – particularly Sunday afternoon and Monday afternoon", "There are staff problems – sometimes they don't turn up and stuff" and "You're looking for someone and there's no-one about. But that's my only complaint - short-staffed sometimes".

We discussed this with the registered manager who had not been made aware of any complaints or concerns about staffing levels and felt there were sufficient staff rostered on each shift to meet people's needs. They told us staffing levels were determined according to people's needs and adjusted accordingly. Usual staffing levels consisted of one senior care worker and four care staff during the morning and one senior care worker and three care staff during the afternoons. An additional care worker was employed in the early evening to cover busy periods when the home was at full capacity. Staff were supported throughout the day by the registered manager, deputy manager and a number of ancillary staff such as housekeepers, chef, kitchen and laundry assistants. People were supported at night by three waking night staff. people. The registered manager told us vacant shifts, due to absence, were always covered. Rotas we looked at confirmed this was the case.

We recommend that the service keeps this under review and speaks with people about their experience.

People received their prescribed medicines when they needed them and in a safe way. People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. There were safe systems in place to monitor the receipt and stock of medicines held by the home. Staff had received training in the safe administration of medicines and records confirmed this. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We checked the quantities of a sample of medicines against the records and found them to be correct. Medicines that required refrigeration were kept securely at the appropriate temperature.

The home had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency. We saw evidence that staff had been provided with fire awareness training; and had participated in fire drills. Equipment checks and servicing were regularly carried out to ensure the equipment was safe. These included inspections and maintenance of the hoist and fire detection and alarm systems. Environmental risk assessments for the building were carried out and for each separate room to check the home was safe.

People spoke very highly about the cleanliness of the home. We saw the home was uncluttered, clean, tidy and fresh smelling, with no apparent odours. We saw measures in place to prevent cross-contamination and promote good infection control, including hand washing facilities. Paper towels, aprons and gloves were available.

Good

Is the service effective?

Our findings

People living at the home told us they liked the staff and felt they were good at their job. They felt they had the support they needed and when they needed it. People appeared comfortable in staff presence and we observed lots of 'chit chatting' throughout the inspection.

Staff confirmed they had received an induction and worked alongside a more senior care worker prior to working unsupervised. Staff felt the induction was detailed and thorough and provided them with a good understanding of the role and what was expected of them. One staff member said, "I had lots of support from staff and the induction was really good". Newly employed staff were enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. They are the new minimum standards that should be covered as part of induction training of new care workers.

People were supported by staff that were knowledgeable about their needs and wishes and had the skills to support them. There was a comprehensive staff-training programme in place and the home's training record indicated when updates were needed. Records showed staff had undertaken regular training in a variety of topics. These included, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs), safeguarding, first aid, pressure area care, moving and transferring, and fire safety. Some staff had received additional training such as, medicine administration, managing challenging behaviour, catheter care and dementia. Staff were given the opportunity to increase their skills and knowledge and pursue higher education in health and social care. Staff told us they received regular one to one supervision and an annual appraisal. This is where the person's performance, any concerns, individual training and development needs could be discussed. We saw records relating to this system for supporting staff to review and develop their practice.

We looked at the arrangements for protecting people's rights specifically in relation to the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We saw evidence within people's care plans that where people needed support with decision making, mental capacity assessments had been carried out along with best interests meetings when required. For example, we looked at the use of equipment such as sensor mats (mats which set off an alarm when stepped on) which could be viewed as restrictive. We specifically looked at whether people had given consent for their use and where they had been put in place in the person's best interest. Records evidenced these had been put in place as part of a best interest's decision or with the consent of people.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During the inspection the registered manager told us they had made five applications under the MCA for DoLS. These applications related to people who were living in the home and needed protection and safeguards because of potential risks to their health and welfare if they left the home independently. The home had a keypad system in operation on external. Those people who were safe to leave without staff support were given the keypad number to the front door.

We observed staff asking people for their consent before providing them with support. Staff asked people before assisting each person. For example, they asked them if they wanted their legs elevated and before assisting them with any personal care such as helping them to get out of the chair, or taking them to the bathroom.

The home had procedures in place to monitor people's health. Referrals were made for people to access health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People told us they could ask to see their GP when they wanted. A community nurse visited the home to provide nursing care for people who may have had wounds or injuries which required regular dressings. A community nurse and GP who visited during the inspection told us staff were responsive to what was asked of them and were quick to alert them of any issues or worries.

People were complimentary about the food provided to them. People said they could have alternatives and could request anything they wished. One lady said she always had an omelette when there was fish on the menu. Other comments from people included, "The food is first rate – I never leave any on my plate", "You help yourself to whatever you want – good choice", "the cottage pie was wonderful and the gravy was lovely" and "I enjoy the food, you get enough to eat and drink and have a choice". Relatives were also complimentary about the food, "The food seems very nice, it's plentiful and there is always a nice choice".

We saw menus provided people with choice and alternatives at meal times.People were able to choose where they had their meals and we saw people were able to have their meals in the dining room, their bedrooms and in the lounge if they wished. Meals looked and smelled appetising. We saw menus provided people with choice and alternatives at meal times. Those people, who did not wish to have the main meal, could choose alternative meals. It was clear that meal times were a social occasion, enjoyed by all as we heard people laughing and chatting. Throughout the inspection, we observed staff offering people choices during meal times and tea, coffee, and soft drinks were freely available. People were able to have snacks and drinks when they wanted and we saw people were being offered plenty to drink.
Staff were observed supporting people to eat their meals in an appropriate way and at a pace which suited their needs.

We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. There were handrails in corridors to help mobility. We saw signage and pictures on lifts and toilet and bathroom doors, to assist people with dementia to orientate around the home. We saw that the home had placed different symbols on the number plate of people's rooms to help individuals orientate to their own bedrooms. This helped to maintain people's independence. We saw that people's bedrooms were personalised with family photographs, ornaments and small items of furniture, such as a favourite chair or a side table. As well as a comfortable lounge areas the home had a 'memory room' with glass fronted 'mock' shop windows decorated with various memorabilia from the war years such as jars of sweets, ration books and tins of food from the same era. The home had it's own hairdressing salon. There was also a small

kitchen for visitors to use.

Good

Is the service caring?

Our findings

Positive and caring relationships had been developed between people and staff. There were lots of smiles and laughter and people were very comfortable with the staff supporting them. People described the staff as "lovely" and the home as "wonderful". One person said, "The staff are lovely, they look after us very well". Another person said "Yes I like it here, they always come and talk to me. The staff are very kind". A relative said, "The staff are really friendly, they always make me feel welcome". Another relative said, "[name] regards it as home, they're really happy".

Throughout the inspection we observed staff interacting with people in a friendly, caring manner. They worked at a relaxed pace, taking time to stop what they were doing to spend time to sit and chat with people. People looked comfortable in the company of staff. Staff told us "It's about bringing a smile to their faces".

Staff told us they took pride in knowing the needs of all the people living at Puddavine Court. One staff member said, "My favourite part of the job is to get to know everyone, that's why I'm here. They are still the people they always have been and they have amazing stories to tell". Another member of staff described how they try to find out about people and the things that matter to them, so they can make sure they care for them in the way they want to be cared for. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up and go to bed. We saw that information on people's likes and dislikes, past occupation and hobbies were recorded in their care plans. This ensured that staff would have a better understanding of people's background and history enabling them to give person centred care.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted with about their family member's likes and dislikes, and personal routines. Staff encouraged people to make choices throughout the day and remain as independent as possible. Such as, what they wanted to wear, what time they got up and whether they wanted to stay in their rooms. One member of staff said "I consider myself as their enabler and help them do things. I give them choices and I'm patient, give them time to think".

Staff supported people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. Dignity was maintained when quietly asking a person if they needed assistance to go to the toilet. Staff chatted to the people they were helping and checked that they were okay. If staff were helping people move, for example, taking them back to their chair, they ensured they were comfortable and had everything they wanted nearby.

People were provided with information. There were notice boards containing information about who was on duty, what activities were planned, what the meals were for the day and how people could raise concerns. We observed staff provide people with explanations prior to carrying out tasks such as moving

and handling or supporting them with meals. These measures helped to keep people informed and enabled them to make decisions about their daily lives.

The quality of decoration, furnishings and fittings provided people with a homely and comfortable environment to live in. People's bedrooms were personalised and contained photographs, pictures, ornaments and the things each person wanted in their bedroom.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home and care was planned in response to their needs. People's care plans were informative, and designed to help ensure people received personalised care that met their needs and wishes. Care plans provided detailed information on the person's background, likes and dislikes, personal preferences, personal care needs and medical history. This enabled staff to understand them as individuals and support them appropriately. For example, one care plan told staff "I like to choose my own clothes and I like to look smart at all times, but also to be warm as I feel the cold". We saw this person was smartly dressed and they told us they felt warm.

People's care plans were clear about what each person could do for themselves and how staff should provide support. One care plan described how staff could help the person remain independent whilst washing, "fill my sink with warm water and bring me clean towels". People's interests were recorded in their care plans and we saw that their wishes and interests were reflected in the care they were receiving. For example, one person's care plan said they enjoyed listening to the radio. When we went into their room staff had turned the radio on and it was playing quietly in the background.

We saw that the care plans were personalised and reviewed on a regular basis or when there was a change to a person's needs. This ensured that information about people was current. Where appropriate other healthcare professionals, families or advocates were involved in these reviews.

People were supported to take part in activities they enjoyed and to socialise with others. There was an activity programme in place that included music, quizzes, reading and discussing daily headlines, bingo, manicures, sing-a-longs and a knitting club. These activities were available most days. In addition staff assisted people to take trips out and daily walks in the garden. People told us they enjoyed the activities on offer and staff spent time with them and encouraged them to take part. They told us "Sometimes carers read the papers for us and ask our attitudes to it, what we think" and "On another game we were asked to fill in the spelling of something". A visitor sitting with their relative in the lounge said "On Monday and Friday they have a quiz and music which [name] really likes". People were also helped to pursue their own individual interests, for example, one person had expressed a wish to learn how to use their computer tablet. Staff were given time to sit with the person and give them basic instruction. Another person, who enjoyed knitting, was encouraged to develop a knitting group.

People told us that they were helped to go out and about in the local community by staff and voluntary staff. One person told us that the volunteer staff member would drive them into town to attend appointments and to go shopping. They also told us " I'm going out Friday with [volunteers name] to have fish and chips". However, some people commented that there used to be trips out but not any more. "They used to have a car – went out once a week but not now". They said they missed this.

Staff ensured that people who spent time alone in their rooms did not become isolated. People told us that staff came in to check on them and sit and chat with them. One person who had to spend a lot of time in their room on bed rest said they did not feel isolated. They told us, "I used to spend hours on my own". They

went on to describe how staff supported and encouraged them to knit for the Methodist Church and the National Children's Home and ensured their work was collected. The person felt content that their interest was supported.

There was a complaints policy available for people. This was available to them in their service user guide and displayed on the notice board. The policy detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. We reviewed the home's complaint file and saw that where people had raised concerns these had been investigated in line with the home's policy and procedures and concluded satisfactorily. For example, a relative had complained about the cleanliness of their relative's room and personal care they were receiving. This was fully investigated and a form was devised for staff to complete when they had gone into the room to provide personal care or to clean the room. This meant the relative could be assured that personal care and room cleaning was being completed. All complaints were reviewed and used as an opportunity to learn and improve the service.

Good

Is the service well-led?

Our findings

People told us they were satisfied with the service they received at Puddavine Court. They knew who the registered manager and registered provider were and felt they could go to them if they had any concerns. One person told us, "We've always felt very happy here. The staff are always smiling and we can have a good laugh with them". Another person said when talking about the management, "No problems, I have every faith in the two of them". However, despite the overall positive feedback from people living at the home we found that the home was not always well led.

The registered manager and registered provider used a variety of quality management systems to monitor the services provided at Puddavine Court, which included a range of audits and spot checks. These included checks of; environment, medicines management, care records, incidents, weights and people's wellbeing. These checks were regularly completed and monitored to help ensure and maintain the effectiveness and quality of the care provided. Where areas of improvement had been identified, an action plan with timescales was produced.

However, the registered manager and registered provider had failed to pick up on the issues identified at this inspection in relation to providing people with adequate nutrition and hydration. This meant that staff were not recording people's food and fluid intake accurately. This was particularly important where people had been assessed as being at risk of dehydration and malnutrition and therefore required their fluid and food intake to be monitored. Staff had not been carrying out this monitoring and the registered manager and registered provider had not identified this problem.

We recommend that the provider ensures that governance systems are sufficient to identify all issues relating to the quality of care and risk.

Some staff had expressed a dissatisfaction with the management at the home. The providers were aware of this and were dealing with it. However, other members' of staff thought the registered manager was 'doing a good job'. They described how they felt supported by the registered manager who was very dedicated, always putting the needs of people first. One member of staff said "[manager's name] is a good manager, very supportive and seems to be on top of everything. We get lots of support from all of the managers'. They are approachable, I can speak to them and know they will listen". Another said "I have never known a manager come out and help. [manager's name] will come out and work every day with us if needed. She put's her heart and soul into this place. I can't fault her. Really supportive".

People and relative's spoke positively about the registered manager and the improvements they had made. One relative said "it's improved since [manager's name] been here". However, some people felt unsettled by the recent changes in the management team. A relative told us "we're on to the third manager since mum's been here" (since 2014). One person told us how the management changes confused them, "In fact there are so many changes of management, I'm not sure what's what".

Puddavine Court is owned and run by the Coastal Care Homes Ltd. The management team had a clear

vision for the home, which they told us was to provide the best possible standards of care, so that each one of their residents could live their lives to the full. Staff had a clear understanding of the values and vision for the home and told us they strongly believed in people's right to make their own decisions and live their life as they chose.

The management and staff structure provided clear lines of accountability and responsibility. Staff understood their role and what they were accountable for and knew who they needed to go to if they required help or support. As well as being supported by the staff team, the registered manager could contact the provider or another registered manager in the group, for support. The provider also held manager' meetings and deputy managers and senior carers meeting monthly, which provided managers and senior carers with the opportunity to gain advice, knowledge and support.

Records showed that staff were able to attend regular meetings with the registered manager to discuss any issues and to get updates on changes in the home. We saw the registered manager also used the meetings as an opportunity to test staff knowledge and understanding of practice such as pressure area care.

The registered manager and registered provider were open, transparent and continually sought ideas and suggestions on how care and practice could be improved. We found that there were meetings with people and relatives to discuss the service. These provided opportunities for people to discuss the kinds of things they would like to see happen to reflect their interests and preferences. For example, one person requested that the book case was extended and more books made available. The registered manager responded by increasing the book case and sourced additional books from families and visitors. They meetings also provided opportunities for the management team to inform people about changes or developments within the home.

Surveys were in place to obtain the views of people who lived at the home on the quality of care provided to them. Results of the annual quality assurance survey were displayed throughout the home. We viewed the results of the most recent relatives' survey, which asked relatives for their views on the quality of the service provided at the home. This included the quality of the care and support they received, catering and food, daily living, premises and management. The analysed results found a high level of satisfaction with the service people received.

The registered manager told us how they had established links with the local community. These included the local school, entertainers and local churches. They told us they placed emphasis on maintaining local links and involving people with the community they lived in.

All care files and associated care records were stored securely. These documents were accessible to the staff and easily located when we asked to see them. We saw there were policies and procedures in place with regard to confidentiality. Policies and procedures for practices such as medicine management, safeguarding of vulnerable adults, recruitment of staff and infection prevention and control were all up to date and reflected current legislation and guidance.

The registered manager understood their legal obligations in relation to submitting notifications to the Care Quality Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home.