Pendennis Ltd

Pendennis Residential Care Home

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

Pendennis is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 22 older people and older people living with dementia in one adapted building. Accommodation is provided over three floors.

At the time of our inspection there were 22 people living at the home.

We last inspected the home in March 2016 and rated the service as 'Good.' At this inspection we found the service remained 'Good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the time of our visit. 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 and their relatives were positive about the care and support provided at Pendennis. They said staff treated people respectfully and in a kind and caring manner.

People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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

Individual care and support needs were assessed, documented and reviewed at regular intervals.

People were assisted by suitable numbers of staff who were trained and supported in their job roles. Staff members had been safely recruited and had received an induction to the service.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a choice of meals and said the food was good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

People and their friends felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

The home continued to be well led. The management team promoted open communication with people, their relatives and healthcare professionals involved in their care. The provider had systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 checked 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 was a comprehensive inspection; it took place on the 22 and 23 October 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service, such as statutory notifications. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted representatives from the local authority safeguarding adults and quality improvement teams for their views about the home.

During the inspection we spent time in the communal areas of the home to observe how staff supported and responded to people. Some people who lived at the home could not easily tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection, we spoke with 12 people who lived at the home and five relatives. We also spoke with a health professional who was visiting the home. In addition, we spoke with the registered manager, the head of care, three care staff and a cleaner.

We looked at seven people's care records and associated risk assessments. We looked at the management of medicines including people's medicine records and observed staff giving people their medicines. We looked at the staff files for three members of staff. These included details of recruitment, induction, training and personal development. We reviewed the records relating to the maintenance and repair at the service, the fire safety records, food safety records and internal quality monitoring documents.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel very safe living here, the staff make it feel that way." Relatives spoke positively about their family members safety. One comment included, "The home environment is safe, and nothing is too much trouble for the staff." People benefitted from a home that was peaceful and calm.

Staff continued to protect people from avoidable harm and abuse. Staff had received training in, and understood, how to recognise, respond to and report abuse. One staff member told us, "I would definitely tell a senior or [registered manager's name]." Clear procedures were in place to ensure information about anyone at risk of or experiencing abuse was shared with appropriate external agencies, such as the local authority, police and CQC. Information was displayed throughout the home guiding people, relatives and staff on how to report abuse.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. All the required checks were undertaken including Disclosure and Baring Service (DBS) and references before new staff started work.

People told us there were enough staff on duty to care for them safely and meet their needs. People told us during busy times, they did not have to wait too long for care and support. During the inspection, we saw that generally staff were available when people needed them, and they responded to people's requests for assistance promptly. However, we did observe that during the afternoon on the first day of the inspection, people sitting in the lounge were not supported by staff for up to 20 minutes. This meant that staff were not around to respond to one person who was requesting to be taken to the toilet. We brought this to the attention of the registered manager who told us that a staff member was allocated to support people in the communal areas at all times. They said they would discuss this with the staff team and review the staffing if more support was needed.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were aware of people's needs and how to meet them. People's care records included risk assessments that identified how risks were minimised. These included risk assessments associated with moving and handling, nutrition, falls and skin integrity.

We observed safe moving and handling practices throughout the inspection and saw people were supported, in accordance to their risk assessments, to mobilise with assistance around the home.

People who were vulnerable, because of specific medical conditions such as diabetes, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

For people who displayed behaviour that challenged, staff sought guidance and support from health

professionals to understand, prevent and manage people's behaviour.

Accidents and incidents were monitored to see if improvements could be made to keep people safe. Measures were put in place to reduce the likelihood of reoccurrence.

People continued to receive their medicines safely and as prescribed by their GP. Medicines were ordered, stored, and disposed of safely and securely. Medicine administration records (MARs) were completed fully and explanations recorded if people refused their medicines. Staff had undertaken training in medicines management.

The premises was clean, hygienic and free from odour. People were protected from the risk of infection because staff understood their roles and responsibilities in relation to infection control. We observed staff using protective gloves and aprons where needed. Maintenance and safety checks of the premises and equipment were regularly carried out to ensure they were safe to use. Required test and maintenance certificates were in place. Fire safety was regularly reviewed, and plans were in place to support people in emergency situations.

Good

Is the service effective?

Our findings

People we spoke with were all very happy with the care provided and felt staff had the knowledge and skills to meet their needs. One person said, "As soon as I moved in here I knew straight away this is where I could live."

People were supported by well trained staff. Staff received regular training in areas relevant to their role such as dementia awareness and safeguarding adults. Staff told us they enjoyed their training and had regular updates. One staff member said, "The induction, training and support given to me has been really good." The registered manager told us that all staff follow an induction programme that included mandatory training, reading policies and procedures and shadowing experienced staff.

Records showed staff continued to receive supervision, competency observations and appraisal meetings. The support staff received from the provider in the form of training, supervision and appraisal enabled staff to provide effective care.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people lacked capacity, mental capacity assessments and best interests decisions had been completed, for example, receiving their medicines. Records of best interests decisions showed involvement from people's family, relevant health professionals and staff. This meant people's ability to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records confirmed application forms had been submitted and were awaiting assessment by the local authority. These were submitted as some people could not freely leave the service on their own, and required 24-hour supervision, treatment and support from staff. At the time of our inspection no applications had been authorised by the local authority due to a backlog of applications received.

We observed staff gaining consent throughout the inspection. For example, people were asked if they wanted assistance, were ready for their medication or wanted their meal. One person told us, "We value the choices we have here. We're here together and it's nice for us to be able to choose what to do together, such as when to get up in the morning or go to bed at night."

People told us they enjoyed the food. Comments included, "The meals here are super. You always have a choice and you can ask for anything you like", "The lunch here today was wonderful, but then the meals here are always exceptional" and "The food here is really very good. Good choice and always sufficient to stop me from being hungry."

People were supported to maintain a healthy diet. People had their needs and preferences for meals and drinks assessed and there were care plans in place to offer guidance to staff on how people needed to be supported. We saw people had input and assessments by Speech and Language Therapists (SALT) and their instructions were being followed. The kitchen staff had a list of the special diets and staff told us about people's needs.

People at risk of malnutrition had their weight regularly recorded. Any changes were monitored, and guidance was sought from healthcare professionals. Some people were receiving supplements to their food to increase their calorie intake.

During lunch people who needed assistance to eat received individual attention and were helped with dignity. People were encouraged to maintain their independence and plate guards were available to people who needed them. Tables were set with cutlery, and a choice of drinks was offered. People were offered a selection of snacks and drinks throughout the day.

People were supported to receive health care services when they needed. Records showed evidence of regular health care appointments and medical or specialist involvement. One visiting health care professional said, "I find the staff here cooperative and willing. All the interventions I put in place for the residents' care are followed and implemented as I expect."

The home had been adapted to ensure people could access different areas of the home safely and as independently as possible. Some pictorial signage was used to help people move around the home. For example, toilets and bathrooms were clearly marked to encourage independent use. We saw the home was undergoing refurbishment and redecoration and the communal areas and some corridors were freshly decorated, open and airy. The registered manager told us that redecoration of people's bedrooms and completion of the corridors, was planned as part of their home improvement plan. There was a secure accessible outside space available for people to use.

Good

Is the service caring?

Our findings

People told us staff were very caring. Their comments included, "I find the carers really kind. They are always interested in you and have time for you", "I don't doubt I'm well cared for here" and "Sometimes I worry about things, and when I do, the carers understand that and they try and help me." A relative told us, "Our relative is happy here. We have peace of mind about leaving them here as we can see the high level of care they receive."

People were treated with dignity and respect. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the home. We observed many respectful interactions during the inspection, staff were attentive to people when they asked for them or at times when they were distressed. If a person became upset staff were available to sit and talk with them.

Staff understood the importance of respecting people's privacy. People who preferred to spend time in their room alone were enabled to do so. People told us their personal care was provided in a way which maintained their privacy and dignity. For example, staff ensured their bedroom door was closed and that people were not unnecessarily exposed whilst being assisted with personal care. Staff were mindful of people's appearance and understood the impact on their well-being. People were well-dressed and well-groomed which helped to maintain their dignity and self-confidence.

Staff were able to tell us about each person, for example their likes and dislikes, backgrounds and family. Staff noticed when people were showing signs of being upset and swiftly provided care and support. For example, one staff member observed that someone looked cross and was making loud noises when someone else was making some noise. They calmly approached the person, acknowledged them and diverted them to a task they could focus on. The person soon looked much happier.

People were supported to maintain their independence as far as possible and encouraged to make choices and decisions about their care. People were asked by staff where they would like to sit and whether they wanted to join in with the activities on offer. The necessary equipment was available to aid their mobility and staff gently reminded them to use the equipment to keep them safe.

Care plans captured key information about people including any personal, cultural and religious beliefs. The registered manager said people would not be discriminated against due to their disability, race, culture or sexuality. People's religious and spiritual needs were documented when relevant and people were supported to practice their chosen faith. One person told us, "What I really like is that we're respected. I am Catholic and I like to eat fish on a Friday. They took time to find out about my religious beliefs and they always make sure I have my fish."

People's bedrooms were decorated reflect people's personal tastes and people were encouraged to furnish their rooms with pictures and items which were particularly important to them.

Good

Is the service responsive?

Our findings

People and their relatives expressed their satisfaction with the home. One person said, "Nothing is too much trouble for the staff. You only have to ask, be it something to eat or to go out shopping, and it can happen." A relative told us, "I feel properly involved with my relative's care. [Registered manager's name] and the staff are always very open about their care and how things are going, and they never hesitate to call the GP if it's needed."

People's support needs had been assessed and care plans developed based on people's needs and preferences. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. People's care plans were accurate, regularly reviewed and updated.

Whilst some care plans were detailed and provided staff with guidance on how to support people safely as well as providing information on people's preferences we found that some would benefit from further information. For example, one person's care plan described what items of clothing they preferred to wear but did not tell staff how they could support the person to change their position in bed as they could not do this for themselves. This meant staff may not have all the information they need to keep people safe and meet their needs and preferences. However, staff knew people well and understood how to meet their needs, wishes and preferences.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard was introduced in July 2016 and states that all organisations that provide NHS or adult social care must make sure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The provider had developed accessible ways of communicating with people, such as picture menus and easy read documents. Information posters with pictures, informed people of events happening at the home. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication.

Staff supported people to engage in meaningful activities they enjoyed. Comments included, "There are quite a few things for us to do. We have puzzles and books and so on, that you can do on your own, and they also organise things such as the harp player or the owls" and "There's quite an amount of things to do if you choose to get involved."

Activities on offer were displayed for people to see and were numerous, including games, arts and crafts, films, music and chair exercises. On the day of our inspection we observed staff engage people in an organised activity of 'catching the butterflies'. Not all wanted to engage, but each person was offered the choice, and staff persevered with those who found it difficult to engage. People were clearly enjoying the session.

People's wish to not participate in group activities was also respected with one relative telling us, "I wish my relative would spend more time downstairs, out of their room and socialising, but they choose not to." We

spoke to staff about how they ensured people who spent time in their rooms, were not at risk of social isolation. Staff told us they checked on people regularly and responded promptly to any call bells. We saw this happening during the inspection.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were provided to people. People told us they had not had any reason to complain. One relative told us, "If there were a need to complain, we feel certain [registered manager's name] would address it and keep us informed about the outcome."

People were supported by staff to maintain their personal relationships. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People's end of life wishes were discussed with them and their needs and choices recorded in their care plans. This ensured that people's final days were as they wished for and their choices known and respected. Staff received training on end of life care and were supported by the community nurses and the local hospice.

Good

Is the service well-led?

Our findings

The home continued to be well led. People, their relatives and professionals expressed their confidence in the management of the home and all said they were happy with the care and support provided. Comments included, "I am really happy with everything [registered manager's name] does for me. She looks after my money and I want for nothing", "We chose this home because it has a real family atmosphere and all the staff are friendly. It's a real home" and "I chose Pendennis for my relative based on research on the internet and the CQC report. I had high expectations as a result, and they have been met and exceeded, mainly due to [registered manager's name] and the way she manages things here. The website doesn't do it justice, it's much better."

The home had a positive, person-centred, open and inclusive culture, with good relationships amongst people and staff. People, relatives, visiting healthcare professionals and staff told us the registered manager was approachable and friendly. A person living at the home described the manager as "Good." People were comfortable in the registered manager's company and she had clearly developed a good rapport with them.

Clear lines of communication had been established between the registered manager and staff and a number of communication methods had been developed. These included regular team meetings, supervision, and daily handovers. The provider visited the service regularly and spoke with people and staff to hear their feedback. Staff told us they were well supported and felt comfortable raising concerns with the registered manager and provider and found them to be responsive in dealing with any concerns raised.

The provider used six monthly questionnaires to gather people's views. Where comments had been made the provider had responded to them and the actions taken had been recorded. For example, one person had commented that the home "Could do with some updating of the décor as it looks a little jaded in places." As a response to this comment the provider drew up an action plan for a whole home refurbishment programme which we saw was in the process of being implemented during our inspection. This demonstrated that people's views were listened to and acted upon and showed that the provider valued people, putting their wellbeing, comfort and happiness first.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits. These helped to highlight areas where the home was performing well and the areas which required development. This helped the provider to ensure the home was as effective for people as possible.

The home worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as GP's, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the home.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that

appropriate action had been taken.