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Pendarves 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

We carried out this unannounced inspection of Pendarves on 11 January 2016. Pendarves is a care home that provides residential care for up to 10 people. On the day of the inspection there were 10 people using the service. The service was last inspected in January 2014 and met the requirements of regulation.

The service had a registered manager in post. 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.

The service had safe arrangements for the management and administration of medicines. It was clear from the medicine records that people received their medicines as prescribed. Some people required prescribed creams. Creams were not dated when opened. The registered manager responded immediately to this to ensure staff knew when the cream would expire and was no longer safe to use.

There were infection control measures in place to ensure the service was clean and hygienic. However a sluicing facility which was accessed from a corridor did not have a door in place. Cleaning materials were stored in a cupboard in this space. The registered manager recognised the potential for risk and arranged for a door to be put in place with immediate effect.

There were sufficient numbers of care staff to support the needs of the people living at the service. People were being cared for by competent and experienced staff. People had choices in their daily lives and their mobility was supported appropriately.

Staff understood the needs of people they supported, so they could respond to them effectively. We observed care being provided and spoke with people who lived at the service, their families and healthcare professionals who visited the home regularly. All spoke positively about the staff and the registered manager. One person told us, "It's the best place. I am so glad I came to live here. I get all the care I need and more". A family member told us, "They (staff) are just so patient. As a family we are very pleased".

Staff recruitment files contained the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Pre-employment checks had been completed to help ensure staff had the appropriate skills and knowledge required, to provide care to meet people's needs. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

Staff supported people to be involved in and make decisions about their daily lives. If people did not have the capacity to make certain decisions the service had systems in place to act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was to protect people and uphold their rights.

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

There were a variety of methods in use to assess and monitor the quality of the service. Meetings and surveys had taken place and showed people were engaged with and listened to.

Equipment and supply services including electricity, fire systems and gas were being maintained. Overall satisfaction with the service was seen to be positive.

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 mainly safe. Where a sluice door was missing work was arranged to address this to ensure it was a secure area.

The management, storage and administration of medicines were safe.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

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.

Is the service effective?

Good ●

The service was mainly effective. Some internal areas required decoration and some maintenance.

People had access to healthcare professionals including doctors, chiropodists and opticians.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People spoke highly of the staff and told us that they were supported with respect and kindness and experienced flexibility in their routines.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care

and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

Is the service well-led?

Good ●

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

Pendarves Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 11 January 2016. The inspection team consisted of one inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who were able to express their views about living at Pendarves and three visiting relatives. Following the inspection visit we spoke with Local Authority commissioners of the service.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at three staff files, medicine records and records used in relation to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living Pendarves and with the staff who supported them. One person said, "Love living here. Yes I feel very safe all the time". The staffing rota showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in the lounges and dining areas, so that people could call upon them if required. Staff told us, "It's a great place to work. We work well as a team and make sure everybody is well cared for" and "Everybody's needs are different but we get all the information we need so we can provide a good level of care to residents".

The service had a small sluice area which was accessed from the main corridor. However a door was not in place meaning the area was open and accessible to people. An additional storage cupboard in this area held a range of cleaning products. We discussed the potential risks of open access to this area. The registered provider recognised this and took immediate action to ensure a door was put in place which would be locked and only accessible to staff.

We looked at the arrangements in place for the administration of medicines at the service. It was clear from the Medication Administration Records (MAR) people had received their prescribed medicines at the appropriate times. Some people were prescribed creams. Prescribed creams had not been dated upon opening. This meant staff were not advised when the cream would not be safe to use and need to be disposed of as expired. The registered manager recognised the need to address this and started to take action to date all prescribed creams. Where people had been prescribed creams and eye drops, notices were hung in the person's room to remind staff of what the creams and drops were and when to apply them. We discussed issues around confidentiality which the registered manager acknowledged and agreed to move the notices out of sight.

The service had arrangements in place for the recording of medicines that required stricter controls. These medicines require additional secure storage and recording systems. The service had additional storage facilities for these medicines. However plans were in place to replace the current facilities by following current Royal Pharmaceutical guidance. The registered provider told us they were introducing new more robust facilities in line with the relevant legislation. We checked the balances of these medicines held by the service against the records kept. The stock balanced against medicines being used. Staff who administered medicines had received a suitable level of training. Staff told us they felt the training they had received was good and they were confident in how they administered medicines.

Staffing levels were based upon the level of needs for people living at Pendarves. Rotas showed there was a skills mix of staff on each shift being supported by the registered manager. In addition to care staff there were ancillary and kitchen staff. People said there were enough staff to meet their needs, and the staff we spoke with said staffing levels were satisfactory. Relatives said, "There are always staff around when you need them" and "Nobody has to wait for staff as they are always around".

Risks assessments were completed to identify the level of risk for people in relation to using equipment, bed

rails, nutrition and the risk of developing pressure ulcers. The assessments were specific to the care needs of the person. For example, there was clear guidance that directed staff to know what equipment was needed to move a person safely. Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one persons health needs had changed. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. New employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with senior staff and management. Staff also knew they could raise any concerns with the local authority or the Care Quality Commission if necessary. The safeguarding policy contained information about the various types of abuse, the process for raising concerns and whistleblowing policies. Local guidelines were dated, however the registered manager was about to attend a local authority seminar on local safeguarding protocols where updated guidance would be received. Staff were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff received safeguarding training in order to understand the types of abuse and what action to be taken should abuse be suspected.

Accidents and incidents that took place in the service were recorded by staff in people's records. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. People made their own choices about whether to stay in their rooms, use the lounge area or both. There were no restrictions on how people chose to spend their time. One person told us, "I like to sit in the lounge and have a natter in the morning, but like to watch television in my room in the afternoon. It's not a problem".

People were cared for by staff with the appropriate knowledge and skills to support them effectively. People told us, "I have lived here for some time and I can say the staff are excellent. They are all so kind and patient" and, "All very caring. I can't fault the staff". Families felt the service was effective in meeting their relative's needs. Their comments included, "(Persons name) has the best care we could hope for" and "They (staff) are keeping me informed about what's happening with (person's name). It's a difficult time for us and they (staff) are supporting me".

During the inspection visit staff were available to support people with their needs. Staff were chatting with people about their interests and what they would like to spend their time doing at various times of the day. People's bedrooms contained personal pictures and ornaments which helped the service to have a familiar homely feel for people who lived there.

People had access to healthcare professionals including doctors, dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "Everybody is registered with the same practice and we have a really good relationship. They are very supportive". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified.

The service was aware of the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wider theoretical knowledge of good working practice within the care sector. The most recent care worker employed by the service was working through the new system to achieve the care certificate. There were training opportunities for staff working at the service. Staff told us they thought access to training was good and reflected their roles and responsibilities. One staff member said, "They (providers) are very keen to make sure we go on training courses. It has really helped me".

Staff told us they felt supported and they had the opportunity to discuss their performance and development with the manager. Staff training needs were discussed during supervision sessions and reflected training which supported them in their roles. Supervision records were personalised and included details of training undertaken or required, tasks to be completed and feedback on performance. They were dated and signed by both the supervisor and staff member.

Care planning and reviews were written in a 'person centred' way. This showed the person's needs and choices were at the centre of care planning. People gave us examples of when they had been involved in their care planning and reviews. One person said, "They (staff) regularly talk to me about what I need. Only

the other day they talked about my doctor's appointment and what tests I needed". A relative told us, "I can't thank the staff enough. They keep me informed of the slightest change in (person's name)".

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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). There was nobody living at the service at the time of the inspection visit, who lacked capacity, therefore no applications had been made.

Most people ate lunch in the main dining room. There were enough staff to ensure those who required some support received it. Other people chose to eat in their own room. People were offered water and juice options. The meal was a sociable occasion with people chatting happily to each other and with the staff who were serving lunch. Table were set with napkins and fresh flowers on each table. People told us, "I love the meals here they are very homely just what I like" and "It's a lovely dining room so light and the tables are always nicely set". Menus were flexible and people had choices if they did not like the daily option which was displayed every day. Breakfasts were delivered on trays to individual rooms during the morning period. Staff told us they knew what people liked and disliked but that options were always available to people.

Is the service caring?

Our findings

People told us they were happy living at Pendarves. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. They told us, "I love living here and feel very well cared for" and "The girls are always there for me. (Staff name) sits with me every day and we have a good natter". A relative we spoke with told us, "(Persons name) has everything they need living here. Staff couldn't be kinder. They are patient and considerate".

People were cared for by attentive and respectful staff. We saw staff showing patience and providing encouragement when supporting people. People's choices were respected and staff were sensitive and caring. During the day people moved freely around the service without restriction. Staff were available to support people when they needed it. One person was bedfast. Staff regularly checked on the person's welfare and delivered care and support in a sensitive and respectful way. A staff member said, "It's important people feel confident with us. We make sure we take time caring for them and make sure they are not rushed". A relative told us, "I feel confident when I leave here (persons name) is being very well cared for".

Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way. Staff always engaged with people at eye level, for example kneeling next to the person if they were sitting down. Staff knew the backgrounds of the people they cared for and we noted the staff used this information when they were with them in relevant conversations. For example speaking with somebody about their interests and planning a visit to a family member's house.

Pendarves provided care and support for people approaching the end of their life. People were encouraged to make as many choices as possible, for example if they wanted any specific support from friends or family and religious representatives.

Staff were respectful and protected people's privacy and dignity. When people were being supported to move around the service staff spoke with them in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People's bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences about how they wished their care to be provided. For example one person liked to move independently around the service and staff discreetly observed them to make sure they were safe but not restricting them.

Some people had limited mobility but staff encouraged them to move around with the use of personalised walking aids. This showed people's independence was supported. Some people used the lounges and dining room and others chose to spend time in their own rooms. One person told us, "I was unsteady on my

feet when I came here, but now with my walking frame I get about quite well". A visitor told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or lounge area.

Is the service responsive?

Our findings

People told us they felt their needs were being well met at Pendarves. One person told us, "They (staff) make sure I have everything I need" and "I wasn't feeling too well recently and (staff name) got the doctor straight away. They always do that you never have to worry". A relative told us, "(Persons name) is really not well now but they [staff] make sure (the person) is very well cared for. They are always popping in to make sure everything is OK. If there are any changes they get the doctor in".

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information where possible. This helped staff to gain a more in-depth understanding of the person. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a persons care and support.

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. There were examples where the registered manager had responded to changes in people's needs. Care plans had been updated to provide information of the changes in care plans. Where people required additional support from specialists including dentist and consultant referrals had been made and responded to.

People said they were happy living at the service and were able to spend the days doing what they chose to. There was no formal approach to activities. Some people liked reading and watching television. During the morning period most people were enjoying a television programme which was stimulating conversation. Staff came in and out of the lounge and joined in the conversation. People were seen to respond to this positively. There was a lot of laughter and 'banter' between staff and people using the service. Staff showed us a range of DVD's which were specifically designed to promote conversation relating to lifestyles of the past. People told us they liked the films because they could relate to a lot of what was being shown. One person said, "We have such a giggle about the types of things we used to use when washing. I don't know how we managed then". Some people liked to spend time doing crosswords and puzzles. There were times during the week when staff supported people to carry out exercised designed for people with limited mobility so they could carry them out from their own chair. Some families took their relatives out when they visited. People had a choice as to whether to take part in activities. One person said, "I like to spend more time in my room watching television or reading. It's not a problem".

Staff members were familiar with people's interests. Most people could vocalise their likes and dislikes and wanted to share their life experiences with staff. People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time which we saw during the inspection visit.

Staff responded to individual needs based upon information in the care planning and risk records. Risks associated with peoples individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas including falls, communication, mental capacity and responding to

hydration and nutritional risk.

Some people were not aware of whether they had been involved in their care planning and review but most did. One relative told us the manager and staff members frequently kept them informed of any changes of care and support for their relative. In addition care plans we looked at showed people had been involved in recent reviews and had signed to say they had agreed to the information recorded.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were made available to people when they went to live at the service. People told us they would speak to the manager or staff if they had any concerns. The service had not received any complaints since the previous inspection. One person told us they felt confident the manager would act on any issues they might raise with the service.

Is the service well-led?

Our findings

People who lived at the service spoke positively about the registered manager and the staff and felt they could approach them with any issues and that they would be heard. Staff felt well supported by the registered manager. Healthcare professionals told us they had no concerns regarding the management of the service. People told us, "They (registered manager and staff) listen to what we have to say. It's just a very homely place to live" and "Everything is so well organised. I don't have to worry about a thing".

There were systems in place for the registered manager to monitor the quality of the service provided to people. This included quality assurance surveys. The most recent in October 2015 showed people were very satisfied living at Pendarves. They made comments on all aspects of living there including, food, care, premises, daily living and management. Comments included, "I am very happy living here the care is excellent", "The staff are always kind and on hand to meet my needs" and "I have everything I need here and the food is always very good".

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "We (staff) try and make sure people have everything they need. We try and keep it all very relaxed and homely. I think we do that well". It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose.

Staff said that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. Comments included, "As a team we all work well together and feel confident to raise any issues with the manager" and "I feel we are listened to as it's a small home and any changes can affect people so we talk things through with everyone to make sure it's the right thing to do".

Everybody we spoke with told us that the registered manager always promoted an open dialogue. Staff said they shared information every day and between shifts. A visitor told us each time they came into the service the registered provider always updated them about what was going on.

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.

The maintenance of the building was being kept under review. General decoration and upgrading of the service was a current topic being discussed. Any defects were reported and addressed where required by individual contractors. There were regular checks of equipment used at the service including wheelchairs and hoists. Service certificates were available for fire systems. A recent change in the gas system meant there was no certificate available, but an invoice showed work had been undertaken and the registered

manager agreed to contact the contractor to ensure a current certificate was in place. Electrical equipment was recently serviced and the service was awaiting a new fuse box before a certificate was provided.