

# Mrs Kima Mohajeran & Mr Davood Mohajeran

# Pendarves Residential Care Home

## Inspection report

25 Pendarves Road  
Camborne  
Cornwall  
TR14 7QF

Tel: 01209714576

Date of inspection visit:  
06 March 2018

Date of publication:  
27 March 2018

## 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 an unannounced comprehensive inspection of Pendarves Residential Care Home on 6 March 2018. Pendarves is a 'care home' that provides care for a maximum of ten adults. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were nine people living at the service. The accommodation is spread over two floors. A shared lounge and dining room are on the ground floor. There is a stair lift in place to enable people, who need assistance with mobilising, to access the first floor.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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 calm and relaxed atmosphere at the service throughout the day of the inspection visit. People and staff welcomed us into the service and were happy to talk to us about their views of living and working there. We observed people had good relationships with staff and each other. Staff interacted with people in a respectful, caring and compassionate manner.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Pendarves. People told us they were happy with the care they received and believed it was a safe environment. Comments from people and visitors included, "I feel safe living here", "It's a lovely home, I can't fault it", "I fell in love with the place as soon as I saw it" and "I think people here are well cared for."

Incidents were logged, investigated and action taken to keep people safe. Risks to people's health and safety were assessed and clear plans of care put in place to help keep people safe. These had been developed to minimise the potential risk of harm to people during the delivery of their care. Risk assessments had been kept under review and were relevant to the care provided.

Safe arrangements were in place for the storing and administration of medicines. Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses, opticians and audiologists.

Care plans contained personalised information about the individual person's needs and wishes and people were involved in the planning and reviewing of their care. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

People were supported to eat a healthy and varied diet. Comments from people about their meals included, "I really enjoyed the meal today" and "The food is always good."

People were able to take part in a range of group and individual activities. These included bingo, card games, exercises and pamper sessions. Staff also supported people to go out regularly into the community to visit local attractions and shops.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs in a timely manner. Staff knew how to recognise and report the signs of abuse. Staff were supported through a system of induction, training, supervision and staff meetings. This meant they developed the necessary skills to carry out their roles. There were opportunities for staff to raise any concerns or ideas about how the service could be developed.

Management were viewed positively and everyone we spoke with described the management of the service as open and approachable. Staff had a positive attitude and told us the management team provided strong leadership. Staff told us they felt supported by the management commenting, "The owners are really approachable and they are always here" and "The owners always listen to our ideas and suggestions."

The service had a suitable complaints procedure. People and their relatives said they felt staff and management were approachable, would deal with any concerns appropriately, and did not feel they would face any repercussions if they made a complaint. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 6 March 2018. The inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before 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. We also reviewed the information we 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, four visiting relatives and two visiting healthcare professionals. We also spoke with the two owners, one of whom is the registered manager, and three care staff.

We looked at four people's care plans and associated records, Medicine Administration Records (MAR), three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People told us they were happy with the care they received and believed it was a safe environment. Comments from people and visitors included, "I feel safe living here", "It's a lovely home, I can't fault it" and "I fell in love with the place as soon as I saw it."

People were protected from the risk of abuse because staff knew the action to take if they suspected abuse was taking place. They told us they would have no hesitation in reporting it to the registered manager and were confident their concerns would be acted on. If necessary they would report concerns outside of the organisation, either to CQC or the local authority safeguarding team.

Each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. These had been developed to minimise the potential risk of harm to people during the delivery of their care. Risk assessments covered areas such as the level of risk in relation to nutrition, pressure sores, and falls and how staff should support people when using equipment. These had been kept under review and were relevant to the care provided. Staff had been suitably trained in safe moving and handling procedures.

Records of incidents and accidents showed that appropriate action had been taken and where necessary changes made to learn from the events. For example, after anyone sustained a fall a review was carried out to assess if their care needs had changed and what actions could be taken to try and prevent another fall. Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were accessible to staff and visiting professionals when required.

There were safe and robust recruitment processes in place to ensure only staff with the appropriate skills and knowledge were employed. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough suitably qualified staff on duty and additional staff were allocated if people's needs increased, such as when someone was unwell. On the day of the inspection there were two care staff, one cook and the two owners on duty to care for nine people. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell. We saw people received care and support in a timely manner.

Medicines were managed safely at Pendarves. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted.

All medicines were stored appropriately. Medicines which required stricter controls by law were stored

correctly and records kept in line with relevant legislation. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean, odour free and well maintained. Everyone we spoke with told us they thought the service was always clean. Hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately where required. Cleaning materials were stored securely when not in use.

All necessary safety checks and tests had been completed by appropriately skilled contractors. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

# Is the service effective?

## Our findings

People's need and choices were assessed prior to moving into the service. This helped ensure people's needs and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

Staff completed an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced members of staff. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and dementia awareness.

Staff told us they were well supported by the management team. Supervision meetings were held regularly as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. The registered manager and the senior care worker shared responsibility for completing supervisions.

Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists, district nurses, opticians and audiologists. This helped to ensure people's health needs were met. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visiting healthcare professionals told us, "No issues at all with this home" and "Staff know people well and know when to report any concerns to us."

Staff supported people to eat a healthy and varied diet. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. Tables were laid with linen cloths and table decorations. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. Comments from people about their meals included, "I really enjoyed the meal today" and "The food is always good."

People made their own decisions about how they wanted to live their life and spend their time. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People's care files showed that they had signed to consent to all aspects of their care.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. At the time of the inspection there was no one living at the service who lacked capacity, therefore no DoLS applications had been made.

Care records detailed whether or not people had the capacity to make specific decisions about their care. People living at the service had been assessed as having capacity to make decisions about their care and daily living. However, the service kept this under review as ill health and changing needs meant people's capacity might fluctuate.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a stair lift to gain access to the first floor, where some bedrooms were located.

## Is the service caring?

### Our findings

On the day of the inspection there was a relaxed and friendly atmosphere at the service. People and staff welcomed us into the service and were happy to talk to us about their views of living and working there. We spent time in the shared areas of the service to observe how care was delivered and received. We observed people were comfortable in their surroundings. Staff were kind, respectful and spoke with people considerately. Throughout the inspection staff were observed to stop and engage with people when moving through the lounge and dining areas.

We saw many examples of interactions between people and staff that enhanced people's well-being. For example, one person could become restless during the afternoon, especially if other people had a nap after lunch, and there was no one for them to chat with. We saw staff were aware of when they might want to have company and sat with them regularly.

Staff were clearly passionate about their work and motivated to provide as good a service as possible for people. Comments from staff included, "A lovely job", "I love caring for people, it's so rewarding seeing people happy", "I think people get the care they need here" and "We have plenty of time to spend with people individually."

Staff had worked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. People told us they were able to get up in the morning and go to bed at night when they wanted to. During the inspection most people chose to spend time in the shared areas. However, people were able to move freely around the building as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Staff supported people to keep in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families to share their views about the service. People were involved in monthly care plan reviews and managers regularly spoke with people to ask for their views about the service.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Pendarves. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. People were involved in planning and the reviewing of their care. People told us they knew about their care plans and staff would regularly talk to them about their care. Some people lived at the service for short term respite care, sometimes only staying for a few days. The registered manager told us they always visited the person, at home or in hospital, prior to them moving into the service to gather information about the person's needs to develop a care plan. This meant there was a care plan in place as soon as the person moved into the service and helped to ensure their needs and wishes were known.

Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff told us care plans were informative and gave them the guidance they needed to care for people. Staff were given updated information about people's needs at the start of each shift. Daily records were written by staff detailing the care and support provided each day and how people had spent their time. Staff told us communication within the staff team and with management was good and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs. Appropriate records were kept if people needed to have people specific aspects of their care monitored such as being re-positioned or having their skin integrity checked.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

People were able to take part in a range of group and individual activities. These included bingo, card games, exercises and pamper sessions. An external entertainer visited regularly to facilitate singing sessions.

On the day of the inspection there were conversations between people and staff about what they wanted to do. People were watching television for part of the day and we observed that people discussed together what they wanted to watch. One person told us, "I and another person like to watch the snooker together. I often let the others watch the programmes they like because I stay up later than everyone else so I can watch what I want to then."

Staff also supported people to go out regularly into the community to visit local attractions and shops. During the inspection one person decided they wanted to go out to the local shops to buy some new shoes. One of the owners responded to their request and within minutes took them out. On their return the person showed us their new shoes and it was clear they had enjoyed their trip out.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern.

## Is the service well-led?

### Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was also one of the owners of the service. The registered manager was supported in the running of the service by the other owner and a senior care worker. The management team were clearly committed to providing the best possible care for people and promoting their independence and well-being. Staff had adopted the same ethos and enthusiasm and this showed in the way that they cared for people and supported them to live as fulfilling lives as possible. Staff told us the management team provided strong leadership. There was a stable staff team where many staff had worked at the service for a number of years. Staff told us they felt supported by management commenting, "The owners are really approachable and they are always here" and "We all work together as a team, everything we do is about giving the people who live here as good a life as possible." People, relatives and healthcare professionals all described the management of the service as open and approachable. Comments included, "No concerns about the running of the service", "The owners are easy to talk to" and "I think the home is well managed."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The owners worked alongside staff most days and this enabled them to monitor the quality of the care provided by staff. If there were any concerns about individual staff's practice the registered manager addressed this through additional supervision and training. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. They did this through informal conversations with management, at daily handover meetings, staff meetings and one-to-one supervisions. One worker told us, "The owners always listen to our ideas and suggestions, often making changes as result of our ideas."

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. The answers to all of the questions about the service were rated as good or excellent. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.