

Mrs Pauline Difford

Pendrea House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pendrea House is a care home that can accommodate up to 16 older people, some of whom may have a diagnosis of dementia. On the day of the inspection there were 14 people living at the service.

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

There were enough staff to support people safely. Staff were unhurried in their approach and responded to call bells quickly. Many of the staff had worked at the service for several years, they knew people well and provided consistent care which took account of people's needs and preferences.

People received medicines safely and as prescribed. Staff administering medicines had received training which was regularly refreshed. Competency assessments were completed to ensure staff continued to follow good working practice when administering medicines.

Staff were aware if people were at risk due to their health condition. Risk assessments contained information about how to support people safely.

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

The registered manager was supported by a deputy manager and team leaders. Staff told us they were well supported by the registered manager and were kept aware of any changes in people's needs.

There were systems in place to gather stakeholder's feedback. People were asked for their opinions on matters affecting the whole service as well as their individual care needs.

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

Rating at last inspection

The last rating for this service was good (published 27 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led.

Pendrea House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pendrea House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pendrea House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the inspection was carried out at the weekend and we wanted to be sure the registered manager would be available to speak with us.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 3 members of staff, 6 people living at Pendrea House, 2 relatives and a visiting healthcare professional. We looked at 2 care plans, daily notes, rotas, 2 staff files, health and safety records and Medicine Administration Records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding. They were aware of the processes to follow if they had any safeguarding concerns.
- Staff told us they would be confident raising concerns. One commented; "I couldn't sleep at night if I didn't."
- People said they felt safe. One commented; "The staff are so patient with everybody. I couldn't be that patient!"

Assessing risk, safety monitoring and management

- Care plans contained risk assessments which outlined when people had been identified as at risk.
- Staff were able to describe how they supported people who were at risk in order to keep them safe whilst supporting their independence and protecting their dignity and privacy.
- Some people were at risk of losing weight. Staff monitored what these people ate and regularly weighed them. This meant they would be quickly aware if there was a decline in the person's health and well-being.
- Regular checks of the premises and equipment were made. For example, checks of fire equipment and electrical equipment were completed.
- Emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The registered manager demonstrated a sound understanding of the principles underpinning the MCA. People were supported to make decisions about their care and be involved in care planning.
- At the time of the inspection no-one had been assessed as lacking capacity. Care plans evidenced that

people had been asked for consent for various aspects of their care. For example, people had been asked if they consented to vaccinations and Covid-19 testing and had signed to indicate their agreement.

Staffing and recruitment

- There were enough staff to support people safely and according to their needs and preferences. People told us their call bells were answered quickly. The registered manager regularly checked call bell response times so they would be aware if people were waiting for assistance for too long.
- There was a stable staff team in place. Some staff had worked at the service for several years. This meant people were supported by staff who knew them well. One member of staff said; "Because we know people so well, we can tell quickly if something is wrong."
- The core staff team were supported by 2 bank staff who were able to cover any planned absences. If staff were unexpectedly absent the core team worked together to ensure all shifts were covered.
- Recruitment processes were robust. For example, references were followed up and Disclosure and Barring Service (DBS) checks completed before new staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. Care plans contained information about when and how medicines should be administered.
- Some people had medicines to be given 'as required' for pain relief. There were protocols in place to guide staff on when these could be given. Staff did not record if the medicine had been effective. We discussed this with the registered manager who said they would arrange for this information to be recorded in the future.
- Staff responsible for administering medicine had received training. The registered manager regularly observed medicine rounds so they could be assured staff continued to work in line with NICE guidelines.
- There were appropriate arrangements in place for the safe storage of medicines. The temperatures of areas where medicines were stored were monitored.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors according to their wishes. Relatives told us they were always made welcome.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to help identify any themes, patterns or areas for improvement.

Is the service well-led?

Our findings

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

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

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

- The registered manager and staff demonstrated shared values in their conversations with us. Staff knew people well and described the service as, "Like a home", "Friendly" and "Everyone working together."
- This ethos was apparent in our observations. We saw staff chatting with people and making sure they were comfortable. Staff clearly knew everybody well and were able to support them according to their preferences.
- People were positive about the service. One commented, "If I can't live at home this is the next best place."
- Relatives were also positive about the service. They described how their family member had been supported to continue to be as independent as possible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us the registered manager kept them fully informed of any changes in their family member's needs. They told us they had no concerns about the service and had trust in the registered manager and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager and team leaders. Staff had clear roles and responsibilities.
- Any changes in people's care needs was shared with staff at handovers and throughout the day. One member of staff commented on the importance of good communication. They told us; "It's something we do really well."
- Staff told us they were well supported by the registered manager and felt able to approach them for advice and guidance at any time.
- Audits looked at aspects of the service to check systems and processes were efficient.
- The CQC rating from the previous inspection was clearly displayed in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were robust systems in place for gathering the views of people their families and friends and staff.

- Staff meetings were held regularly, and these were an opportunity for staff to raise ideas or suggestions.
- People were asked for their views at residents' meetings. Minutes showed they had discussed menus and the kind of activities they would like arranged.
- One person told us how they were involved in care plan reviews. They told us; "We talk about whether anything's changed or not."

Continuous learning and improving care

- The registered manager was signed up to Skills4Care and received updates from CQC. This helped them keep up to date with any changes in the sector.
- Information from audits was used to drive improvement.

Working in partnership with others

- A visiting professional told us they had no concerns about the service. They told us; "They are on it! Anything they are worried about they report straight away. And anything I advise them to do is done."
- Records showed referrals were made to other professionals appropriately. A GP made weekly visits to the service.