

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

This unannounced inspection took place on 29th March 2016.

Pendennis Residential Home is a care home for older people some of whom may be physically frail or living with dementia. At the time of our inspection there were 22 people living at Pendennis.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff were knowledgeable about people living at the home and understood how to meet their diverse needs. We observed warmth and affection between staff and people who used the service. People were treated with dignity and respect.

People told us they felt safe at Pendennis and staff told us they would report any concerns to the registered manager. Systems and processes were in place to ensure that people were protected from abuse and improper treatment.

We found the home was clean and odour free. Bedrooms had been personalised and communal areas were comfortably furnished. The home was well maintained and equipment had been serviced to make sure they were safe to use.

Recruitment processes were robust and thorough checks were always completed to make sure staff were safe and suitable to work in the care sector before they started work at the home. Staff told us they felt supported by the registered manager and they were given appropriate training such as how to support people living with dementia.

There were enough staff on duty to make sure people's care needs were met. People told us they liked the staff and found them kind and caring. On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service.

Staff respected people's dignity. Staff described how they protected people's dignity by closing curtains and doors and covering people with towels when they were washing them. People were supported to be as independent as possible. Care staff told us they always asked people if they wished to do things for themselves and supported people where they were unable to do so.

Where ever possible, people were involved in decisions about their care and were offered choices. People told us they and their relatives had been involved in their plan of care and had participated in six monthly reviews.

People had care plans that clearly explained how they would like to receive their care and support. Care plans were regularly updated and amended where necessary to meet people's changing needs. Care plans included an assessment of people's needs and were written to reflect people's individual preferences and wishes. They told us they had read and understood the care plans and ensured they followed them.

People were supported to take their medicines. Systems were in place to ensure that medicines were managed safely. We saw that there were appropriate procedures in place for the receipt, storage and administration of medicines. Staff received regular competency assessment checks to ensure the on-going safe management of medicines.

Staff ensured that referrals were made to healthcare services in a timely way to make sure people's health care needs were met.

The meal time experience was a relaxed and social occasion. People told us meals at the home were good and offered both choice and variety.

There were a range of activities on offer to keep people occupied and the home had set up an "activities room" that had alternating themes such as a pet shop, grocers and an office which was furnished from items from earlier eras to engage people and their visitors. People were supported to take part in a variety of activities. Whilst we were there we observed a number of activities including group sessions and also people having individual activities more suited to their needs and preferences.

The service was working within the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Applications had been submitted to the local authority for assessment and authorisation where necessary. Capacity assessments had been carried out and decisions taken in the best interests of people were documented.

Visitors said they were made to feel welcome at any time and were very positive about the care their relatives received.

There was a positive and open culture within the service. Staff said they felt able to raise concerns, and were confident they would be responded to. People and staff were happy with the service and praised the manager.

There was a complaints procedure in place and we saw where concerns had been raised these had been dealt with appropriately.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address these shortfalls.

People using the service were asked for their views and were able to influence the way the service was managed.

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.

People told us they felt safe. Staff had received safeguarding training and knew how to recognize the signs of abuse. Systems and processes were in place to ensure that people were protected from abuse and improper treatment.

The provider took steps to ensure suitable recruitment checks were undertaken prior to people starting employment at the home.

Risks to people were identified and appropriately addressed.

There were sufficient staff to meet people's needs.

Systems were in place to ensure that medicines were managed safely. We saw that there were appropriate procedures in place for the receipt, storage and administration of medicines. Staff had received medication training in order to administer medicines safely.

Is the service effective?

Good 

The service was effective.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences.

People were assessed in line with the Mental Capacity Act 2005 where needed. Staff always asked for people's consent and respected their response.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People were well supported with eating and drinking and support was tailored to meet their specific needs and preferences.

The service liaised with community healthcare professionals to

ensure that people had access to health services.

Is the service caring?

Good ●

The staff were caring.

Staff treated people in a kind and compassionate way. They took time to get to know people.

Staff had a detailed knowledge of the subtle yet important body language of people unable to communicate verbally, which allowed them to respond to their emotional needs.

Staff described how they provided care to people and respected their dignity.

Each person's Independence was promoted wherever possible.

Is the service responsive?

Good ●

The service was responsive.

Person centred care plans were in place and contained detailed information about each person. This meant that staff knew how to care for people in the way that they preferred.

The service sought feedback from people, relatives and staff and responded appropriately to it. A system was in place to receive and handle complaints or concerns raised.

People had varied interests and social preferences. We saw that people were able to undertake activities and interests that were important to them. People made choices about their day to day lives.

Is the service well-led?

Good ●

The service was well led.

There was a positive and open culture. There was an experienced registered manager in post who led by example and was always approachable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

The service sought feedback from people, relatives and staff and

responded appropriately to it. A system was in place to receive and handle complaints or concerns raised.

The registered manager actively monitored the quality of care and took appropriate actions where necessary to drive service improvements. There were contracts in place to ensure the equipment and building were being maintained.

People's views on the service were sought where possible, and systems were in place to gather the views of relatives and other stakeholders.

Pendennis 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.

The inspection took place on the 29th March 2016 and was unannounced and was conducted by two adult social care inspectors.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

On this occasion we did not ask the provider to complete 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.

During the inspection we looked around the home and observed the way staff interacted with people. We spoke with fifteen people who used the service, four visitors and one visiting health care professionals. We also spoke with the registered manager, two senior carers, two carers, cook and maintenance man. We observed how staff interacted with the people who used the service throughout the inspection.

We also spent time looking at records including three care records, four staff files, medication administration record (MAR) sheets, staff training plans, complaints, policies and procedures, audits, quality assurance reports and other records relating to the management of the service.

Is the service safe?

Our findings

People told us the home was a safe place to live in. One person told us "I feel safe here because there is always someone around to help me." Another person said "I've no reason not to feel safe". Visiting relatives had only positive comments about the safety of the people who lived in Pendennis. They said, "I have no worries about my relative's safety" and "She's safe here".

People were protected from the risk of abuse because systems were in place to ensure staff had the knowledge and understanding to safeguard people. Staff demonstrated a good understanding of the different types of abuse and were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. A notice in the staff room stated "you are an alerter, report immediately any concerns". One member of staff told us, "I would go to the safeguarding team or CQC if I did not feel my manager had listened."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessments covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. Pressure mats and door alarms were used where needed to alert staff to people's movements so that they could respond promptly. Mental capacity assessments and best interest's decisions were seen in people's files about their use.

We saw staff provided care in a way that supported people's safety. For example we saw one person transferred with a hoist, this was done slowly, carefully with staff explaining every stage to the person and was in accordance with their care plan. We observed safe moving and handling practices throughout the day and saw that people were supported, in accordance to their risk assessments, to mobilise with assistance around the home.

We observed there were suitable numbers of staff on duty on the day of the inspection to meet the needs of people using the service. However, we received conflicting information from people about staffing levels. Most people told us there were enough staff available to provide support for them when they needed it and were able to sit and speak with them. One person we spoke with felt there needed to be more staff available at times "There are enough staff but sometimes it would be helpful to have some more."

Two visitors we spoke with thought there were enough staff for people's needs. Staff also felt staffing levels were sufficient to provide safe care. Staff told us that they were allocated duties at the start of the shift which ensured that there was always one member of staff "on the floor" supervising people in the dining room and lounge room during the day.

The provider calculated staffing levels according to people's dependency. Residents dependency scores were identified on a notice board in the staff room where A indicated minimal support and prompting required, B indicated assistance of one member of staff required and C indicated assistance of two members of staff required. The registered manager told us these helped review the staffing levels required. One member of staff said the staffing had been increased in the afternoons in response to peoples changing needs.

We looked at four staff recruitment files and saw that application forms were completed, references obtained and checks made with the Disclosure and Barring Service (DBS) before staff started work. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These measures ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults.

One member of staff had gaps in their recruitment history. The registered manager had spoken with them and was satisfied with their explanation; however this had not been recorded on the interview record. We discussed this with the registered manager who immediately changed the interview record to include asking about employment gaps.

Prior to considering inviting a prospective new member of staff to an interview, they were asked by the management team to complete a number of statements about their personal values and their knowledge of people's rights. These statements were used to judge a candidate's suitability to work at the home and support vulnerable people. Interviews were then carried out and staff were provided with job descriptions and terms and conditions. This ensured that staff were aware of what was expected of them.

People told us that they were given their medicines on time and in a way they were happy with, for example one person told us about how they were given tablets on a spoon. We found that people's medicines were administered and stored safely. The medicine cupboard and trolley were locked and only staff trained in medicine administration had the key to the cupboard. We looked at the Medicines Administrations Records (MARs) charts and found that administered medicine had been signed for. However, two medications for one person had been omitted due to no stock available as they had run out over a holiday weekend. This was discussed with the registered manager who immediately took action to address the matter by speaking to the staff members involved and by ensuring that stock reordering systems were improved.

We found that medicines were stored and at the correct temperature. The fridge temperature was checked daily and recorded by the registered manager. However, examining the records from the holiday weekend, showed that the fridge temperature had not been recorded. Staff told us that this was because the registered manager had been off over the weekend. We discussed this with the registered manager who told us they would ensure that senior carers were trained to perform this task in future.

Appropriate arrangements were in place for the recording of medicines. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. This ensured that people received their prescribed medicines in a safe way.

We observed that medicines were administered in line with guidance on best practice, that people were given a drink of water to help them swallow their medicine and that staff ensured medicines had been taken before accurately recording this on people's MAR charts. Prescribed creams for topical application were dated on opening and all were discarded monthly. A topical administration chart was used to inform staff where cream needed to be applied.

Staff told us they received training before they were able to support people with their medicines. Training was then followed by competency assessments where staff were observed while they administered medicines to offer assurances to the management team that they were safe to do so.

The home was clean and odour free. People told us the home was always clean and tidy. Hand washing facilities and gloves and aprons were easily available for staff to use. The premises and equipment were maintained to ensure people were kept safe. The registered manager arranged for the maintenance of equipment used including the hoists, lift, stand-aids and fire equipment and held certificates to demonstrate these had been completed. The registered manager employed a maintenance person for general repairs at the service.

Is the service effective?

Our findings

People told us that staff knew how to support them. One person said "they have been trained well" another said "Staff are wonderful and well trained and well supported by each other".

New staff completed an induction programme where they undertook essential training and worked alongside an experienced member of staff. The home had not recently employed any staff who were new to care, but the registered manager was aware of the need to enrol staff, who had not worked in the care profession, on the Care Certificate. The Care Certificate is a recognised set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they had "lots of training" throughout the year. Topics included caring for people who are living with dementia, meeting people's nutritional and hydration needs and managing diabetes. They were also provided with training in health and safety issues such as safe moving and transferring, food hygiene and infection control. The registered manager used a training matrix to identify mandatory, role specific and individual training needs of the staff and plan future staff training.

Staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where best interest decisions were made there was thorough documentation supporting the decisions. For example we saw in one persons care plan that there was documentation regarding a best interest meeting held about a person being prevented from leaving the premises unaccompanied for their safety. The person was assessed as not having capacity and therefore a meeting was held with the person, their nominated lasting power of attorney, carers and support workers and a decision was made in her best interests to prevent them from leaving the premises. The documentation included what the issue was about, who attended the meeting, what was discussed, what was decided and what action was taken.

People can only be deprived of their liberty to receive care and treatment when it 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). DoLS applications had been made for everyone living at the home, as the home had locked doors to keep people safe. Staff told us that people who wished to and were able to leave, knew to ask them to open the doors. Due to a delay in applications being processed, the registered manager told us only one of the applications so far, had been authorised.

Staff were able to describe how they sought consent from people before assisting them with any care tasks. They told us some people, due to living with dementia, were reluctant to receive assistance with their personal care needs. Staff gave examples of how they would gain consent from people by being flexible, patient and allowing the person to do as much for themselves as possible. One member of staff described how they would always ask before doing anything and could tell by the person's body language and

reaction if they would co-operate. The staff member explained that they would not push the person to do something they didn't want to do but would return at a later time and try again. We saw staff gain consent from people. For example, people were asked if they would like to wear aprons to protect their clothes at mealtimes. When people chose not to, staff respected this. This demonstrated that staff understood the importance of gaining consent from people and giving them a choice.

Staff said they had recently undertaken training to support people who may become distressed, confused or aggressive towards others. Staff told us that this training had been very beneficial. A notice in the staff room provided staff with 'ten top tips' for caring for people with dementia. It included advice such as "stop and think about what you are about to do"; "plan"; "explain"; "smile"; "go slow"; "keep it quiet" and "don't argue". Staff were able to provide examples of when they had used this training and guidance in supporting people. We observed staff using this technique during lunchtime where they took their time with people, explained that they were going to assist them to eat their meal in a calm unhurried way, making the experience enjoyable rather than a task.

Staff told us they received the support they needed to carry out their roles. They said the registered manager was very approachable and supportive. Staff received regular supervision and had an annual appraisal. We saw records of these in their files. Staff said they found these meetings helpful, and they were asked for their ideas about developing and improving the home and were able to identify and request training and support. One member of staff said "supervision is good and I find it is helpful to have a time to discuss any concerns and my development. My manager listens to my concerns and also let me know if I'm doing well in my job".

We observed breakfast and lunch and people were given choices and staff listened to what people wanted. Throughout the mealtimes staff sat with people and talked with them, asking if they were okay and if the meal was enjoyable.

All of the people and relatives spoke positively about the food and drink provided at the home. One person said, "The food is good and you get a choice." Another person said, "It's lovely, and piping hot." A relative told us that their family member was doing really well now and because of the quality of the food, had put on some much needed weight.

The cook had detailed dietary information for each person who used the service. This included information about allergies and food intolerances and any assistance they required with eating and drinking. We observed staff support people with their meals in a way that encouraged them to eat independently if they were able to. Detailed information was available about people's dietary needs such as needing a diabetic diet or needing pureed or fork mashable food. The cook said she was always informed by the care staff if someone had not eaten well. She was able to make alternatives and small meals to tempt people. Menu planning was flexible, which the cook did taking in to consideration people's preferences. The menu was changed every two weeks but at a recent residents' meeting people said they were enjoying the menu so much, could it stay on a bit longer. This was agreed and the current menu was kept in response to people's preferences and choices.

Food was stored in a clean and tidy area and was dated when placed in the fridge or freezer. Regular temperature checks of the food were conducted before they were served to ensure they were within the appropriate range. Fridge freezer temperatures were recorded.

Staff said they had noticed people were not drinking all of their tea or coffee after lunch so they changed how this was presented. People are still provided with juice with their meal, but then supported to be comfortable in the lounge room where they were offered their tea and coffee in china cups and saucers. Staff said people seemed to enjoy the pretty cups and knew they could have more as they were able to see the tea pots. They reported people were now drinking more after lunch. They were still provided with tea

and cake later in the afternoon about 3pm.

People were supported by appropriate healthcare support such as dietician's, opticians and dentists to meet their on-going health needs. We saw records contained within people's care plans that evidenced the staff promptly contacted the GP or relevant healthcare professional in response to any concerns about people's health conditions. One person told us that they saw the GP when they needed them. This information was confirmed by a visiting health and social care professional who regularly visited the home. They were confident the home had the skills to support people well and meet their healthcare needs. They said the communication between the home and themselves was very good.

Communal areas were spacious with good lighting which is crucial for helping a person with dementia to make sense of their environment. However, carpets within the dining room and lounge were patterned which can impact a person's vision so that patterns on fabrics and curtains can appear distorted. This was discussed with the registered manager who will discuss this observation with the registered provider. There were pictures and memorabilia that create links to the past, from black and white photographs from bygone days, old newspaper clippings and documents from war time era.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the care they received. One person said, "They will do anything for you". Another person said, "The staff are marvellous, too kind at times". Other comments included, "They are very kind," "Staff are really, really good" and "Golden".

A relative confirmed, "Staff are marvellous, I don't know how they have the patience" Another person's relatives told us they were very satisfied with the care their relation receives. They said they were always made welcome and the home was "one big family".

Staff spoke of people kindly and with affection. One member of staff said she treated people as if they were their own relatives. Another said they wanted to create a real sense of "home" for people. One commented "We all genuinely care, it's a family home, most people who work here have life experiences so can empathise with the people. I love working here".

We observed the staff working with people in a calm friendly manner, they took time to fully explain what they were doing and stopped what they were doing to sit and spend time to chat with people. Staff were aware of how best to communicate with people. For example, they got down to the person's level in order to speak to them, rather than standing over them. This meant people could see staff faces which aided their understanding and were not intimidated by staff. It was evident from their actions and discussions, staff took the time to get to know people and build up strong relationships. People were addressed by their preferred names and the staff responded to requests for assistance quickly.

Where someone needed assistance to eat, a member of staff spent time assisting them. They chatted and made sure the person was happy. The person they were helping laughed and joked with them showing they were very happy with the assistance and attention.

People were well presented and their personal care needs had been attended to. Their hair looked clean and washed and they were dressed in clean and co-ordinated clothes appropriate for the time of year. They were relaxed and comfortable in the presence of staff throughout the inspection, and we saw staff were patient and focused on the person they were assisting or socialising with. People were free to choose how and where they spent their day, for example some people chose to stay in their rooms rather than the communal areas. This decision was always respected.

We saw there was a board which displayed photographs of staff members. Staff told us the board meant that people knew which staff were on duty which helped to reduce some people's anxieties about who would be working with them.

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. We met with visitors on the day of the inspection. One relative told us that he was able to "come in at any time" another said "I visit whenever I want to, there are no restrictions". People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. We were told by staff that they always knock on people's doors before entering and make sure that personal

care is given in privacy, with doors and curtains closed.

Staff had received end of life training at the local hospice. They said that they support people whenever possible to remain at the home with support from the community nursing service.

Is the service responsive?

Our findings

People received individualised care which was responsive to their needs and each person had a written plan of their care based on an assessment of their needs. Care plans were detailed and informative. They included information about the person, their past life, upbringing, family life, hobbies, interests, previous working life and detailed likes and dislikes. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example, their preferred wake up time and daily routines.

Staff knew people well and were clear about the care people required. Staff described the needs of people they supported in line with the care plan. For example, they told us about one person and how their diagnosis of dementia affected their daily life. Information in the care plan detailed how the diagnosis affects the person's orientation to time and place and that they require prompting with everyday tasks. Staff described how they put this into practice when they help the person to wash and dress by not overloading them with instructions but by just saying to them "here's the flannel". Staff make sure they use a calm voice and short sentences allowing the person to digest what they are doing and what they need to do.

The care plans were updated regularly with the input of people to ensure that the information was accurate and a true reflection of the person's current needs. They provided clear guidance to staff about the person's individual needs, and instructions on how to manage specific situations. This was to help staff in delivering better person centred care.

People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift.

People were supported to take part in activities which they enjoyed, according to their own personal preferences. People took part in group activities in the communal area of the home, as well as individual one to one activities. We saw people taking part in a group session, which included catching objects and moving to music. The session prompted lots of laughter and people said they were enjoying themselves. We saw one person and a staff member completing a jigsaw puzzle together, another was looking through picture books and reminiscing about the persons past.

Throughout our visit people were consulted by staff about what they wanted to do and when. We saw this during activity sessions where people were encouraged but not pressurised to join in. People were also encouraged to interact with each other rather than just staff. This meant the service promoted people to have fulfilled lifestyles.

Staff were very enthusiastic about the activities they offered the people. The registered manager told us that all staff take it in turns to hold activity sessions and are always trying to find activities that people enjoy. One member of staff described how they had set up a weekly knitting circle which was very popular.

The home had a cat, budgie, guinea pig and 2 rabbits, all of which came into the home for people to pet and enjoy. One member of staff also brought their dog in once a month. There was a virtual fish tank in the dining room. One person described how being able to pet the animals helped her to settle in "most days I have a cuddle with them".

The home was very proud of their activities room. This was an area set up as a sensory reminiscence room which had alternate themes such as a music room, laundry, pet shop and grocers. These themes were furnished with items from peoples past to stimulate and facilitate interaction between them and the staff, enhancing communication on a verbal and non-verbal level. We observed a staff member engaging a person in the "shop" using the props to facilitate conversation. Staff told us that one person liked to go into the room when it was a laundry and fold washing as she had been a housewife and another had been a greengrocer. They described how they wanted the people to feel they were "in" this environment and try to make it as real as possible.

One staff member enthusiastically told us about plans she had to turn the summerhouse into a beach house with a sand pit and paddling pool for people to feel the sand and water on their feet. She wanted to encourage people to go out into the garden and enjoy the area where there is easy access to the secure garden with raised beds, greenhouse for growing vegetables and seating available in different areas.

The home had a 'shop' which was on a trolley so it could be taken around the home. It was stocked by a member of staff who regularly consulted people on what they wanted the "shop" to stock. The shop had baskets and boxes of sweets, crisps and other snacks, greeting cards as well as toiletries. Staff told us that the people liked to have a selection to choose from and were pleased they could buy small gifts and cards for their family from the "shop".

Information displayed in the communal area informed people about how to make a complaint and provide feedback on the quality of the service. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. The registered manager said they meet with people and their families when they visit regularly to ensure people are receiving the care and support they need. The home had received one complaint last year and this had been responded to in line with the home's procedure and policy.

Residents meetings were held every 6 weeks and the minutes of these were made available to people and placed in the entrance way.

Is the service well-led?

Our findings

Throughout our inspection we observed that staff were provided with the leadership they needed from the registered manager and senior staff to develop good team working practices.

Staff said the home was well managed and they described the registered manager as "very nice" and "very supportive". Staff told us the home was "a great place to work". One member of staff told us "I'd work here for free it's so nice". Other comments included, "I love working here" and "we're a really good team." They told us the registered manager worked alongside them and knew the people they support well. They said there were clear management responsibilities and good communication within the home. Staff had handover meetings at the start of each shift which enabled them to pass on important information to each other and to plan events for the day.

The service had various quality assurance and monitoring systems in place. We looked at the audits completed by the service. Audits covered areas such as the environment, equipment, medicines, care plans, pressure sores, and falls. This ensured that the service complied with legislative requirements and promoted best practice. Where improvements had been identified, the registered manager ensured that they checked on the relevant area again after several months to ensure that the improvements made had been effective and were being sustained.

The home sent surveys to people, their relatives and visiting professionals three times a year. The results of the most recent surveys were in the entrance way and demonstrated a very high level of satisfaction with the care and services provided at Pendennis. The report also provided people with information about the home's commitment to ensuring they provide a safe and high quality service.

The homes aims were identified as "to offer service users the opportunity to enhance their quality of life by providing a safe, manageable and comfortable environment, plus support to maximise their potential in their physical, intellectual, emotional and social capacity". The report went on to describe how the home supported people's privacy, dignity, independence, choice, rights and fulfilment.

There were comment cards and a suggestion box in the main entrance way. There were also Healthwatch questionnaires for people to share their views external to the home. Healthwatch is the national consumer champion in health and care and the registered manager was involved in the local Healthwatch group. The registered manager also attended community meetings with other care providers to share good practice and keep up to date with developments.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.