

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Pendennis Residential Care Home is a residential care home providing personal care to up to 22 people. The service provides support to older people. At the time of our inspection there were 21 people using the service.

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

People told us they were happy living at the service, and they felt safe. Systems were in place to protect people from the risk of abuse and avoidable harm.

Risks to people's safety were assessed and managed. People were supported by staff who knew their needs well and knew how to manage risks associated with their care.

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.

Medicines were managed safely by staff who had received the appropriate training. There were enough staff, who had been recruited safely to support people and meet their needs.

There was a positive person-centred culture at the service which ensured good outcomes for people. Governance systems and processes were in place to measure the quality of care and drive improvement.

People, relatives and staff were asked for feedback about the service in order to continuously develop and improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 December 2018).

### Why we inspected

This focused inspection was prompted by a review of the information we held about this service.

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.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pendennis Residential Care Home on our website at [www.cqc.org.uk](http://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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well led.

Details are in our well led findings below.

# Pendennis Residential Care Home

## 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

This inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Pendennis Residential Care Home 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. Pendennis Residential Care Home 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

This inspection was unannounced.

#### What we did before the inspection

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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the director, the registered manager, the compliance manager, care staff, the cook and housekeeping staff. We reviewed a range of records. This included care records for 6 people and multiple medicines records. We looked at the recruitment records for 3 staff and a variety of records relating to the management of the service, including policies and procedures. We also received feedback from 3 health professionals who were involved with the home.

# 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.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and managed.
- People's records contained risk assessments which included guidance on how to manage and mitigate risk such as falling, developing skin damage and swallowing difficulties. However, whilst we found risks were being managed well, some records did not clearly state what action staff needed to take to mitigate risk which could lead to inconsistencies in care delivery. For example, one person's records stated they were at high risk of developing a pressure sore. Whilst the person was on a pressure relieving mattress, staff were regularly checking and applying skin cream and they were being helped to change their position regularly, their risk assessment did not contain this information and guidance for staff. We discussed what we found with the registered manager and received confirmation after the inspection that all care records were being reviewed to ensure they contained detailed person-centred guidance.
- People were supported by staff who knew their needs well and knew how to manage risks associated with their care.
- Risks associated with the environment were identified and managed. Regular health and safety checks were completed which included checks on equipment, gas, water, fire and electrical safety.
- Personal emergency evacuation plans (PEEPs) were in place for each person which described how they needed to be supported in the event of an emergency.

### Using medicines safely

- Medicines were managed safely and there were appropriate procedures in place for medicines to be ordered, stored and disposed of safely.
- People told us they received their medicines as prescribed for them. One person told us, "My meds are always on time, they always make sure I take them."
- Staff received relevant training before they were able to give people medicines and their competency, in relation to the administration of people's medicines was checked regularly.
- There were protocols in place for staff to follow about when to administer people's PRN (as and when) medication. However, we found some protocols would benefit from further person-centred information to ensure people received them appropriately. We spoke with the registered manager about this and received confirmation following the inspection that this had been addressed.
- Medicines systems and processes were regularly audited to ensure any discrepancies could be identified and rectified quickly.

### Systems and processes to safeguard people from the risk of abuse

- People told us they were happy living at the service, and they felt safe. One person said, "It's lovely, I've got

no concerns." A relative told us, "I'm really happy with the care my husband is getting. They are so kind to him."

- Systems were in place to protect people from the risk of abuse and avoidable harm. Staff understood their responsibilities to report abuse and felt confident the management team would act on concerns.

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. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- People were supported by sufficient numbers of staff to meet their needs.
- People and relatives told us staff came quickly when they called for assistance and staff often had time to sit with and spend time with people. One person said, "The staff sometimes sit and look at photos with me." A relative told us, "I've not found a shortage of staff. They are always obliging."
- People were protected from being cared for by unsuitable staff as pre-employment checks were completed before staff started work at the home. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 supported to receive visitors when they wanted in line with government guidance.

#### Learning lessons when things go wrong

- Systems were in place to record and monitor accidents and incidents to identify patterns and trends.
- The registered manager completed analysis of all accidents and incident to identify any patterns or trends



and ensure appropriate mitigation was put in place.

# 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 provider promoted a positive person-centred culture to ensure good outcomes for people.
- People and relatives gave positive feedback about the service and described the registered manager as approachable and visible. One person told us, "It's a good home, you are treated as equals. There are nice bedrooms, plenty of food, and the owner talks to you. I'm happy with my care."
- Staff were also positive about the management of the service and felt that they were well supported. One staff member told us, "They [management team] do a great job and they are so friendly. They talk to the residents, and nothing is a problem. Anything they think of that they can do better, they will. It's about whatever is best for the residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems and processes were in place to measure the quality of care and drive improvement. The management team carried out a range of checks which were effective and covered areas such as infection control, medicines management, care records and health and safety of the environment.
- There was a culture of continuous learning and improvement at the service. The management team promoted reflective practice to learn from accidents, incidents, complaints and feedback to improve outcomes for people.
- The registered manager understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. They had sent us notifications relating to significant events occurring within the service.

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

- The provider and registered manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred.

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

- The provider used feedback forms and surveys to seek feedback from people, their relatives stakeholders and staff about the care people received at the service. Results were then analysed and included in their

service improvement plan. Comments included, "Staff were excellent. Very high standards of care, support & communication", "Everyone in this home is so friendly and helpful" and "The care my aunt received is 100%. She has nothing but praise for all staff."

- The service promoted an open-door policy and had also recently introduced 'Feedback Fridays' where people, relatives and visitors were welcomed into the service to discuss any issues with them. The compliance manager told us, "In terms of feedback it is good and we need to promote it." The registered manager added, "It is good we have an open relationship with families and it's good to have this extra opportunity for people to speak to us so we will ensure either me, [compliance manager's name] or [provider's name] will attend those meetings and sometimes all of us."
- Staff also had opportunities to discuss any support or training they needed to enhance their skills through regular meetings and supervision. One staff member told us, "I have regular supervision with [registered manager's name] and we have staff meetings and everyone speaks up and they are helpful."

#### Working in partnership with others

- The service worked alongside health care professionals and services, such as occupational therapists, GPs, speech and language therapists.
- We received positive feedback from health professionals about the care people received at the service. One health professional commented, "There is a willingness from the management and staff at the home to take feedback on board, to incorporate recommendations and work with us in finding the best possible solution as far as managing clients with complex presentations."