

Bupa Care Homes (BNH) Limited

Pendean House Care Home

Inspection report

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West Lavington
Midhurst
West Sussex
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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

About the service

Pendean House Care Home is a residential care home providing personal and nursing care for up to 40 older people. At the time of our inspection, 30 people were in residence as double rooms were being used for single occupancy. The home offers respite stays and works closely with the local Macmillan team providing palliative care. It consists of one adapted building set in extensive grounds, just outside the town of Midhurst. All bedrooms have en-suite facilities and there are a range of communal areas for people to enjoy.

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

There had been significant improvements in the service since our last inspection. All of the issues we had identified had been addressed and the staff team were engaged and full of ideas on how to further improve the service and support people to live their lives to the full.

People received high quality care and support from a staff team who valued and celebrated individuality and diversity. People spoke of a family feel and it was evident they enjoyed close relationships with staff. People shared examples of how staff had supported them, from help with the little things that made life more comfortable to achieving specific ambitions. People were involved in their care and in decisions relating to the home. The relationships between staff and people receiving support demonstrated dignity and respect at all times.

The home worked closely with Macmillan and staff were skilled in supporting people at the end of their lives. A number of people came to the home specifically for palliative care. Relatives spoke highly of the care. One said, "The home has been exceptional in their care for (my relative) and for the family. They have been very supportive throughout and have offered to let me stay. Everyone is very friendly and considerate". Another family had written to staff saying, "You are all amazing and showed (my relative) and all of us so much compassion and support".

There was a programme of events, often involving people from the local community. The home offered activities seven days a week. Some people, who preferred to spend time in their rooms, shared how they would appreciate more social contact. The registered manager was looking at ways to expand the provision of one to one support for people who preferred not to participate in group activity.

People received good care that improved their wellbeing. Care plans had been improved since our last visit, they described people's care needs in a thorough and person-centred way. Staff were attentive to changes in people's needs and took action to involve healthcare professionals whenever necessary.

People had confidence in the staff who supported them. Staff received regular training and were encouraged to further their skills and experience. Staff felt supported and were highly motivated to deliver the best care for people. One staff member said, "I am very happy with the training offered. I like to have more qualifications and learning so I can do more for our residents here". Another told us, "We're a very

good team, everyone helps everybody, everyone gets on".

People felt safe at the home. One person told us, "I am very happy living here and with the care that they give me". Risks to people had been assessed and staff followed guidance to keep people safe. Staffing levels were enough to meet people's needs. Medicines were managed safely. Lessons were learned if things went wrong.

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.

People enjoyed the food and were able to make suggestions for changes or additions to the menu. Premises were suitable and comfortable and met people's needs. Staff had been trained in infection prevention and control.

People benefited from a well led service. The registered manager had shaped a culture where people were at the heart of the service. There was a clear leadership and management structure in place, which helped to ensure that staff understood their role and responsibilities. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication. One staff member said, "(Registered manager) is very approachable. She sorts things out".

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 23 October 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Pendean House 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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector, a Specialist Advisor in Palliative Care 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.

Service and service type

Pendean House Care Home is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. The provider did, however, send a PIR soon after our visit

and this was reviewed as part of this inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and five relatives or friends about their experience of the care provided. We spoke with 14 members of staff including the registered manager, nurses, senior care staff, activity staff, the chef, administrators and representative of the provider. We also spoke with a speciality doctor in palliative medicine who was visiting from the local Macmillan team. We attended the morning heads of department meeting.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at maintenance records and results of feedback surveys. We spoke with a GP and hairdresser who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found personal risk assessments did not always reflect the current needs of people. There were also omissions in documentation relating to accidents and incidents.

These issues had been resolved.

- Risks to people's safety had been identified, assessed and minimised. Clear guidance was in place for staff to support people in a safe way and to minimise limitations on their freedom. One relative said, "I am incredibly impressed with the girls here. I know when I leave (my relative) is well looked after".
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Following interventions, such as placing a sensor mat in one person's chair to alert staff when they got up, the number of falls had reduced. People were also offered call pendants so they could ring for assistance wherever they were.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider had a system in place to flag up when safety and maintenance checks were due. At the time of our visit, one lift was out of service. A ramp was in place to allow people to use the other lift. The ramp blocked the main stairwell. The registered manager had sought input from the fire and rescue service to ensure this was a safe interim solution.

Using medicines safely

At our last inspection, we identified errors in the medication administration records (MAR), including a duplicated prescription and a lack of documentation relating to topical and 'as needed' (PRN) medicines.

These issues had been addressed and medicines were now managed safely.

- New checks were in place to ensure medicines were managed safely and to identify any issues in a timely way. Action had been taken in response to the findings of the monthly medication audits. As a result, the compliance score for the audit had improved each month. The registered manager told us, "Medication has been tightened up, staff check on each other, it is far tighter".
- People were happy with the support they received with their medicines. One person said, "They sort out all my medicines for me as I have a lot to take". Another told us, "They are very good at making sure you get your medicines".
- Staff took action to review people's medicines and ensure any pain was minimised. When one person

appeared breathless, staff had contacted the GP and a change in the person's medication had alleviated the symptoms.

Preventing and controlling infection

- During our visit we identified two commodes that required further cleaning. These issues were quickly addressed by staff.
- Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. We observed the home was clean and staff used gloves and aprons when appropriate.
- To support the home's own infection control audits, the local authority had been booked to carry out a review of infection control practices during October 2019.

Staffing and recruitment

- There were enough staff on duty to keep people safe.
- Most people were satisfied with the availability of staff. One said, "I have been here quite a long time now and I feel very safe, all I have to do is ring the bell and someone will come to help me". Another told us staff took between 30 and 40 seconds to respond to their call bell. Some, however, felt there were occasions when they had to wait longer than was comfortable. One said, "They work very hard and always seem to be busy, sometimes you have to wait a bit if you ring the bell". Call bell records were analysed and discussed at weekly clinical meetings. Any longer response times were investigated, and the registered manager met individually with the person affected.
- The registered manager used a tool to determine staffing levels based on people's care needs. Rotas showed this level had usually been exceeded. Staff were happy with the staffing levels and felt able to provide quality care to people.
- Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).
- The registered manager made regular checks to ensure nurses were registered to practice with their professional body, the Nursing and Midwifery Council (NMC).

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and this was echoed by family members.
- One person told us, "I feel very safe with the staff, there's lots I can't do anymore, and they are always helpful".
- Staff had a clear understanding of safeguarding and their responsibilities. One staff member told us, "We don't tolerate it (abuse) here. This is their home, they need to feel happy and safe". Another said, "Abuse can be emotional or physical. I would go to the nurse or registered manager, or use 'Speak up'". Speak up is a confidential provider helpline for staff to use if they wish to raise concerns.
- Information on the steps staff or people should take if they witnessed or suspected abuse was displayed around the service.

Learning lessons when things go wrong

- Following the last inspection and rating of requires improvement, the registered manager told us they had learnt, "Huge lessons". A representative of the provider said, "We were identifying things but not following through. We've had to put it behind us, learn from it and take the home forward". The registered manager completed a daily walk around which fed in to a weekly clinical risk meeting. Discussions in this meeting included wound care, falls, changes in people's weight and new admissions. All actions were reviewed at least weekly to ensure progress remained on track.

- The registered manager spoke of the support they received from families and professionals they worked with and said there was real enthusiasm amongst staff for change and further improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to live healthier lives, access healthcare services and support

At our last inspection, we found care plans lacked information.

Staff had worked hard on improving care plans and we found they now accurately reflected people's needs and wishes. Staff had been allocated supernumerary hours to allow them to work on care records. One staff member told us records had, "Vastly improved".

- People spoke highly of the care they received, with many sharing how their health had improved. One said, "I was very unwell when I came here but they took such good care of me and nursed me back to health". A relative said, "(My relative) came here after a hospital stay and was at death's door. They were not expected to live. They wouldn't be here if it wasn't for the care they have given them". A nurse told us, "Sometimes residents have what we call the, 'Pendean honeymoon', they improve when they come here because the care is so good".
- People's needs were continually assessed in line with best practice. Advice had been sought from a range of professionals. We saw evidence of people's health improving, for example pressure areas had healed following treatment. One person told us, "If you are not well they make sure the doctor sees you".
- A treatment room had been created and was used for hairdressing, chiropody, reflexology and visiting services such as opticians. The home also had a car which was used to take people to appointments. The day prior to our visit one person had been to see a dentist in the local town.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we observed people were not always provided with the necessary encouragement and support during meal-times.

We observed lunch in the dining room and the support some people received in their rooms. We found people received support in line with their wishes.

- People were involved in determining the menu and the chef regularly attended residents' meetings to listen to feedback. Following a Country and Western event during the summer, pulled pork had been added to the menu. Individual requests were also catered for. One person had broccoli daily, regardless of whether

or not it was on the menu. Another had asked for a particular cut of steak and a third knickerbocker glories during the summer.

- People were shown the menu and asked for their choices. One person told us, "If you don't want what is on the menu the chef will come and speak to you and offer you something different".
- Staff were vigilant to changes in people's needs. Some people required a special diet, and this was catered for. Soft and pureed options were also available. Food and fluid charts were used when necessary and any concerns were discussed during the weekly clinical risk meeting, with onward referral to the GP, Dietician or Speech and Language Therapist (SaLT) as appropriate. A number of people had gained weight, while others had been supported to reduce their weight.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other professionals, particularly the Macmillan team who placed people at the home for palliative care. One staff member told us, "The care from the Macmillan side is excellent. We seem to have everything on hand. You don't experience seeing residents in pain. I would certainly have my family member come here".
- A meeting was planned between the home, GP and Macmillan team to look at ways of improving their joint working, particularly for people coming from outside the local area. They hoped to improve the speed of registration and access to medical notes.

Staff support: induction, training, skills and experience

- Staff had received training to support people. Additional training to help staff meet individual needs in areas such as motor neurone disease had been provided. Staff were knowledgeable of relevant best practice and regulations. We observed staff supporting people with confidence and professionalism.
- People had confidence in the staff team. One person said, "I think the staff are very well trained". Another told us, "I cannot fault the staff at all. They are a lovely team. I am very lucky indeed. They are wonderful."
- New staff attended an induction course run by the provider. They then worked alongside experienced staff until they were competent and felt confident to work independently.
- Staff received opportunities to further their qualifications. Three care staff had been nominated to attend 'Care practitioner training', an 18-month course which would enable them to assist nurses with dressings and medicines. One staff member said, "I'm really quite content at the moment, I'm doing a lot of training. Tomorrow it is on dehydration, I feel motivated". The registered manager told us, "I love people to learn".
- Some staff had attended the 'virtual dementia tour' training which allowed them to experience how it might feel to live with dementia. Staff had clearly learned a lot from this experience. The home had a dementia care champion. She shared with us how changes to crockery and cups had helped people. She explained how one person now had three different beakers; for water, juice and hot drinks. She told us, "The next day, they drank a whole beaker of juice rather than sipping as they knew what they were drinking".
- Staff felt supported and received regular supervision and appraisal. One nurse told us, "We have supervision with (registered manager) and we support each other as a team. We're a very family orientated place".

Adapting service, design, decoration to meet people's needs

- People's individual needs around their mobility were met by the adaptation of the premises.
- People's bedrooms were personalised and had en-suite facilities. There were a variety of communal areas for people to use.
- There had been improvements to the grounds, with a new summer house, accessible pathways and new garden furniture. People told us they had enjoyed using the garden during the summer months. Staff shared how one person had spent a considerable amount of time in the new summer house, helped by the new pathways, where previously they had been unable to access this outside space.

- A new treatment room had been created. This gave people a dedicated space for hairdressing or to receive visiting healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

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.

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

We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- One staff member told us, "We have to think about best interests really. You have to ask everything and give them options. If they have capacity and refuse a shower, we just write down that they refused. Ask, ask, ask!"
- People told us staff respected their views. We saw how one person had initially refused a pressure relieving mattress and how another was working with professionals to revoke a DNACPR following an improvement in their health. In both cases staff had supported the person's wishes as they had full capacity to make the decision.
- At the time of our visit, no one was subject to a DoLS but applications had been made for some and were awaiting review by the local authority. Staff shared examples of how they supported people. For example, when one person expressed a wish to go home they had been taken to look outside. They quickly decided they would rather stay as it was dark and wet outside.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke of the kind nature of staff. One said, "They are all so kind, caring and very patient. Nothing is too much trouble". Another told us, "They go out of their way". A relative said, "We know this won't be for long but I can honestly say they have been kindness itself in the way they look after (my relative). They are really gentle with them and still manage to have a joke". Staff told us how one person laughed when presented with a toupee, having asked staff to find their hair!
- Staff went above and beyond to show people they mattered. On one person's birthday, they were upset their nail varnish was the wrong shade for their outfit. Staff went to town to purchase the correct shade and made sure the person's nails were done just as they wanted for their special occasion. For another person's birthday, staff had organised a day at Goodwood road racing circuit for them to achieve their dream of riding around the circuit on their mobility scooter. They also arranged to take a coach of other residents to support the person. The registered manager joked that, as no one else has ever achieved this at Goodwood, and said 'They still hold a world record!'
- There was a regular team of staff, some of whom had been at the home for many years. It was clear staff, whatever their role, knew people very well and understood how they liked to be supported. One staff member told us, "A lot of them have their routine and it can be quite time specific. One person doesn't like to be up until 10.45am so we pop in at 9 O'clock to check they have everything they require then go back. That's what they like".
- Cards of thanks to staff expressed gratitude for the care received. One read, 'You have gone above and beyond, and we cannot thank you enough for that'. Another, 'Thank you for your help, understanding and fabulous care'. Following their birthday, one person had written thanking staff for the 'splendid cake, and 'for making it such a good day for me'. In closing they wrote, 'It couldn't have been nicer'.
- Equality and diversity were embedded in the principles of the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality. One staff member told us, "Every single person is different, they prefer a different way". We observed staff adapting their approach as they supported people, for example some clearly enjoyed humour whilst others were approached in a softer manner. A visiting professional wrote, 'I have seen many examples on my visits of kindness and respect being shown'.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning and reviewing their care. Care plans contained a section about the person's expectations and understanding of their admission to the home. Each month people were invited to discuss their care plan with their named nurse as part of the resident of the day system. The resident of the day system encourages all staff to focus on a named individual and to understand what does and could

make a positive difference to them.

- Following a respite visit, one person wrote, 'It has been a truly delightful time. I have so enjoyed my charming room - the meals, the beautiful trees around me and the unobtrusive care I have received was greatly valued. Everyone has been kind and friendly and the fact that one is able to live in one's own way makes a stay here a lovely refreshing time'.
- People were supported to maintain connections. As part of the 'resident of the month' initiative, one person was gifted a visit at their former hairdresser in the local town. Following this visit, the person felt able and wished to return to their hairdresser on a regular basis, and staff were going to facilitate this. A photograph of the person following their appointment had been framed and given to their relative.
- Staff encouraged people to be as independent as possible. One person said, "They let me do the bits I can and help with what I can't manage". We observed staff supporting people in line with their abilities and wishes, for example being on hand to reassure but allowing a person to walk independently to the dining room.
- Staff took care of people's families. One relative said, "They are always warm and friendly when I come in and willing to talk. It's comforting because although (my relative) is in here I still feel involved with their care but without the burden of it".

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people receiving support demonstrated dignity and respect at all times.
- People told us staff were respectful of their privacy. One person said, "The cleaner comes in to clean round but she never moves my papers which I am pleased about because I have everything in a set way and don't like them touching them."
- When staff found one person struggled to remember what they had chosen from the menu, they changed their approach to ask at the point of service. This avoided any discomfort for the person or embarrassment that they may have forgotten what they ordered.
- One person shared how, when they had just moved in, a staff member accompanied them to the Garden Room (this is where most activities take place) to introduce them to others. The staff member then took them to the lounge where they enjoyed a coffee, just the two of them. They said this had helped them to settle in and adjust to life in the home.
- Staff valued diversity and had signed up to a pledge which read, 'At Pendean House we pledge to respect your wishes, choices and preferences and to treat you with dignity and respect'. A diagram with residents at the centre showed the protected characteristics around it. Staff had taken time to consider and discuss these. There was guidance in the staff room on lesbian, gay, bisexual and transgender (LGBT) issues and on communication with residents experiencing sensory changes. Staff shared examples of how they supported people who identified as LGBT, in one case by respecting their wish to retain privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure accurate and complete care plans were available to staff involved in providing care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans had improved by this inspection and the provider was no longer in breach of regulation 9.

- Before moving to the home, a thorough assessment was completed. One relative said, "They came out and assessed (my relative) while they were still in hospital. They spent nearly two hours with us taking notes about them and their care needs".
- Care plans included detail about people's preferences. Staff used this information, and their knowledge of the individual, to tailor the support they provided to the person. Staff had regular supernumerary time which was used to ensure care plans remained up to date.
- Staff knew people well and were vigilant to changes in their needs. One staff member told us, "I can clearly see if something is not right, I know the people". Staff were able to discuss people's current needs with us and were aware of recent changes to their care needs. There was a system of daily checks and weekly meetings to ensure action was taken in response to changes in people's health. Actions included referrals to the speech and language therapist (SaLT) and a review of medicines to ensure a person was receiving appropriate pain relief.
- People were supported with their equality and diversity needs, such as support to maintain religion. A local church visited to conduct a full service with Holy Communion. When one person expressed a wish to adopt Catholicism, this was arranged with a local priest.

End of life care and support

- Staff were skilled in providing end of life care to people. People had been asked what was important to them at the end of life and their wishes recorded. A nurse told us she was most proud of, "Achieving and managing to help people to die in the way they want to and being able to support the families." Staff fulfilled one person's wish of seeing the sea again. They arranged for the person's family to meet them at the coast and left them to have time together. The person passed away two days later. Another person had enjoyed watching a football match with friends over a takeaway and beers. The friends said they really appreciated the time they spent with this person and cherished the memory.
- Staff worked closely with the local Macmillan team and GP practice to ensure people were comfortable

and pain free. Staff had followed advice from the palliative care team. For example, one person had their pain relief dose given more frequently and commenced a regular nebuliser for a persistent cough. They were able to tell us this had made a difference in terms of their comfort.

- The home was accredited under the Six Steps programme for end of life care. In the assessment report we read, 'You have shown very clearly how much you care about your residents, and this has shone in our professional discussions, and shows in the quality of the stories of resident and family care'. Nurses had attended a wide range of training, including with Macmillan and via a local hospice to further their knowledge and skills. One of the Macmillan team told us, "Staff from Pendean have attended study days and they have an appetite for learning". They also said, "Colleagues at Macmillan have faith in this care home and have had family members here, they have actively put them here".
- People were encouraged to make informed choices over their care and preferred place of death. The registered manager told us, "We have the confidence and knowledge through working with the consultants and Macmillan nurses, together with extensive staff training, to see an increase in the number of residents remaining at the home". She shared how one person had been supported in their wish to avoid further recommended treatment in favour of remaining in familiar surroundings where they could spend quality time with family and be cared for by staff who knew them well. In the year to end of July 2019, ten hospital admissions had been avoided.
- Families spoke highly of the care and support their loved ones and they had received. One relative wrote, 'Thank you is just not enough for all you and the staff did for our precious (name of person). Nothing seemed a burden. Pendean is a truly remarkable place, peace as you walk through the door and such caring staff, which I know is due to your ethos and experience'. A nurse told us, "We spend a lot of time talking. The other day I came in on my day off to see (name of person) as I promised I would see her". A staff member said, "If someone touches your heart you feel very bad (when they pass away). We try to help each other. We talk with residents too, they feel upset".
- When one person passed away, the home arranged a funeral service and wake at the home so their spouse (also living at the home) could be a part of it. They set up a room to be a small chapel and the spouse was able to say their private goodbyes. A local funeral director had written to the registered manager saying, 'It is lovely to see that the outstanding care that the residents received in Pendean House is continued when they pass away, no resident ever leaves your care without having time spent, giving them clean clothes, having their hair brushed and even a posy of flowers with them'.
- A 'celebration of life' garden had been created where families will be invited to plant something in memory of their loved one. The garden had been named after a long-standing staff member who had passed away.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends. Visitors were able to come at any time and were warmly welcomed. One relative said, "The staff are always smiling, always willing to help. They have taken care of me and had compassion for me as well as for my Mum. I can't fault them at all. I can come in whenever I want, stay as long as I want, and no one raises an eyebrow or makes you feel in the way". Relatives of people who had passed away were encouraged to maintain links with the home. One person came weekly for fish and chips.
- The home was active in the local community. During the summer months a marquee in the garden had been used for a wide range of events, many arranged by local charities. Over the course of the summer money had been raised for local causes chosen by people living at the home. For example, funds had been raised for a minibus which the home used for outings to the seaside or for pub lunches. The premises were also used by the Lions Club and Parish Council for meetings. At election time, the home became a polling station. One person said, "If there is an event in this place you get to see some of the outsiders which is nice".

The registered manager said, "It's the way you open your home up. It opens up the community to our residents"

- People were enthusiastic about the links. One person said, "(Name of staff member) did a lunch with our friends, it was really lovely". Speaking about a recent 'murder mystery' evening which involved people, staff, ex-staff, relatives, Lions Club members and visitors, a staff member told us, "(Name of person) keeps asking me when I'm going to do another one. (Name of person) won it, they spoke about it for days and days afterwards". The chef said, "Functions are things we are most proud of, people so enjoy it".
- Activities were provided seven days a week. This included quizzes, pamper days, exercise sessions and a reading club. Over the summer, people had spent time outside enjoying the garden. Following national poetry day, the activity coordinator had found and copied a particular poem one person used to enjoy. We saw how pleased the person was to receive this and how much they enjoyed reading and sharing it with others.
- The home had a reminiscence area and one of the staff provided talks about the memorabilia and history of the local area. During the winter, there was a 'happy hour' where people listened to a short talk and enjoyed time together over drinks and nibbles. The registered manager told us how people would open up and share stories from their lives.
- On special events such as Halloween or Christmas, staff would often visit with their children and a local school came to sing Christmas Carols. Staff were already planning for the Christmas season and they purchased an individual gift for each person to be delivered by Father Christmas.
- While there was a wide range of activity, some people who spent time in their rooms said they would appreciate more social time with staff. The activity staff visited people in their rooms for one to one time, but they still expressed they were lonely. One person said, "There is a lot of time sitting on your own". We discussed this with the registered manager who told us they were looking at the activity programme to include more specific one to one time and a wider engagement of the whole staff team in activities. Before we left, the registered manager had arranged for an additional staff member the following week, so one of the care staff would be able to spend time with people in their rooms.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs.
- Staff assisted some people in reading information about forthcoming appointments and also with personal correspondence. With encouragement and support from staff, one person had written a letter to their relative who lived abroad. The relative was said to be delighted, and this person was equally happy when they received a letter by return.
- One person was helped to communicate when staff suggested their grandchildren create a communication board. This person had not liked using conventional communication boards but used this bespoke one to interact effectively with staff. Large print information and talking books and newspapers had been arranged for some people.
- The home had arrangements with a mobile optician and audiologist, so people could be seen and have follow up appointments in the home. Staff also worked with a local group who were able to support people with equipment to help with sight related needs.
- Details of forthcoming activities were displayed in the home. The menu was also displayed, and people were supported by staff on a daily basis to select their preferred meals.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. Any complaint was logged on the provider's system which meant homes were held to account in terms of timescales for response. It also allowed the provider to interrogate the data to look for any patterns in the concerns raised.
- Information on how to make a complaint was displayed. People knew how to raise a concern and were regularly asked for their views during residents' meetings. One person said, "I've certainly never had any cause to complain".

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, audits and systems of governance had failed to identify some areas of concern and to sustain improvement.

At this inspection we found improvements had been made and the quality assurance system was working effectively.

- The provider had a governance system which included meetings and audits. Since our last inspection, the home had received input and support from the provider's quality team, as well as further staff training. Senior nursing staff had also been given supernumerary hours to keep on top of checks and paperwork. The registered manager told us quality assurance was, "Much firmer and tighter". A representative of the provider said, "It's a feedback cycle, a loop. It keeps us on track and actions are closed off".
- From the audits, we could see progress was being made, for example the medication audit had recorded an increased compliance score from month to month between July and September 2019.
- People spoke highly of the registered manager. One nurse said, "(Registered manager) is very approachable, I can go to her if I have any problems and she's hands on if she needs to be". A member of staff told us, "This is the best place I've ever worked. (Registered manager) isn't just like a manager, she is best friend". The registered manager, in turn, felt well supported by the provider.
- At the start of each day, the Heads of Department met for a short meeting. The registered manager shared any observations from her morning 'walk around', staff were briefed for the day ahead, reminded of best practice and encouraged to raise any issues of concern. This fostered good and regular communication amongst staff.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

- The provider had displayed their rating from the last inspection in the home and on their website. Notifications about important events had been sent to CQC as required.

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

- There was a good atmosphere and positive attitude within the home. People and relatives spoke often of the family atmosphere and friendliness of staff. A hairdresser who visited weekly said, "It has got a very homely feel about it and that is what I like, the feeling of a home from home".
- People and staff were valued as individuals. The registered manager wrote, 'Everyone's needs are different, and staff understand this as they build great relationships with residents and colleagues alike'.
- People spoke positively about changes that had taken place. One said, "There have been improvements lately. There are more activities, we are now included in the decisions made, it feels better all round". Another said, "It's a good home. I would give it 10/10". A relative told us, "Without question this is a CARE home. They really do care. They may be looking after my (relative), but they bend over backwards to care for me as well at this difficult time. I don't think that would happen if it wasn't led well. The manager and her approach are pivotal to the way the staff behave".
- People and staff spoke of the strong connections with the local community. One staff member said, "We are very linked into the community. We have a lot of open days, we have fetes. Pendean is very well known in a small town".

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

- People were involved in developing the service. There were regular resident meetings. The time of the meetings had been changed from morning to afternoon in response to people's feedback. People had shared views on the menus, garden and supplies they wished to see on the 'shopping trolley'. The shopping trolley was run by activity staff and included toiletries, chocolate, writing paper and more. People had asked for, and been given, a list of diary dates as this allowed them to plan visits with their families. At each meeting, actions from the previous meeting were reviewed. The registered manager met individually with those we were unable to attend to ensure they had an opportunity to raise issues and share their views.
- People, relatives and professionals were asked for their views in surveys. The most recent residents' survey had been completed by 16 people and the feedback was overwhelmingly positive. One relative told us, "It is a very well run home overall. I have received the feedback forms and I would rate it very highly. The staff are always welcoming and friendly. I have nothing but praise for the staff and the way they care for people".
- Staff had been involved in an 'inclusion week', an initiative run by the provider. There were seven days of events aimed at making staff feel special. The home had two 'engagement champions' who were representatives of the staff to management. There were regular staff meetings where staff could share their views.
- Staff contributions were recognised through staff awards. One recipient of the award said, "I'm so proud. Something stayed in my heart, this feeling I want to do more and more and better". There was a very positive mood amongst the staff team. A representative of the provider told us, "The retention rate for this home is fantastic and sickness rates are low".
- Members of the public were often invited to the home. There were special events, such as an afternoon tea and musical entertainment which was taking place the weekend after our visit. There had also been a recent Macmillan coffee morning which had been well attended by local people.

Continuous learning and improving care

- Staff were motivated to keep improving the home, there was a real buzz of enthusiasm and new ideas were being shared. The registered manager wrote, 'We believe passionately in our home and are constantly

looking at ways to improve our service. We are keen to generate ideas that will enhance the quality of life for everyone in our care'. A nurse said, "I think we should always be striving for more".

- The registered manager was part of a group of BUPA registered managers who used a platform to share ideas. The platform had been named 'flights of fancy'. A representative of the provider told us, "Managers need peers, they need a team".
- In the staff room there was a 'need to read' board where updates and information were shared. This included information on slips, trips and falls and on staying mentally fit.
- The home had purchased and was awaiting delivery of a defibrillator. This would minimise any delay in response in the event of a cardiac arrest.

Working in partnership with others

- The home worked closely with the Macmillan team and GP practice. Staff felt comfortable to call for advice and the Macmillan team visited as often as needed.
- Through the care needs of people who had been at the home, staff had developed links with organisations including the motor neurone disease association.
- The registered manager had started to attend manager meetings run by the local authority. This was an opportunity to meet with others and to share ideas and best practice.
- A representative of the provider shared how they were exploring links within the organisation, for example looking at whether they could link up with dental or mental health services run by the provider in the local area. She told us, "We need to get the momentum and then something else sparks off that".