Bupa Care Homes (BNH) Limited

Pendean House Care Home

Inspection report

Off Oaklands Lane
West Lavington
Midhurst
West Sussex
GU29 0ES

Date of inspection visit:
26 May 2016
31 May 2016

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19 July 2016

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 26 and 31 May 2016 and was an unannounced inspection.

Pendean House Care Home provides accommodation and nursing care for up to 40 older people. The home has 34 bedrooms, some of which could be used as double occupancy. The home offers long stay, palliative, respite and day services. At the time of our visit there were 30 people living at the home.

The service has 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 2008 and associated Regulations about how the service is run.

Staff took prompt action to respond to changes in people's care needs but records for each person were not always accurate or complete. We did not identify a direct risk to people but the lack of accurate records meant staff were unable to demonstrate that effective care had been planned and delivered at all times. Records relating to staff training were not fit for purpose.

The system in place to monitor and mitigate risks had not always been effective. We found action had not always been taken in response to the findings of audits. Audits of pressure relieving equipment had failed to identify that some equipment was not providing full support.

People, relatives and professionals spoke highly of the service. People were encouraged to participate in activities that interested them and to forge links with the local community. There was an innovative activity programme and activity staff responded to people's suggestions.

People were asked for their views on how the service was run and were invited to participate in regular residents' meetings. They told us that they were listened to and that changes had been made to the menu and activities as a result of their feedback.

People and staff had developed good relationships and many staff had worked at the service for a number of years. People told us that staff were "magnificent" and that they were available to assist them when needed or simply to enjoy a chat.

People told us that staff treated them with respect. Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People felt safe at the home. Risks to people's safety were assessed and reviewed. Any accidents or incidents were recorded and reviewed in order to minimise the risk in future. The premises had been adapted to help people maintain their independence. Staff understood local safeguarding procedures. They

were able to speak about the action they would take if they were concerned that someone was at risk of abuse. People received their medicines safely.

There were enough staff to meet people's needs. Staff had received training and were supported by the management through regular supervision and appraisal. Staff were able to pursue additional training which helped them to improve the care they provided to people. Staff had received training in providing support at the end of people's lives. Relatives spoke highly of the care provided and the support staff had provided to them during a difficult time.

People enjoyed the food and were offered a choice of meals. Staff were attentive to people's needs and supported those who required assistance to eat or drink. People's weight was monitored and prompt action taken if any concerns were identified. Some people had been successfully supported to lose weight.

People were involved in planning their care and were supported to be as independent as they were able. Where there were changes in people's needs, prompt action was taken to ensure that they received appropriate support. This often included the involvement of healthcare professionals, such as the GP, dietician or optician.

The registered manager had a system to monitor and review the quality of care delivered and was supported by the provider. Whilst some issues were identified during this inspection, the quality assurance process had proved effective and delivered improvements in many areas. People, their relatives and staff felt confident to raise issues or concerns with the registered manager.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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 said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place to help protect people from harm.

There were enough staff to meet people's needs and keep them safe.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received training to carry out their roles and received regular supervision and appraisal.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

The premises were adapted to suit people's needs and promote independence.

Is the service caring?

Good

The service was caring.

People received individualised care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care.

People were treated with dignity and respect.

People were supported at the end of their lives to have a comfortable and dignified death.

Is the service responsive?

Good

The service was responsive.

People benefitted from an innovative activity programme which catered for group and individual pursuits. People were enthusiastic about the programme and engaged in making suggestions for future events.

People felt part of their local community and were able to meet with others through events hosted at the service and trips out.

Staff shared information about changes in people's needs to ensure they received person-centred care.

People were asked for their views and were assured of a swift response to any concerns.

Is the service well-led?

Requires Improvement

The service was well-led but action was needed in some areas.

Records of people's care were not always accurate or complete. Staff training records were not fit for purpose.

The system in place to assess and respond to risks had not always been effective at identifying concerns or driving improvement. Quality assurance processes in other areas had proved to be effective.

People and staff spoke highly of the registered manager and leadership team.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management.

Pendean House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 31 May 2016 and was unannounced.

One inspector and a nurse specialist undertook this inspection.

Before the inspection, the provider completed 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. We also reviewed two previous inspection reports and notifications received from the registered manager. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for seven people, medication administration records (MAR), monitoring records, accident and activity records. We also looked at five staff files, staff training and supervision records, staff rotas, quality feedback surveys, accident records, audits and minutes of meetings.

During our inspection, we spoke with nine people using the service, four relatives, the registered manager, four nurses, four care assistants, the activities coordinator, the chef and the administrator. We also met with a minister who was visiting the service and asked them for their views. Following the inspection, we contacted the Macmillan nurses, a practice educator from the local hospice, a community dietician and an optician to ask for their views and experiences. They consented to share their views in this report.

Pendean House Care Home was last inspected in December 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe. Relatives had confidence in the staff and the care provided. One relative told us, "I can feel happy and relieved she is properly looked after. I know she's safe, happy and well cared for". Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt able to approach the registered manager if they had concerns. They also knew about the provider's 'Speak up' policy and knew where to access up-to-date contact information for the local authority safeguarding team.

Before a person moved to the service, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified, such as in moving and handling, pressure areas or malnutrition, these had been assessed. For each risk identified, guidelines were in place to describe how to minimise the risk and the support people required from staff. For example, moving and handling assessments detailed the number of staff needed to support the person, the equipment to use and considerations such as any pain they may experience when moving. People told us that they felt safe when staff supported them. One person who used a full body hoist said that staff, "Follow all safety precautions".

When people had fallen, there was a system in place to monitor their health and wellbeing. Following each fall, nurses completed a review after 24 and 48 hours. This considered any bruising, limb shortening or rotation, pain and whether the person was mobilising normally. They were also prompted to review the person's risk assessments and care plans and to consider whether a GP review would be helpful. Accidents and incidents were reviewed by the registered manager and a falls diary was kept for each person. This helped to spot any patterns and to minimise the risk of future incidents.

As people's abilities changed, their support was reviewed. We found that people received safe care because important changes had been made and were effectively communicated to staff. For example, when one person's risk of skin breakdown increased due to a reduction in their mobility, their mattress was replaced by a pressure relieving mattress. We found, however, that changes had not always been promptly updated in the care plans. You can read more about this in the 'Well-led' section of this report.

There were systems in place to respond to an emergency. The provider had a contingency plan which set out how the service should respond in a variety of situations, such as staff sickness or adverse weather conditions. Staff monitored the temperature in the home, particularly in the 'garden room' where people gathered during the day, and used fans to moderate the heat. Each person had a personal evacuation plan in place which described the support they would require from staff in an emergency to leave the premises. Evacuation equipment was available to safely evacuate people from the first floor. The provider had an agreement with a nearby service to share facilities in the case of emergency.

There were enough staff to meet people's needs and to keep them safe. There was a minimum of one nurse on duty at all times, supported by care assistants and support staff. People and relatives told us that staff

came quickly if they needed assistance. Many of the staff had worked in the home for many years and there was good continuity in the staffing. The registered manager told us, that they have a, "Good, stable group of staff". She told us that the service had not used temporary staff in the last 18 months as it had not been needed. Staff were assisted with transport to work using the home's car and were offered incentives when cover for additional shifts was needed at short notice. Staff told us that they had time to chat with people during the day. One said, "I love sitting and having a chit chat". Another told us, 'We're not under pressure. We all know what we need to be doing".

Staff recruitment practices were robust. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. The provider's system generated an error flag if any of these pre-employment checks were missing. It also alerted the registered manager when a repeat DBS check was required after three years of employment. The registered manager maintained a record of each nurse's registration with their professional body to ensure that they were safe to practice. These measures helped to ensure that staff were safe to work with adults at risk.

People received their medicines safely. Medicines were administered by nurses who underwent competency checks on their theoretical knowledge and practice in administering medicines. There were recorded details of how each person liked to receive their medicines. We observed the nurse administering medicines over the lunch period. On each occasion she took care to ensure the correct medicine was administered to the right person. People were supported to take their medicines and were offered pain relief. Nurses demonstrated a clear understanding of medicines administration. For example, one person who had received their morning medicines at a later time because they had been sleeping was given their remaining tablet at lunchtime. This was because a gap was required between the administration of the two the medicines.

Medication was stored in locked cabinets that were clean and well organised. The cabinet was attached to the wall by a chain or stored in a locked room. When in use, the trolley was locked when unattended. Medicines that were required to be stored between 2 and 8 degrees Celsius were stored in a fridge and the temperature monitored daily. With three exceptions, the Medication Administration Records (MAR) demonstrated that people had received their medicines as prescribed. We discussed these gaps in recording with the nurse on duty and the registered manager. The registered manager had identified the gaps through her daily spot checks on the MAR and was taking action to follow this up with the nurse who had been on duty.

Good

Is the service effective?

Our findings

People spoke highly of the staff who supported them. One person told us, "The care is very good". A relative said, "You couldn't wish for anything better". Staff were happy with the training that they received and felt confident in their skills and abilities. One care assistant said, "I don't think you can get better training".

New staff attended a period of induction. This consisted of four and a half days of classroom training and approximately one week shadowing of experienced staff. One care assistant who had recently completed their induction told us, "It was really thorough, really in depth". They explained that during the shadow shifts they had met all of the people they would be supporting and that they were asked if they felt confident before working independently. The registered manager had recently introduced the Care Certificate, which is a nationally recognised qualification. At the time of our inspection five staff had started this course. Refresher training was organised annually for topics including safeguarding, fire safety, managing behaviour that challenges and moving and handling and two-yearly for food hygiene, infection control and the use of bedrails. Staff told us that they attended refresher courses. Updates in fire safety and moving and handling had been scheduled for June 2016. The provider had recently changed the system in place for training and records of staff training were held centrally. These records were not fit for purpose. You can read more about this in the 'Well-led' section of this report.

Staff were supported to attend additional training and to further their knowledge. Nurses told us that they had attended a course at the hospital on PEG feeding (a tube placed directly into the stomach through which fluid and nutritional fluid can be delivered). One nurse had recently completed training in the use of syringe drivers (used to give medication continuously under the skin for a period of time). Staff were encouraged to complete diplomas in health and social care. One care assistant said, "The training is really good, I've just started my level three diploma". The registered manager also shared updates with staff by displaying them in the staff room. We saw that information on the Mental Capacity Act 2005 (MCA) and privacy had been shared in this way.

Staff felt supported. One said, "I love it. It's a lovely place to work". Staff received regular supervision and appraisal. We saw that all regularly employed staff had attended two supervision meetings in 2016 to-date. These meetings gave staff an opportunity to discuss their achievements, training needs and any concerns. One care assistant told us, "Supervision is useful but if I have a problem I know I can talk to (the registered manager)". Staff performance was reviewed annually during an appraisal meeting. We saw that objectives had been set for each department, such as care, activities, catering and housekeeping. Staff members set their personal and development goals in line with these objectives. Each head of department had been appraised by the registered manager in 2016 and was due to carry out appraisals with their staff teams.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, no applications had been made to deprive people of their liberty.

We checked whether the service was working within the principles of the MCA. People were able to move freely within the home and grounds and were not prevented from leaving the service by a locked front door. People were involved in decisions relating to their care and their preferences were respected. In the daily notes for one person we read, 'Declined assistance to change her night clothes' and 'Remained in bed all day. Declined care'. In the GP notes for another person we read that the person had, 'Made it plain' that they did not wish to undergo any investigations for a health concern that had been noted.

People's care plans included guidance for staff on assessing capacity and making best interest decisions. For example, they were asked to consider whether the person might regain capacity at a later date and, if so, to see if making a decision could be delayed. Where people had appointed representatives to act on their behalf, this was clearly documented. We saw that, where people lacked capacity, decisions had been made in their best interest. A best interest meeting had been held between the registered manager, nurse, friend and representatives of one person to discuss the risk of them using the stairs. The group had considered whether a move to an alternative environment or to a downstairs room would benefit the person. The meeting concluded that it was in the person's best interest to remain in familiar surroundings. The registered manager was considering whether any additional measures could be put in place to promote the person's safety without restricting their freedom of movement. We found that the registered manager and staff had a good understanding of the MCA and were applying its principles in the support they provided to people.

People were offered a choice of food and drink and were able to contribute ideas or suggestions to the menu. The chef told us, "We get quite a lot of feedback". One person told us how they had requested asparagus as it was in season and that this had been arranged. The daily menu was displayed in the home and on each table in the dining room. One person told us, "You always get an alternative. They ask about 2 o'clock what you'd like for lunch tomorrow". They also said, "When it comes to it, if it is not what you wanted they'll always offer an alternative". Lunch in the dining room was a social occasion. People were served their main dish and then staff served vegetables at the table. Those who required assistance to cut up their meals were supported. We observed that one person used a plate guard to help them manage their meal independently. Staff were on hand to assist people if required. People could choose to eat in their rooms or in other communal areas of the home. We saw a staff member assisting one person to eat their meal in bed. Support was given at a pace that suited the person, who was also enjoying chatting to the staff member about the programme they were watching on television. One person had their lunch the previous day in their room with friends they had invited.

When people moved to the home their dietary needs and preferences were recorded. From this information, the chef had created prompt cards which were used by staff in preparing each person's meal. This detailed if the person was diabetic, on a low fat or gluten free diet, any allergies, if they required a soft or pureed meal and the size of portion they favoured. Staff monitored people's weight to help them maintain good health. Each month people's weight was added to a graph so that staff could quickly note any changes. Unintended weight loss was followed up and the information shared with the kitchen so that meals could be fortified to provide additional calories. Where appropriate, staff had made referrals to the dietician for further guidance. Staff told us that three people were on reducing diets. One person had been particularly successful in losing weight. Where previously they had needed to use a wheelchair to mobilise, they were now able to walk with a frame.

People had access to healthcare professionals and the service worked in collaboration to ensure that people's needs were met. People told us that they were able to see the GP who visited the service each week. One person who had been referred for an assessment told us, "They're trying to sort me out". Where people needed support to attend appointments, staff accompanied them. An optician told us, 'On those occasions where clients are able to attend the practice, the arrangements for bringing and collecting are always very satisfactory'. Staff kept records of the visits made by professionals, including the GP, Community Psychiatric Nurse (CPN), Macmillan nurses, dietician and chiropodist. Professionals told us that staff contacted them promptly if they had concerns and that staff followed their advice.

The home is located in a rural area just outside the town of Midhurst. People told us that they enjoyed the grounds. One said, "I love looking out at the garden. I have a south facing room". Another told us, "My patio doors open to the garden". Some people said that they appreciated the tranquillity but also the proximity to the amenities in the local town. People had their own bedrooms, most with an en-suite. We saw that adaptations had been made to bathrooms, such as installing shower seats or separating off the shower area in the wet room to reduce the risk of the person slipping on a wet floor. All of the corridors had handrails to support people when walking. One person said, "It's wonderful. I can get around alright, mainly because of these lovely handrails". People had furnished their rooms to their personal taste. We were shown one person's room by the registered manager as they liked visitors to see it. The registered manager said, "She's got everything exactly as she likes it". People enjoyed the environment of the home and the adaptations helped to promote independence.

Good

Is the service caring?

Our findings

People spoke highly of the staff who supported them, describing them as, "Magnificent" and, "Kind". They told us that they knew the staff well and that staff understood how they liked to be supported. One person told us, "Some of the staff have been here for years!" We observed as a staff member brought a wheelchair to assist one person to the dining room. They said cheerfully, "Mrs (name of person), your chariot awaits" to which the person laughed and appeared very pleased to see the staff member. In the provider's nominations for the care home awards one person had written that they could not nominate one member of staff since they considered all of the staff as friends.

Staff took time to get to know people. There was information about people's interests and life experiences in their care plans but staff also took time outside of delivering care to speak with people. One person said, "I've got all the company I want. It's so enjoyable. It feels like a holiday". The registered manager told us, "I love the time with the residents. If a resident comes in you stop whatever you are doing. They come first". People told us that there were lots of celebrations, such as of people's birthdays which they really enjoyed. Relatives were very complementary about the staff. One had written a card of thanks saying, 'I just cannot express deeply enough how important it was that he was in a place where people knew him, cared about him as a person, and where we knew we could leave him in between visits and he would be protected and looked after'. Another wrote, 'Thank you for your amazing kindness. You took excellent care of our Mum'. An optician who visited the service told us, 'Staff appear to understand their requirements well and genuinely care that they (people using the service) are happy and content'.

People were involved in day to day decisions relating to their care. We heard staff asking people where they would prefer to eat lunch, if they would prefer their coffee in a cup or a mug and what they would like to do during the afternoon. The manager told us about one person who had recently moved to the home and said, "We're letting her lead the way with us". She explained how they were allowing the person space to settle in and to determine how they would like to be supported. Some people managed their own medicines, while others who were assessed as being able to self-medicate had opted for staff to support them. We saw that staff encouraged people to be as independent as possible. We observed one person walking with a frame as a staff member followed behind with a wheelchair. The staff member was encouraging the person and helping them to build up their mobility. One staff member said, "It's rewarding to see people on respite go home, others have just wanted to stay!"

People told us that staff respected their privacy and treated them with respect. We observed that staff were polite and that they addressed people by their preferred name and or title. For example over lunch we heard a staff member say, "Mrs (name of person), sorry to interrupt you, would you like…". Storage areas for equipment, such as wheelchairs, were screened by curtains with the registered manager telling us, "They don't need reminding". People were treated as individuals. We saw that the attitude of staff and how they interacted with people formed part of their supervision. In one we read, 'Always cheerful and respectful towards residents'. As part of the safeguarding training staff were also asked to consider scenarios relating to people's privacy and dignity. Relatives and visiting professionals spoke positively about their experiences at the service. In a card written by a relative we read, 'The kindness, respect and compassion which you

showed to him was so helpful to us both and above all you always took the time to listen which allowed him his dignity'. The practice educator from the local hospice wrote, 'I witnessed very caring, dignified and supportive attitudes and actions towards residents from the staff I worked with, responding to the residents as respected people'.

The home worked closely with Macmillan (Macmillan nurses provide specialist cancer support) and a number of people moved to the home to receive care at the end of their life. The registered manager had completed the 'Six Steps Programme' in end of life care and additional staff were following or due to start this training. Relatives spoke very highly of the support they and their loved ones received. One relative told us, "They made a traumatic two weeks amazing. They know how to cope. They gave us information. There was nothing they wouldn't do for us". Another had written to thank the staff saying, 'The level of care shown towards the end of (name of person's) life was exceptional, to the highest professional level and is a credit to your staff'. A third wrote, 'We are so glad that our Dad's final days were spent in such a lovely place amongst such lovely people. Forever grateful'.

Staff from the Macmillan nurses and local hospice told us that the home worked closely with them and did not hesitate to ask for advice when needed. One Macmillan nurse said, "They have developed expertise in caring for our patients at end of life, patients who have complex needs. They're very good at ringing and asking for support". On the second day of our visit staff were supporting a person and their family as they moved to the home for end of life care. The registered manager spoke with compassion and provided reassurance and information. She said to the relative, "If you wake up in the middle of the night and are bothered, just ring. Ring anytime". Where people had passed away, others who lived at the service were supported to attend their funerals if they wished. Information on when funerals or memorial services would be taking place was also displayed for staff.

Good

Is the service responsive?

Our findings

There was an innovative activities programme and the home had strong links with the local community. People were able to join in activities that interested them. They spoke with enthusiasm about upcoming events and were engaged in planning how they wished to spend their time. There were opportunities for people to engage in group activities or to spend relaxed one to one time with staff. One staff member told us, "Pendean is a home, whatever their wish we try to fulfil it for them". Activity staff worked in the home on a daily basis. There was a programme of weekly activities and of special events. In addition, activities staff visited each person daily for a chat and to provide companionship. Activity staff maintained a record of each person's involvement and level of engagement with the activity in question. We read, 'Took post in, had a coffee and a chat', 'Not in the mood for a visit today, 'Sat in the garden with other residents and had a glass of wine' and 'Was reading her newspaper, she had visitors for coffee' as examples of ad hoc activities people had been involved in.

People received a copy of the activities programme a week in advance. On the first day of our inspection there was a quiz taking place. This was very popular and people were heard discussing the answers over lunch. On a Wednesday evening there was a 'Happy Hour'. People explained that the night before there had been a slide show of their houses taken from Google Earth which they had really enjoyed. There was also a wide range of old objects and artefacts from the wars which were displayed in the home and often used as a starting point for discussion. By popular demand, a new card club had been started and was proving a hit. Special events included lunches out, visiting speakers, poetry reading and cheese and wine tasting. People told us about a fashion show that had been organised in conjunction with a local shop where people and staff had modelled some of the clothes. There were also visiting bands and parties for special events. The home used a local minibus to organise outings such as to go out for fish and chips at the coast. We found that people were stimulated and that they engaged positively with the activities on offer.

People had opportunities to link with and be involved in the local community. A monthly church service was held in the home. This was announced in the parish churches and approximately eight visitors joined the service on a regular basis. One person told us that they used the community bus to go to a local town; others had been to events at a local centre when there had been something of interest. At Christmas a local school visited to sing carols. At election time, the home was used as a polling station. People were engaged in debates about the forthcoming referendum and a talk had been arranged with visiting speakers to discuss the issue. Each year, during the month of June, a marquee was put up in the garden of the home. Past events included a 'Residents' lunch' where people could invite their friends and family, a hog roast, a beer festival, a local amateur dramatics production and fundraising events. We saw that people had been involved in fundraising for local charities and that certificates of the amounts raised were displayed proudly. People told us that being a part of the local community was important to them, that they enjoyed meeting others and sharing in new experiences.

Where people had particular interests, these had been accommodated. One person told us that they enjoyed gardening and said, "I've got my fork and trowel here. I've done a bit". Another person was very keen on dogs and helped to care for the registered manager's dogs. We watched as they took care of the dogs,

saying when it was time for their walk and giving them lunch. Others also told us how much they enjoyed having dogs at the home. One said, "There's one (dog) that always comes and sits on my knee". People were able to request the lounge area to hold family gatherings. One relative explained that this had been very helpful as it was difficult for their mother to travel. Relatives told us that there was, "Always something going on" and that there were new activities added to the programme all the time.

People received person-centred care from staff who knew them well and cared about them. People told us that staff were quick to notice if they were unwell or there had been changes in their health. When we asked one person what was good about the service they replied, "The way they look after you. They take a lot of trouble". In the provider's nominations for the care home awards one person had written, 'He (staff member) is kindness itself in looking after you and notices anything that is wrong'. Written feedback from a person who used the service read, 'Every need is immediately satisfied with extreme kindness and pleasantness. The accommodation and food match the overall qualities – excellent. No praise is high enough and I couldn't think of a better place to end my days'. A relative told us, "I never give 10 out of 10, but I'd give it 9.9!"

Staff were able to describe people's preferred routines and idiosyncrasies. It was clear from how they spoke that they cared about people's wellbeing. One person had lots of papers and staff explained that this was linked to their former profession. The registered manager had recently brought back leaflets from a trip to Germany for a person who spent some of their childhood there. People's requests for repairs or changes in their rooms were promptly dealt with by the maintenance team. In the evening a care assistant came to support one person to have a bath. This was in addition to their usual shift since the person liked to bath in the evening and had developed a particularly good rapport with this staff member. This showed flexibility in how care was provided and demonstrated that staff placed great importance on meeting people's individual preferences.

Each person had a care plan in place which provided details on their preferences, health and support needs. A pre-admission assessment was completed covering the basics of how each person liked to be supported. This covered eating and drinking, personal hygiene, sleep and rest, social, religious and community involvement. The records included specific details such as whether the person was able to use a call bell, if they preferred to remain in their room and preferences for particular toiletries or scent. People told us that they had been involved in these discussions. As staff got to know people this was added to. One person told us, "They let you settle in and then put it together. As time goes on it sorts itself out". The care plans had been reviewed monthly by nursing staff and updated.

There were clear processes in place to share information on changes in people's care between staff. Care assistants kept a record of any concerns they noted when assisting people to wash and dress and this was shared with the nurses, for example if they noted any redness or sore patches. Whilst we were in the nurses' office a care assistant came to say that one person was in pain. One of the nurses went immediately to visit the person. Another care assistant told us, "The nurses are great. They came straight away to look at an abrasion on (name of person's) leg earlier today". There was a clinical handover between each shift so that changes or tasks that needed to be completed were passed on to the next nurse. On a weekly basis, the registered manager met with the nursing team to review people's care, including new admissions, any pressure areas, falls, incidents, weight loss or behaviours that challenge.

Staff had a creative system to highlight and share updates about people's care. Updates were added against people's names on a magnetic board in the staff room. Against each person's name staff could post magnetic notes such as, 'Encourage fluids', 'Hoist', 'Speak to nurse' or 'Look at care plan'. The system had been suggested by a staff member and adopted. Staff told us that this had been extremely helpful in making

sure they were aware of any changes before they started providing support to people. One staff member said, "I knew straight away when I came in (that the person now required a hoist to transfer)". Another told us, "You're always updated, verbally or by the noticeboard". The system helped to ensure that staff were alerted to any changes so that they could provide safe and consistent care to people. We noted, however, that updates were not always accurately and promptly reflected in the care plans. You can read more about this in the 'Well-led' section of this report.

People were asked for their views about how the service was run. Residents' meetings were held every six weeks. We saw that people had made suggestions for projects such as refurbishing the garden pond and that they had contributed ideas to the menu. As a result there was a weekly curry, roast lamb had been added to the menu and a new series of themed lunches had started with a Thai themed meal. The registered manager had displayed the actions from these meetings in the format of, 'You said – We did'. One person told us, "They do ask my opinion on things which is jolly nice". They added, "They've improved the food side of it. You know you can go and enjoy your food". Another said, "I don't want to change anything. It's all very pleasant". The activities coordinator told us, "The residents here at the moment are very vocal, they know what they want. We have a lot of meetings".

People and relatives expressed their satisfaction with the service. One person said, "I've got no word against it. I really enjoy it here". Another told us, "There's nothing I could complain about. The staff are wonderful, the food is very good". Relatives had been asked by the registered manager whether they would like relatives' meetings or events to be organised. Most had responded to say that they were happy to speak with staff when they visited.

The provider had a complaints policy and the complaints procedure was displayed within the home. The few complaints received had been investigated and a full response was provided by the registered manager. She told us, "It's not that we don't have any, but we don't have many (complaints)". Complaints were shared with the provider and monitored as part of the service's quality assurance processes. This helped to share learning and ensure that improvements were made.

Requires Improvement

Is the service well-led?

Our findings

Records in relation to people's care were not always accurate or complete. Whilst we found that appropriate and timely changes had been made to people's support, the lack of accurate records could present a risk.

Documentation did not always accurately reflect the care given. One person's risk of developing pressure areas had increased due to changes in their mobility and medication. As a result they were being cared for on a dynamic mattress (used to reduce the risk of pressure injury) but this was not recorded in their care plan, nor had their assessment for the risk of developing pressure areas been updated to reflect their reduced mobility. Where people had pressure areas, these had been healed effectively through the support provided by staff. We found, however, that nurses had failed to maintain accurate records of the wound care support provided. For some wounds there was no wound care plan to set out the treatment required to heal the wound and manage any pain. For others there was guidance such as to check the wound twice weekly but these checks had not been recorded. When dressings were changed, there was often no record of the wound progress and when wounds had healed this was not always recorded. One nurse told us, "We're supposed to take a photo when it has healed. It isn't filled in".

In some care plans it was noted that the person would be reluctant to verbalise any pain they were experiencing. We read, "When unbearable (pain) unable to self-medicate, needs assistance". Staff were directed to observe for non-verbal clues of pain. A numerical 0-10 scale was provided for staff to document their assessment. This had not been completed. One nurse said, "Every time I do drugs round I do a 1 to 10 scale of residents' pain, but I don't document this – they usually tell us. Also facial gestures or relatives tell us". The lack of recording meant there was limited evidence of objective monitoring and management of pain.

Records of staff training were not fit for purpose. The provider had made changes to how staff training was delivered by removing home-based trainers and providing courses centrally. When courses were completed the provider's team was alerted so that records could be maintained centrally. We received a copy of the home's training records from the provider. The records indicated that training was out of date for many of the staff. Upon further investigation we found that some training had been entered with a validity of three months rather than one year and that staff who were on long term leave or had left the service were still listed. For some of the training showing as expired, the administrator was able to show us certificates of updated training. The colour coding used to highlight when courses were due was not working correctly. A monthly email to the registered manager saying which training was due did not reflect the data on the spreadsheet.

The system in place to monitor risks and to ensure compliance with the regulations had not been effective in all areas. We saw that concerns around the recording of wound care had been raised in a visit from the provider in January 2016 but that the required changes had not been implemented or sustained. We also found that care plan reviews had not always identified missing information. For example, there were detailed diabetes care plans in place for some people who were diabetic but very limited information for others. Audits of pressure relieving equipment had failed to identify that some equipment had 'bottomed

out' (this is where it no longer provides effective support). We identified two mattresses and one cushion that had bottomed out. The cover of one of these mattresses was worn. This would make it difficult to clean and could mean that moisture seeped inside. By the second day of our visit, the registered manager confirmed that the equipment had been replaced and that additional checks had been added to ensure that equipment was replaced promptly when required.

The lack of accurate and complete records and the absence of an effective system to assess, monitor and mitigate the risks relating to people's health, safety and welfare was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The system for auditing the quality of the service had also demonstrated that issues were identified and resolved. The registered manager completed daily and weekly checks on the service. These included checks on medication, cleanliness of the home, call bell response times and observation of the dining experience. Key information about the service, such as accidents and incidents, weight loss, reviews by the GP and hospital admissions, was sent to the provider on a monthly basis. This data was reviewed in line with other services to highlight any areas of potential concern. A representative of the provider visited monthly and reviewed people's experiences and the records at the service. Specific areas of the service had been audited by nominated staff, including infection control, nutrition and health and safety. Actions from all audits were included in a service improvement plan. Each action had a target date for completion and was assigned to a named person. We saw that actions were being addressed and that many were completed.

People had been asked by the provider to complete a questionnaire regarding the service. This had been completed by 16 people in 2015. The 2016 survey had not yet been finalised. People had provided positive feedback regarding the service. One person wrote, 'We are very well cared for, any problems are listened to and if necessary solved if possible'.

The registered manager had been in post at the service for 16 years. She was well respected and spent time meeting with people and staff. One person who preferred to stay in their room told us that they saw the registered manager, "Every day". They added, "She is very good". Another said,
"The home manager is very good at organising. They're (management) always approachable. I find that tremendous". Staff were equally positive about the support they received from the registered manager. One said, "She is just fantastic, she's really supportive". Another had written in a nomination for the provider's care home awards, 'If she thinks you are doing your job well she will leave you to get on with it, and also quite often says thank you which means a lot'. The registered manager held daily 'Take Ten' meeting with the heads of department. This covered any actions carried forward, a daily briefing on occupancy, staffing, events and resident reviews. There were also staff meetings, including for nurses, care assistance, support staff and heads of department. We saw that these had been used to discuss the service, staff responsibilities and agree any actions required.

The culture of the service was open and inclusive. People felt comfortable with staff and could freely express their views. One person told us, "I would recommend it, there's no doubt about that". A minister who was visiting said, "This place has the highest reputation in the area. I tend to judge it on how relaxed they (people who have moved to the service) are. It is always very welcoming". Relatives told us that they could visit at any time. Staff felt valued by the registered manager and were encouraged to share their experiences or suggestions for how to improve the service. One relative had written to the registered manager saying, 'You run a very special place at Pendean and all credit to you for the culture, ethos, warmth and friendliness of everyone there'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's system to assess, monitor and mitigate risks relating to people's health, safety and welfare had not always been effective. The provider had failed to maintain accurate and complete records in respect of each person. Staff training records were not fit for purpose. Regulation 17 (1) (2)(b)(c)(d)(i)