

Bowden Derra Park Limited

Rosewood House

Inspection report

Polyphant
Launceston
Cornwall
PL15 7PU

Tel: 01566880340

Website: www.bowdenderra.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rosewood House is a residential care home providing personal and nursing care to up to 16 people. The service provides support to people with a learning disability. At the time of our inspection, there were 15 people using the service, some of whom had complex nursing needs.

The service is adapted to meet the needs of people with physical disabilities. It is on a site outside of the local village, along with three further residential care homes run by the same provider. There is a swimming pool and restaurant on the same site.

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

Right Support:

The model of care and setting did not consistently maximise people's choice and independence. The service did not ensure people had a fulfilling and meaningful everyday life. There was little evidence of people's aspirations and goals or what support they needed from staff to achieve them.

People did not have the same level of contact with their local community as any other citizen.

People received their medicines as prescribed, but medicines were not always managed safely.

People were not supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service were in line with the Mental Capacity Act.

People's care and support was provided in a safe, clean, well equipped, well-furnished, and well-maintained environment. A new kitchen had been installed which increased people's opportunities to participate in choosing and preparing some meals. People had a choice about their living environment and could personalise their rooms.

Relatives and staff told us people were safe living at Rosewood House. People could access specialist health and social care support in the community and were supported by staff who understood how and when to highlight concerns they had about people's health.

Right Care:

People's care plans were not holistic and did not consistently promote people's wellbeing and enjoyment of life. The support people received did not always focus on their quality of life or enable them to undertake activities or interests that were tailored to them.

Opportunities to increase people's skills and independence were not always used.

People had access to good quality nutritious food but were not as involved as possible in planning their menu, buying food or cooking.

People were able to communicate with staff who understood peoples' communication needs.

People were protected from abuse. Staff understood how to raise any concerns and said they were listened to.

New staff were recruited safely and completed an induction.

Right Culture:

The provider had not ensured best practices for people with a learning disability had been embedded in the way the service operated.

Staff knew people well but there was a lack of guidance to enable staff to support people to achieve their aspirations and to live a quality life of their choosing.

The service's governance arrangements had not identified all the areas for improvement highlighted during the inspection.

Staff received regular updates to their training. They told us they also attended team meetings and one to one supervision.

Relatives gave positive feedback about the service.

Staff turnover was low, which meant people received care from staff who knew them well.

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 10 October 2022). We found breaches relating to the governance of the service and treating people with dignity and respect.

The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 4 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance and how they treated people with dignity and respect.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

At this inspection we found the provider remained in breach of regulations. We found ongoing breaches in relation to the governance of the service and treating people with dignity and respect.

Please see the action we have told the provider to take at the end of this report.

At our last inspection we recommended that the provider followed national guidance when recording the administration of medicines and sought advice and guidance about each of the steps outlined in the duty of candour. At this inspection we found further concerns about medicines management but found the provider had made improvements in relation to how they followed the steps to meet their obligations regarding their duty of candour.

At this inspection we made a recommendation about the emergency evacuation information held in the service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rosewood House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was undertaken by 2 inspectors 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

Rosewood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosewood House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

People could not easily share their views of the service so we observed how people spent their time and interacted with staff. We spoke to 2 people, 4 relatives, 10 staff members, including the registered manager, and 2 professionals.

We spoke to 5 relatives by phone. We reviewed 3 people's care records and medicines administration records (MARs). We also reviewed a range of information related to the management of the service, such as audits and checks and meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection we recommended the provider followed national guidance when recording the administration of medicines. Staff had not always signed Medicine Administration Records (MAR) after administering medicines to evidence people had received their medicine as prescribed.

At this inspection we found an electronic MAR was being used and all signatures were now correct. However, we found further concerns with medicines practices.

- The system for recording medicines held in the service was not robust. Some medicines that were in stock in the service were not recorded as being present. Other medicines had been counted on the medicines audit but were not recorded on anyone's medicines administration record (MAR). This meant they could not be administered to anyone.
- When medicines had been recorded as present, the quantity of each medicine recorded was not always accurate.
- There was no system in place to ensure records were adjusted if a person took medicines out of the service and returned with more or less than expected.
- The provider's policy was not to stock homely remedies and to clearly label all medicines brought into the service. However, there were several homely remedies stored with prescribed medicines that were not labelled.
- One medicine had been delivered to the service in error but had not been returned or disposed of.
- Systems to monitor the expiry dates on medicines were not robust. Some medicines found in the service were out of date. Prior to the inspection, 1 of these had still been in use.
- Some medicines were kept in a cupboard used for medicines that required extra controls, even though they did not require extra controls. The medicines in this cupboard were not counted regularly, so there was no up to date information about how much of each medicine was held by the service.
- Some medicines required refrigeration. Temperatures had not been logged on a daily basis, as per the provider's policy, to ensure they fell within the guidelines that ensured the quality of the medicines was maintained.
- Medicines audits did not always check all the medicines held in the service. This meant errors had occurred but not been highlighted. Recent medicines audits stated all medicines were named and in date when this was not the case.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not taken sufficient action to ensure the service met statutory guidance.

- Information about people's medicines and how they took them was available.
- People received the correct medicines at the correct time. Most people's medicines were stored in their bedrooms, and they could take them in private.
- People's relatives told us they were informed if there were any changes to people's medicines.
- Some people had medicines to be given 'as required' (PRN). There were protocols in place to guide staff on when these could be given.
- Staff responsible for administering medicine had received training. Staff had received assessments of their competence to administer any medicines they were required to administer.

Assessing risk, safety monitoring and management

- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency. However, a file to be used in the event of an emergency evacuation or fire contained details of 1 person who no longer lived at the service.

We recommend the information to be used in the event of an emergency evacuation is reviewed on a regular basis.

- Care plans contained risk assessments which outlined when people had been identified as at risk.
- There were risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Relatives and staff told us they felt people were safe living at Rosewood House. Comments included, "My relative is safe there as the staff are protective and caring, they know them well. If I wasn't sure of this they wouldn't be there"
- Staff had received training in safeguarding. They knew the processes to follow if they had any safeguarding concerns.

Staffing and recruitment

- Arrangements for staffing, including skills and numbers, reflected the needs of people using the service. A relative told us, "There is never a lack of staff."
- There was a stable staff team in place. Some staff had worked at the service for several years. This meant people were supported by staff who knew them well. A relative commented, "I think the staff team is pretty static and they work together as a team, its more like a family"
- Recruitment processes were robust. For example, references were followed up and Disclosure and Barring Service (DBS) checks were completed before new staff started work.
- A new process was being devised so people could have greater input into which staff were recruited to work at the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately.
- Staff told us learning from incidents was shared to reduce the likelihood of them reoccurring.

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 our last inspection we rated this key question requires improvement. At this inspection the rating remains requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At the last inspection we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the service was not working in line with Right support, right care, right culture. The provider shared an action plan detailing how they would address this.

At this inspection we found the service was not meeting the principles of statutory guidance, Right support, right care, right culture.

- We observed people were not often engaged in any meaningful occupation. At times staff were seen sitting in the same room but not engaging with people. Records showed people often spent their time watching TV, listening to music, going for walks in the grounds or being in the garden. They also showed people tended to spend their time in the same way most days with little variety. A relative commented, "perhaps a few more staff would be good so more activities could take place." Another relative told us they felt their family member needed more stimulation.
- Records of how people spent their time showed people did not go out often.
- The provider had employed staff to help ensure people's opportunities were increased. One staff member told us they were highlighting to staff where people could do more for themselves, so they could increase their skills and independence. People's records showed staff were engaging them in tasks around the home; however, people's care plans did not promote strategies to enhance independence or include tailored guidance for staff on how to support people to increase their skills.
- A staff member had been allocated as a champion of community access. The manager told us they monitored how often people went out, but there was no evidence of monitoring or auditing of community access available.
- A senior staff member told us people sometimes declined to go out; however, there was little evidence of this in people's records or of alternatives they were offered instead.
- People's care plans did not demonstrate evidence of future planning or consideration of the longer-term aspirations of each person, so it was not possible to check if people were taking part in opportunities that were in line with their interests.
- Events and occasions were not always maximised to increase people's skills and independence. For example, people had attended a community event as a large group and had their lunch provided by the staff in the restaurant. This meant there was a lack of choice and opportunities to increase skills were lost. They were not involved in preparing their own lunch or choosing and buying their lunch at the event.
- People sometimes bought food they might want to cook rather than going to the restaurant, but people

were not involved in buying general food for the service, such as bread, milk or hot drinks. These were collected from the restaurant on site and did not offer people the same life experiences as any other citizen.

This was a repeated breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the service told us they were implementing systems and processes to help ensure people could live fulfilling lives and use the local community more frequently.
- Some people used assistive technology to help them communicate. Staff had embraced the technology and taken guidance from people's relatives to help ensure people were benefitting fully from it.
- Support plans included details of communication needs and were contributed to by people's families.

Staff support: induction, training, skills and experience

- Staff were trained in person centred care but did not display a good understanding of best practice for this type of service.
- During their induction, new staff worked in all the provider's services. This helped ensure staff were allocated to a service that suited their skills.
- Staff told us they had received sufficient training and relatives told us staff were skilled and competent in their roles. Relatives were very positive about the care staff provided. Comments included, "The care they give takes your breath away" and "I would say the care is as close to perfect that we could have hoped for"
- Staff told us they received 1 to 1 supervision with their manager and attended team meetings. They told us they found these useful and could discuss any concerns or ideas they had.
- Staff training was monitored to help ensure staff remained up to date with their skills and knowledge.

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

- A relative told us their family member received nutritious food that they enjoyed.
- People could choose whether they ate in the service or at the provider's restaurant. However, this meant people were not always involved in planning their meals.
- People could access drinks and snacks at any time. A trainee dietician had supported staff to help ensure they could encourage people to eat a balanced diet that met their needs.

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

At the last inspection we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the interior had not been adapted considering people's diverse needs. At this inspection we found improvements had been made.

- A new, larger kitchen had been fitted. Staff told us at times people took part in preparing food and drinks. A relative told us "My family member has been shopping with a carer and then prepared the food in the kitchen with minimal help. It helps that the surfaces are at wheelchair height."
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People's relatives said people's rooms suited their needs and were personalised to reflect their tastes. For example, one person's room was heated as they felt the cold, and another person had air conditioning available as being too hot could make them ill.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- A dental company had visited the service to enable people to become familiar with dental equipment and

what to expect at a dentist's practice to help them feel more comfortable about attending dental appointments.

- Relatives told us staff knew their family members well and shared any concerns about people's health with them and relevant healthcare professionals.
- A healthcare professional told us staff followed advice and guidance and ensured it was communicated clearly to other staff members.
- The service worked with many different organisations to support the care people received.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were aware of people's capacity to make decisions verbally or nonverbally.
- Staff had received MCA training and understood what decisions people had the capacity to make and which they needed to be made in their best interests.
- For people that the service assessed as lacking mental capacity for certain decisions, there were recorded assessments and best interest decisions.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remains requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we found a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not taken sufficient action to ensure the service met statutory guidance.

At this inspection we found the service did not reflect statutory guidance. We also found concerns regarding the oversight of medicines in the service.

- The provider had not ensured the principles of Right support, right care, right culture had been embedded in the service. Staff did not always enable and empower people to live a life similar to that of any other citizen.
- The provider had failed to ensure staff consistently provided person centred support to people. During the inspection 2 staff were seen to be standing whilst supporting 2 different people to eat, even though the people were sitting down. One of the staff members had not asked the person if they would like some food or told them what it was.
- The provider had not monitored how people spent their time. People did not go out often but tended to spend their time doing similar things every day.
- Checks of the service had not identified that some people had not been consulted on their goals or aspirations for the present and future.
- There had been a lack of oversight of medicines management. Checks completed had not identified the concerns we highlighted during the inspection.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Learning had been implemented following the outcome of an inquest. For example, staffing levels at night had been increased and training was repeated more frequently.
- Relatives were complimentary about the relationships staff had developed with people. Comments included, "I can see they all love [person]. It's not just a job, it's like a family" and "We feel very fortunate [person] is here."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.

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

At the last inspection we recommended the provider sought advice and guidance about each of the steps outlined in the duty of candour. The provider had not maintained a record of all the action they had taken following a notifiable safety incident. At this inspection we found improvements had been made.

- The duty of candour policy had been updated and the registered manager told us they had used learning from the previous inspection in one of the provider's other services.
- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Relatives told us the registered manager kept them fully informed of any changes in their family member's needs. They told us they had no concerns about the service and had trust in the registered manager and staff.

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

- Managers from each service had a short meeting each morning to check all necessary actions had been taken from the day before and to see if anyone needed support.
- Staff had clear roles and responsibilities. There was a registered manager in post who had overall responsibility for all the provider's homes. Rosewood House had a manager who was responsible for the day to day running of the home. Staff were able to explain their role in respect of individual people.
- Any changes in people's care needs were shared with staff at handovers and throughout the day. Staff told us communication was effective in the team.
- The CQC rating from the previous inspection was clearly displayed in the service.

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

- Staff understood people's expressions and body language which meant people's views and choices were understood.
- Relatives were positive about the atmosphere and culture in the service. Comments included, "I enjoy coming here. It feels like a home" and "From my point of view the home runs like clockwork, I think that's impart because the manager listens well"
- Relatives and external professionals told us communication was good and that they felt part of the team looking after their family member. Comments included, "We are kept in the loop and they do listen to our thoughts and ideas" and "I can't recall ever getting a poor outcome when I have raised a concern"
- Staff told us they felt comfortable sharing ideas and concerns with management and that they were listened to. Comments included, "We can always speak to the management if there is a problem, and we always get the support we need" and "The main manager is amazing he listens to you and if you have concerns acts on them"
- There were systems in place for gathering the views of people their families and friends and staff.

Working in partnership with others

- The registered manager was proactive in engaging and working with local organisations.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had not taken sufficient action to ensure the service met statutory guidance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not ensured effective governance processes had been implemented.