

Bowden Derra Park Limited

No. 18

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 8, 10 and 15 December 2015 and was unannounced.

No. 18 provides accommodation and care across two houses, to three adults with a learning disability. On the day of the inspection three people were using the service.

The service had a registered manager in post. 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.

No. 18 is part of Bowden Derra Park, a complex of residential accommodation. The registered manager was also responsible for the other Bowden Derra Park services. No. 18 had a deputy manager who oversaw the day to day running of the service.

People and staff were relaxed throughout our inspection. There was a calm, friendly and homely atmosphere. People's records were personalised and were being updated to reflect people's needs more accurately and how they wanted them to be met. There were sufficient staff to meet people's needs.

Summary of findings

Staff responded quickly to people's changing needs. Relatives were involved in reviewing people's needs and how they would like to be supported and the service planned to involve people more fully also.

People's preferences were identified and respected. Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and staff focused on people rather than on tasks.

Staff received a comprehensive induction programme and were trained to carry out their roles effectively. Staff were knowledgeable about the people they were supporting and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity. People's risks were managed well and monitored.

People were supported to take part in a range of activities which reflected their interests. However, staff, relatives and a healthcare professional we spoke with felt people could be supported to do more activities at home and in the local community based on their needs and interests.

People's medicines were managed safely. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, learning disability nurses and occupational therapists.

All staff had undertaken training on safeguarding vulnerable adults from abuse and demonstrated a good

knowledge of how to identify and report any concerns. Staff described what action they would take to protect people from harm. Staff felt confident any incidents or allegations would be fully investigated.

People were protected by safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Relatives and friends were made to feel welcome and people were supported to maintain relationships with those who mattered to them. People and those who mattered to them knew how to raise concerns and make complaints. Complaints had been recorded, investigated and the outcome fed back to the complainant.

Staff understood their role with regards to the Mental Capacity Act (MCA) (2005) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA aims to empower and protect people who may not be able to make some decisions for themselves. DoLS are used to protect the rights of people who lack the ability to make certain decisions for themselves and make sure that their freedom is not inappropriately restricted.

There were effective quality assurance systems in place. The registered manager followed a monthly and annual cycle of quality assurance activities. Staff described the management as supportive and approachable.

Summary of findings

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.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and systems were in place to manage risks to people.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

Good



Is the service effective?

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

People's rights were protected. Staff and management understood the principles of the Mental Capacity Act 2005 and correct procedures were followed to ensure the rights of people who lacked capacity to make certain decisions were protected.

Good



Is the service caring?

The service was caring.

People were treated with respect and compassion.

People's privacy and dignity was respected by staff.

Staff knew people well and what was important to them.

Good



Is the service responsive?

The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which was also available to people in an easy to read format.

Good



Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Good



Summary of findings

Staff confirmed they felt supported by the registered manager and the management team. There was open communication within the service.

There were systems in place to monitor the safety and quality of the service.

No. 18

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 8, 10 and 15 December 2015 and was undertaken by one inspector.

We reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people who lived at No. 18, however, due to their needs, they were not able to discuss their views of the service. We spoke with the registered manager, the team leader and four members of staff. We also contacted a relative of someone who lives at No. 18 and two health and social care professionals who had worked with people living at No. 18.

We looked around the premises and observed how staff interacted with people throughout the inspection. We looked at records relating to each person who lived in the home, this included support plans, health records and risk assessments. We also looked at a sample of staff files and other records relating to the running of the service including, health and safety records, policies and procedures and quality audits.

Is the service safe?

Our findings

People were safe living at No. 18 and relatives confirmed this.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff had up to date safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. Comments included, "If we have any issues, we try to find an answer but if it was serious I would raise it with the manager or alert the safeguarding team. Senior managers would listen and act."

People were supported by staff who were recruited safely. Recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by a sufficient number of competent staff to meet their needs and keep them safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made. The registered manager confirmed they reviewed staffing numbers regularly, based on people's needs. For example, one person needed extra staff support when they went out, so this was arranged so trips were safe for the person and staff.

People were supported by staff who understood and managed risks effectively. The deputy manager told us, "We have to lower the risk as far as possible for the activity to be safe and enjoyable." Risks were recorded in detail in people's care plans including specific steps to take with people during different tasks to keep them safe. For example, one person became particularly anxious during the transition between their house and the car. There were detailed steps in the care plan for staff to follow to alleviate

the person's anxiety. We observed these steps were followed in practice by staff. Risk assessments were in the process of being updated to include detailed information about how to support people to be safe.

Staff were knowledgeable about people who had behaviour that may challenge others. People's records contained information about how to recognise someone was feeling anxious, actions staff should follow to support them and forms to record any related incidents. The deputy manager told us, "We are supporting staff to learn about behaviour analysis. Staff working with people day to day complete behaviour forms so if they understand how the forms are used, they'll be completed more in depth. Better recording will hopefully help us improve people's quality of life."

Information about people's behaviour was regularly reviewed to allow any learning to take place to improve practice. For example, one person had recently become anxious when out. Staff reviewed, with the deputy manager and registered manager, what had happened and had been creative in finding an alternative plan for the next trip out. They were also seeking advice from external professionals to see if there were any further improvements they could make. Their relative confirmed, "They are continually learning about [...] and improving the support they provide."

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate. Medicines were audited every three months by senior staff from other services within the same organisation and annually by an external pharmacist.

No. 18 was made safe through a fire risk assessment, an annual assessment from the local fire service and an annual legionnaires check; however, monthly fire and legionnaires checks had not been recorded recently. The deputy manager told us they would ensure these were completed immediately.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. Professionals described staff as, "polite, professional, warm and courteous."

New members of staff completed an induction programme, which incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. The registered manager told us, "We have also started rolling this out to existing staff to create a standard that facilitates equality of safe provision." Informal drop-in sessions with staff from the training team, had been set up for new staff to help them complete their induction or just ask questions about their role. New staff also had a mentor and shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Some staff had transferred from other services within Bowden Derra Park but told us they received training from senior staff specific to the needs of the people at No. 18 before working there.

On-going training was then planned to support staff member's continued learning and was updated when required. This included training specific to the needs of the people living at No. 18. For example the registered manager told us, "All staff have completed three training courses pertaining to Autism provided by Cornwall Council." Staff told us, "If we see something advertised that is useful for our role, we can usually do it," "We do a lot of training. I find it interesting and really useful" and "Bowden Derra don't skimp on training. There is good training provided." The deputy manager told us "If I want to move forward, all training is useful. I've done level 3 team leading and am currently doing level 5 health and social care. It was made available so I jumped at the chance." The registered manager told us staff were also encouraged to use 'Keys to Care' via their mobile phones. This is a tool for care workers, giving tips and guidance on issues such as dementia care, continence care and end of life care.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). 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).

The registered manager had a good knowledge of their responsibilities under the legislation. Applications had been made for people to ensure their right to not being unduly restricted were assessed. These were awaiting authorisation by the local authority.

Staff understood the main principles of the MCA. The deputy manager told us, "I have recently done training about the MCA and found it very interesting. I will be looking at the care plans as a result and using my knowledge to improve them." Staff ensured people's right to consent to their care was respected. Staff supported people who lacked capacity to make everyday decisions. This meant following specific routines for some people who found decision making difficult. For example, one person was always offered two choices as offering more would make them anxious. This was recorded in their care plan.

Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. For example, staff told us one person had recently moved from one of the other Bowden Derra houses to No. 18 to increase their opportunity for independence. They found change difficult so a best interests meeting was held to establish whether the move would be beneficial and to plan how to make it successful.

People were involved in decisions about what they would like to eat and drink and encouraged to eat a healthy diet. People were supported to create a menu each week to plan the food they needed to buy. Staff used the knowledge of family and friends or learned experience to support people to make choices. People could then either order the food from the local shop or go to the supermarket to buy it. Staff told us, "There's always something different if they don't want what's planned." On one of the days we were there, people chose to eat at the restaurant on the main Bowden Derra Park complex.

Is the service effective?

People were involved as far as possible in meal preparation. Whilst we were at No. 18, one person was being supported by staff to visit a specialist shop to find aids which would enable them to be more independent in the kitchen.

People were supported to see health and social care professionals when they needed to, such as GPs, social

workers, learning disability nurses and occupational therapists. For example, one person had recently had more epileptic seizures than normal so staff had spoken to the GP in order to get advice from the epilepsy team. A healthcare professional who had involvement with people living at No. 18 told us, "We are contacted for advice which is followed."

Is the service caring?

Our findings

People were well cared for. A relative told us, "The guys (staff) look after [...] very well. I'm very happy with the service and the care provided."

The deputy manager told us, "We discuss with staff regularly that No. 18 isn't their place of work but someone's home" and staff confirmed "It's emphasised from the providers that this is people's home." They went on to explain that staff one to one supervision meetings were held in a different location in respect for people's home.

Staff showed concern for people's wellbeing in a meaningful way and we observed positive interaction between staff and people. We observed one person, who became anxious doing daily tasks alone, regularly asking staff to support them. Staff immediately agreed and encouraged the person to do the task alongside them. Staff told us, "The staff support people to be as independent as possible."

Staff knew the people they cared for well. They told us about individual's likes and dislikes which matched what was recorded in people's records. Comments included, "When relatives visit, we spend time talking to them and they help us learn more about people, what they like and don't like and why." Relatives confirmed, "The staff do know [...] very well now."

People were given information and explanations about their treatment and support so they could be involved in making decisions about their care. For example, one person required a health screening at the hospital. Staff had found easy to read information to help the person understand the process and had invited a learning disability nurse to discuss it with them.

People's privacy and dignity was maintained. Staff told us they knocked before entering people's bedrooms and ensured people's dignity was maintained when being supported with personal care; for example by leaving the room and asking the person to call when they needed further support. Staff also talked discreetly when discussing personal issues.

Personal details were not always kept confidential. Staff used the communication book to record personal information about people along with their names. The deputy manager said they would implement a system whereby staff could communicate personal information whilst maintaining confidentiality.

Staff mostly communicated in a highly respectful way with and about people, however, there were occasions when this was not the case. The team leader and registered manager told us they would remind staff of the importance of ensuring their language was always respectful. Relatives told us they found staff to be respectful dealing with themselves and people who lived at No. 18.

Is the service responsive?

Our findings

Staff were responsive to people's needs. People's records contained detailed information about their health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care from staff. Care plans were being updated to make them more personalised. Staff told us, "They needed to be updated because what was written down didn't always reflect what happened in practice." The deputy manager told us, "We are trying to encourage the staff to comment on them and be involved as they know people best." Staff confirmed the care plans that had been updated, now contained the right information to enable them to provide care according to people's needs; saying, "The new one's are more useful and they include input from family members" and "They are more detailed and constructive, more reflective of the person."

Care plans were reviewed regularly and the deputy manager recognised the importance of this, telling us, "Care plans will never be finished because people are always changing." They also told us people were not currently involved in planning their care, or in planning for the future, as much as they could be but this was something they would develop as soon as possible. A relative confirmed they were included in reviewing people's care plans on a regular basis.

People were supported to maintain links with the community. For example, people enjoyed going shopping in the local town and were planning to go Christmas shopping whilst we were there. They had recently been to a pantomime and attended events at the main site of Bowden Derra Park. Staff commented how people had enjoyed meeting up with friends at a cheese and wine evening the previous night.

However, healthcare professionals told us, although one person they worked with at No. 18 did take part in activities, they didn't feel it completely met the person's needs. For example, the person was very excited to have received a bus pass but had rarely been supported to use it. The healthcare professionals felt the person would benefit from more structure to their day, doing more and being involved in the planning so they always knew what was happening next. They believed this would improve their mental health. They were working with the

service to ensure the person's needs were met. Staff told us, "People probably don't go out as much as they should. It's got to be their choice what they do." A relative also told us their loved one did go out to do activities they enjoyed but would benefit from going out more.

People could not always communicate their likes and dislikes verbally so staff had become skilled in responding to signals that people did or did not like something, saying, 'You can tell when [...] doesn't want to do something.' Relatives confirmed staff had learnt ways of communicating that were particular to their loved one. Staff also told us sometimes they relied on trial and error. For example, whilst we were inspecting, a swimming trip was planned. Staff told us, 'We're not sure [.....] will like it but if they don't, we'll go and do something else instead.'

One person had been supported to move from another Bowden Derra Park home to No. 18 after health professionals identified the person wasn't able to increase their independence in their current home. The registered manager and the person's relatives worked together to find a solution. No. 18 was recommended and the house was designed based on existing knowledge of the person to ensure it met their needs. The team leader commented, 'The house couldn't be more designed for [...] if we tried!' A staff member told us, 'This environment is better, more homely and feels more relaxed for [...]' and a relative confirmed, 'It's such a perfect service for [...].'

Times of change were particularly difficult for the person so staff followed specific guidelines to minimise anxiety for the person. The deputy manager told us, "We have to explain the exact process and then not deviate from the plan. We give [...] now and next cards, so they know what is happening without being overloaded with information." Staff used the same guidelines to inform their plan for the move to No. 18. A relative told us, "The transition worked very smoothly. The service managed it very well. They explained what was going to happen and why and [...] was quite excited about it." Staff who already worked with the person also moved to No. 18 to ensure the change was as easy as possible for them.

People and their relatives told us they were able to maintain relationships with those who mattered to them. For example one person told us "I go to see my parents

Is the service responsive?

every Friday" and another person told us they were being supported to visit their Gran soon. Relatives confirmed they were able to visit on a regular basis and communication with the service was good.

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version of the policy for people who required one. A recent

complaint from a relative was dealt with in line with the service's procedure and used as a way to improve practice and the support given to people. Feedback was then given to the complainant. A healthcare professional commented, "A complaint I was involved with was investigated fully and a very comprehensive response was given."

Is the service well-led?

Our findings

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. Staff told us "the providers care deeply about the people we look after" and the deputy manager reiterated "I try to encourage staff to improve people's lives. It's not about making the place look tidy, people are more important." A relative, who's loved one had moved into No. 18 from another Bowden Derra service told us, "The move wasn't easy for Bowden Derra but they were happy to do it because it was what [...] needed. The support for [...] is paramount. It tells me they're not looking at making money but at [...] as a long term resident."

Staff described the management as being open and approachable. They told us they felt happy asking the registered manager for advice and respected their knowledge of the service. Staff confirmed, even though No. 18 wasn't located on the main complex, "managers do still pop in and ask how we are or how the residents are." They also told us they were able to discuss any concerns with them, saying, "If I have a problem, I ring them straight away and they'll come down or tell us what we need to do." The registered manager told us, "A staff surgery has been implemented. This is a weekly 'open door' surgery where staff can come and talk to managers to share experiences, seek advice, share concerns or offer ideas to improve the service. This is an informal session where staff can feel comfortable to discuss their needs."

Staff told us they felt well supported through one to one meetings, daily handovers and regular team meetings. They explained they used this time to discuss issues of concern, learn from each other and follow best practice advice. The deputy manager was considerate of staff morale. They told us they had recently reflected on the need to formally provide positive feedback to staff and also encourage staff to record compliments to create a 'positive paper trail' about the service.

The registered manager told us, they reviewed one to one meetings carried out by senior staff. They then gave feedback to the senior staff member, checked actions had

been completed and reiterated praise given to staff. This enabled them to remain in touch with staff at all levels and monitor the quality of support staff were receiving. They also told us they had developed a team building course for all staff teams in order to develop the teams and identify different skills within them to enable them to improve the support they gave people.

There were clear lines of responsibility and accountability within the management structure. Weekly senior management meetings were held to maintain clarity and set priorities for the management team. Senior staff were keen to support care staff to deliver care to a high standard. A duty manager told us they had produced posters for staff, to help them understand how they were meeting the five key questions looked at by CQC, telling us, "I wanted to put it into words that meant something to the staff."

The provider sought feedback from people and those who mattered to them in order to enhance their service. The registered manager and staff followed an annual cycle of quality assurance activities which involved assessing the quality of a different aspect of the service each month. Meetings took place and questionnaires were distributed which encouraged people to be involved and raise ideas of how the service could be improved. These were then used to improve practice.

There was an effective quality assurance system in place to drive continuous improvement within the service. A regular quality assurance meeting was held and audits were carried out in line with policies and procedures. Areas of concern were identified and changes made so that quality of care was not compromised.

The registered manager told us they were proactive in keeping up to date with current practice. They were members of several local and national care organisations and hosted the Intensive Interaction Forum, an opportunity to share ideas about the use of Intensive Interaction with people.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.