

Bowden Derra Park Limited

Bowden-Derra Park

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 4 September 2018. We did not identify any concerns at that time and the service was rated 'Good'. After that inspection we received concerns in relation to staff culture, staff deployment, people's safety, whether or not people were valued and respected and the management of the service. As a result, we undertook a focused inspection on 24 November 2018 to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowden-Derra Park on our website at www.cqc.org.uk.

Bowden-Derra Park provides accommodation and care for a maximum of 46 adults, who may have mental health needs, learning disabilities and/or physical disabilities. On the day of the inspection 36 people were using the service. Bowden-Derra Park is made up of four separate houses which are part of a larger complex of residential accommodation. 21 people were living in the main house known as Bowden Derra House and one person was staying there on respite, nine people were living at Orchard House, four in Medrow House and one person in Meadowside. Bowden-Derra Park is owned by Bowden Derra Park Limited. Bowden Derra Park Limited also provides care in five other residential homes and one nursing home on the same site in Polyphant village, near Launceston.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a 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.

Staff had received training for safeguarding and this was updated regularly. Accidents and incidents were reported and systems were in place so lessons could be learned following any untoward event. Staff were aware of identified risks to people's safety and were clearly guided as to the action they should take to protect people from foreseeable harm.

There were normally sufficient staff available to meet people's needs. On the day of the inspection Bowden-Derra House was short staffed due to unforeseen absences. Agency staff were frequently used and these were normally workers who were familiar with the service. Staff breaks were staggered to ensure there were always enough staff available to respond to any requests for support. Recruitment processes protected people from the risk of being supported by staff who were not suitable for the role.

Staff spoke of people fondly and with respect. They frequently engaged people in conversation and checked on their well-being. When people were distressed for any reason staff were patient and reassuring in their

approach. Staff told us they worked well together and had shared value base which focused on meeting people's needs. One commented; "We're quite a solid bunch of people and there is a core team that helps each other out."

There was a well-established management structure in place with clear lines of accountability and responsibility. Staff told us there was always a manager available for support including at weekends and in the evenings.

Audits were carried out over a range of areas. There were systems in place to gather the views of people who used the service and their families. Staff meetings enabled staff to voice their ideas and suggestions about how the service was organised.

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. Risk assessments were in place and gave staff clear guidance on how to minimise any identified risks.

Staff were effectively deployed across the service.

Systems in place for the management of medicines were robust.

Is the service caring?

Good ●

The service was caring. Staff were respectful in their approach to people.

People were relaxed with staff and comfortable asking for support.

Staff knew people well and were knowledgeable about their preferences.

Is the service well-led?

Good ●

The service was well-led. There was a well-established management structure in place.

Managers were available for support at all times including weekends and evenings.

Staff shared a common value base and told us they worked well together.

Bowden-Derra Park

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 was carried out in response to concerns received by CQC following our previous comprehensive inspection. The team inspected the service against three of the five questions we ask about services: is the service safe, caring and well led. This is because the concerns raised were in respect of these key questions.

Shortly before the inspection CQC received notification of an incident. The information highlighted potential concerns about the management of risk which might impact on people's physical and emotional well-being. This inspection examined those risks.

The unannounced focused inspection took place on 24 November 2018 and was carried out by an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the 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 visit we spoke with eight people who lived at Bowden-Derra Park, two relatives, the registered manager, and 13 other members of staff including four agency workers.

We looked around the premises and observed how staff interacted with people. We looked at one person's detailed care records. We reviewed two staff recruitment files, staff rotas, medicine administration records, records of people's financial transactions and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

CQC had received concerns about the safety of people living at Bowden-Derra and how any risks to people's physical and emotional well-being were mitigated. We observed staff interactions with people, spoke with staff and people and looked at care plans.

Staff knew people well and were aware of any risks to people's well being. Risk assessments clearly guided staff on how they could support people to mitigate any known risk to their welfare. During the inspection one person became particularly anxious. Staff were calm and confident in their approach. They reassured the person and needed to repeat this several times due to the person's distress. They remained patient and composed throughout. The team leader talked with us about the person and displayed an understanding of their needs and what might cause them to become unsettled.

Staff, people and relatives told us they had found Bowden-Derra Park to be a safe environment. Comments included; "I don't have anything negative to say", "If issues are reported it gets sorted out" and "Safety here is paramount."

The week before the inspection we received information of an incident. Due to the concerns around this event we looked at the management of risk. We found risks were identified and recorded in care plans. There was guidance for staff on how they could support people in order to mitigate any known risk and protect people from foreseeable harm. Staff were aware of risks and how to support people appropriately. For example, one member of staff told us; "[Person's name] has got delicate triggers, he goes out every day and as long as you approach him step by step and explain what you're doing, where he's going, he's ok." They went on to tell us some examples of things that might make the person become anxious. A relative told us; "They [staff] know when to take her away from a situation and they know how to calm her, they know her body language and facial expressions."

Following the incident action had been taken to minimise the risk of the circumstances arising again when such an incident would be possible. The registered manager and other staff had worked with external health care professionals to develop a positive behaviour plan and updated risk assessment. The information included descriptions of possible behaviours and guidance as to how staff could support the person to keep them and others safe at all times. Staff told us they were confident of the actions to take and were vigilant in making sure they were aware where the person was and their mood at all times. One commented; "My job is to make sure he's safe and everyone else is safe."

Concerns had been raised about the deployment of staff, particularly at weekends. It had been alleged that staff left people without support so they could take breaks together. During the inspection we did not see any evidence of this practice occurring. We observed staff were available to support people when needed and were quick to respond when people became upset or agitated. Staff meeting minutes showed that arrangements for staff breaks had been discussed and staff reminded they should stagger their breaks to ensure there were always enough staff available to meet people's needs.

Agency staff were often used at the service to cover any gaps in rotas. The service mainly relied on one specific agency to provide staff to help maintain continuity of support. Permanent staff told us they usually knew the agency workers on shift. We looked at rotas for the service and saw they were normally fully staffed with support from agency workers who were familiar with the service and people's needs. However, on the day of the inspection Bowden-Derra House was short staffed. One member of staff had been moved to work in a different setting where people required a higher level of support. Agency staff were being used to cover the gaps but one of these had not previously worked at the service. Although we did not observe any negative impact on people during the day it is important staffing levels are maintained in order that people can be supported according to their needs and preferences.

CQC had received concerns about how safely medicines were administered and managed. Medicines were stored securely in a medicines room and/or trolley and were available to people when needed. All staff with responsibility for administering medicines received the appropriate training. Medicine administration records (MARs) were kept, documenting what medicines people had received and when. Any handwritten entries or amendments to MARs, were signed by two trained members of staff to minimise the risk of human errors. Creams were not consistently dated on opening which meant staff might not be aware when they at risk of becoming ineffective. It also increased the risk of cross contamination. We discussed this with the management team who agreed they would dispose of the cream and remind staff of the need to date topical medicines on opening.

People were able to raise any concerns to staff. For example, one person told us of an occasion when a member of staff had been rude to them. They had reported this to the registered manager and the issue had been resolved. We also discussed this situation with the registered manager who confirmed the action taken following the concern.

Staff received safeguarding training as part of their initial induction and this was regularly updated. Two weeks before the inspection the staff team had received safeguarding training and training on supporting people with dignity. They told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. One commented; "I would report it [a safeguarding concern], I'm not shy!" Agency workers also said they were comfortable raising concerns, either to the managers at Bowden-Derra or to the agency organisation. One commented; "I would report any issues to Bowden-Derra and the agency. There is always someone you can go to, people are safe." Safeguarding was discussed at staff meetings and manager meetings.

People were protected from discrimination and harassment. Staff had received training in Equality and Diversity and were made aware of their responsibilities in this area.

Staff looked after some people's personal money and there were robust systems in place to help ensure this was done safely. Receipts and records of any transactions were kept and audited regularly. Individual staff members signed the records each time they were looking after people's money for them when they went out. We checked the amount of cash being held for one person against the records and these tallied.

There was an established robust recruitment process to help ensure new staff had the appropriate skills, attributes and knowledge. Staff recruitment files contained all the relevant recruitment checks including Disclosure and Barring Service (DBS) checks and references from their previous employer.

Fire doors, alarms, extinguishers and emergency lighting were all tested regularly to help ensure they were kept in good working order. Checks on boilers and the water supply were carried out by external contractors as required. Staff had access to personal protective equipment such as aprons and gloves. Personal

Emergency Evacuation Plans (PEEPs) had been developed so staff and emergency responders would know the support people required to evacuate the building in an emergency.

There were systems in place to help ensure lessons were learned following any untoward incidents or accidents. Such events were recorded and closely monitored by the management team. The records described the event and the circumstances leading up to it so any likely triggers could be identified. This was passed to the senior management team within 24 hours of the incident alongside any other relevant documentation such as accident forms and body maps. Any actions taken as a result were also recorded to provide a complete overview of the incident. These were regularly reviewed so any trends or patterns could be highlighted and care plans and risk assessments updated accordingly.

Is the service caring?

Our findings

Following the previous inspection CQC had received concerns about staff attitudes towards people they supported. The concerns were that staff did not value people or respect their right to privacy and dignity. It was claimed this was particularly prevalent at the weekends. Due to these concerns we inspected the service at the weekend.

People told us staff were respectful of their personal space and privacy. A member of staff spoke to us about people's right to have private time. The registered manager told us they were exploring the possibility of fitting electronic locks to bedroom doors which could be operated by fobs. This would enable people to have more independence and privacy.

Staff spoke of people fondly and with respect. Comments included; "He's just a nice lad." A team leader spoke of the importance of having a consistent staff team who knew people's needs. They told us; "We need staff who understand people, the agency we use have built up really good relationships with people."

We saw staff and people spending time together and enjoying each others company. We saw a member of staff chatting with one person in the corridor, they were deep in conversation and the member of staff had their attention fully focused on the person. We saw another person spending time in their bedroom watching a film with a member of staff. They were laughing together and, as we passed, the person turned to us and gave us a smile and a thumbs up.

One person did not use words to communicate and was quiet, making few demands of staff. This meant their needs might have been overlooked as staff focused on people more able to express themselves. We noted several occasions when staff approached the person to check on their well-being and offer them a drink or see if they needed any support. For example, we heard a member of staff talking quietly to the person asking; "Would you like me to put the radio on?"

Staff were quick to respond if people became upset or agitated. They were patient and reassuring in their responses. For example, we saw one person had become distressed. The member of staff with them established they were not in any pain and then asked; "What's making you sad?" They went on to ask; "What can I do to help you?" They stayed with the person until they had become calm. One person told us they sometimes had low moods, they commented; "Staff come and chat with me if I am feeling really down."

Staff demonstrated a good knowledge of people's preferred styles of communication. For example, one member of staff told us; "[Person's name] is really switched on though, she will tap your hand if she wants you, she signs or rubs her chest to say sorry." Another member of staff described how a different person communicated, they told us; "[Person's name] can use his own language and he has his [picture] cards and he can pick if wants a drink, he's quite easy to read." We observed the person did not have their picture cards with them at all times. When people use aids to help them communicate with others it is important these are available at all times.

People were able to make choices about their daily routines. One person was eating breakfast when we visited the dining room in Bowden-Derra House at 10.30am. They told us they liked to have a lie in at the weekend. A member of staff spoke to us about another person and commented; "[Person's name] likes to chill out at the weekend."

Is the service well-led?

Our findings

Following our previous inspection CQC had received concerns about the management of the service. The concerns were that the service did not have a clear set of values and people were not treated respectfully or safely. It was claimed that, particularly at weekends, staff organised the service to suit their needs and not the needs and preferences of people using the service. This was possible, it was alleged, because management were not visible at the weekends and there was no clear leadership in place.

Due to the nature of the concerns we carried out an unannounced inspection of the service on a Saturday. On our arrival we met with one of the managers. They were working at the service covering for another manager who was off sick. Shortly after our arrival the registered manager arrived. They were not on the rota but had come in to help cover for sickness. Staff told us a manager was always on duty during the day at the weekends. If there was no manager on-site there was an on-call system in place which they said worked well. For example, one of the team leaders told us that, when the incident referred to earlier in this report occurred, staff had telephoned the on-call manager for support. They told us they had arrived quickly and had been able to take control of the situation.

We spoke with staff about staff morale and how well they worked together as a team. Staff were positive in their responses and told us they were a supportive and cohesive group. They told us they had a shared set of values and did not have any concerns about colleagues working practices. We also spoke with several agency staff to hear their experiences of working at the service. They told us the permanent staff were welcoming and treated them as part of the team. No-one reported any concerns about staff groups forming into cliques or any group behaviour or attitude which was divisive or unwelcoming.

Staff told us managers were available for support if needed. Some staff raised concerns about the managers at Bowden-Derra House who they said spent most of their time in the office and were not often seen during the day apart from when they were leaving or entering the building. We discussed this with the management team who said they were aware of the problem and had discussed this at a recent managers meeting. They believed the problem had arisen after the office had been moved from the ground floor to the top floor in an attempt to make the environment homelier. To counteract this they were considering moving the office again so managers would be more visible at all times.

We had received concerns about the culture within the staff team and spent time talking with staff about their approach to care and how they felt about their jobs. Staff were positive about their roles and told us they enjoyed supporting people and helping them to achieve and develop. Comments included; "Everyone is client focused and trying to give them a good time", "At the end of the day we are all here for the people living here" and "We're a close team and work well together, everyone is doing the best they can for people."

All staff had a two-week rota which was organised so staff worked alternative weekends. There was no evidence to indicate staff were not person centred and supportive in their approach to their roles. One staff member commented; "Everyone tends to leave their personal life at the door. It's kept professional." One member of staff told us they had a relative who also worked at the service. They explained they were not

allowed to work together and commented; "It means people are not working together who might cover up for each other if anything went wrong."

Staff had opportunities to discuss any concerns or make suggestions. They received regular supervision and appraisals and staff meetings were held in each individual setting. The management team also had meetings.

A 'Quality Champions' project had recently been initiated. Quality champions were representatives from the staff team and people living at the service. Minutes of a recent meeting recorded that people had asked how they could report any concerns. In response a form had been developed for people to use. A member of staff told us; "Everyone will be able to go to the quality champions to raise concerns. It's early days but it's a step in the right direction."

There was a system of auditing in place in respect of a range of areas including care plans, risk assessments, incidents and accidents. Managers carried out themed monthly audits of all services.

There were clear lines of accountability and responsibility within the staff team. There was a registered manager in post who had oversight of all the services at Bowden-Derra Park Limited including Bowden-Derra Park. They were supported by two managers with oversight of the services. Each individual service was managed on a day to day basis by a deputy manager, team leader and junior team leader. Deputy managers carried out supervisions, appraisals, internal audits and organised rotas for their specific setting. Team leaders oversaw the shifts and also carried out some supervisions.