Bowden Derra Park Limited

Rosewood House

Inspection report

Polyphant
Launceston
Cornwall
PL15 7PU

Tel: 01566880340
Website: www.bowdenderra.co.uk

Date of inspection visit:
08 March 2016

Date of publication:
05 May 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?	Good

Summary of findings

Overall summary

This inspection took place on 8 March 2016 and was unannounced.

Rosewood House is a residential service providing accommodation, nursing and care for up to 16 people with mental health needs, learning disabilities or physical disabilities . At the time of the inspection 14 people were living at the service. Rosewood House is one of four houses which are part of the larger complex, Bowden Derra Park.

Rosewood House has a registered manager who was responsible for all the services on the complex. 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. In addition to the registered manager, the service had a deputy manager and a team leader who oversaw the day to day running of the service.

People and their relatives spoke highly of the care and support provided at the service. Comments included "I love it here", "There is nothing they could do better. People come here and stay here. They love it" and "I can share my concerns with staff and I now have peace of mind when I leave my relative, It's amazing".

People's records were comprehensive and personalised. This meant staff had the information they required to support people in the way they needed and preferred.

There were sufficient staff to meet people's needs and support their choices and preferences. Staff said they were happy in their work and this was evident in the calm and relaxed atmosphere at Rosewood House. Positive working relationships had developed between people and staff and people were made to feel valued and well cared for.

People's medicines were stored, administered and disposed of safely. People were supported to maintain good health through regular access to healthcare professionals such as GPs, speech and language therapists and consultants.

Staff were knowledgeable about the people they cared for and their right to privacy and dignity was upheld. People's bedrooms were personalised and they had been involved in decorating them. People took part in a range of activities both within the service and wider community. People were supported to remain as independent as possible.

There were effective quality assurance systems in place. The registered manager followed a monthly and annual cycle of quality assurance processes with involvement from people, staff, relatives and professionals and was committed to continually improving the service. Staff described the management as approachable and supportive.

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 told us they felt safe living at the service.

There were sufficient numbers of staff on duty to meet people's needs.

People had their medicines managed safely.

People were protected by staff who could identify abuse and who would act to protect people.

Is the service effective?

Good

The service was effective.

People had their health needs met.

People's nutritional and hydration needs were met.

People were assessed in line with the Mental Capacity Act 2005 as required.

People were cared for by staff who were trained to meet their needs

Is the service caring?

Good

The service was caring.

People and visitors spoke highly of staff.

People were cared for by staff who treated them with kindness and respect.

Staff ensured that people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Activities were provided to keep people socially and cognitively active.

People had detailed care plans in place, which were personalised and reflected their current needs.

Staff knew how to communicate with people and recognised their needs and responded to them.

There was a system in place for receiving and investigating complaints so that issues were resolved.

Is the service well-led?

Good

The service was well led.

People, relatives and staff said the service was well led.

The registered manager had developed a culture which was open and inclusive.

There were effective quality assurance systems in place to drive improvements within the service.

People and staff suggested new ideas which were listened to and considered.

Rosewood House

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 the March 2016 and was unannounced.

This inspection was carried out by one 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 service.

Before the inspection, we asked the provider to complete 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 received this information from the provider and reviewed it before the inspection.

Prior to the inspection we reviewed records held on the service including previous inspection reports and notifications. Notifications are specific events registered people are obliged to tell us about by law.

During the inspection we looked around the premises. We spoke with five people who use the service and one relative. We spoke with two healthcare professionals who were external to the service, but who had been professionally involved with people living there. We reviewed four care records in detail. We observed how staff interacted with people. We also spoke with eight members of staff. We reviewed four personnel records and the training records for all staff. We were supported on the inspection by the registered manager.

Other records we reviewed included a range of audits, questionnaires, minutes of meetings and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at Rosewood House. One person said; "I feel safe here, they are always making me laugh". One relative said; "I know my relative is safe here because he always has somebody around to talk to".

People were cared for by staff who understood how to identify and report abuse. Staff knew what action to take if they witnessed abuse and which external agencies should be alerted if required. The provider had safeguarding policies and procedures in place and staff received regular training in this area to increase their knowledge and understanding. We reviewed statutory notifications submitted to us by the provider and saw that any safeguarding referrals had been managed appropriately.

People's finances were managed safely. Some people had appointees to manage their money. Money was stored securely with a robust system in place to record money going in and out. There were regular audits of the system by the registered manager.

Personal Evacuation Plans (PEEPS) were in place so that emergency services were clear what level of support people would need in case an evacuation was needed.

People were kept safe by sufficient numbers of staff to meet their needs. Staff said they felt there were enough staff on duty to keep people safe. We observed that staff were able to care for people in an unhurried way. The service also had its own pool of bank staff who could cover shifts if required. This helped to provide continuity to the people living at Rosewood House. The complex had it's own maintanence team and cooks were employed in the main restaurant in addition to care staff.

Recruitment practices were safe. All staff had the necessary recruitment checks carried out before commencing their employment.

Accidents and incidents were recorded appropriately and records were audited to look for any patterns and themes or ways in which improvements could be made.

People's medicines were stored, administered and disposed of safely. People had their medication on time and as prescribed. Medicines Administration records (MAR) were in place and completed correctly. Medicine storage rooms and fridges were checked and recorded daily. Sufficient numbers of staff were trained in medication management. Body maps were used to ensure creams were applied correctly. There was a trained nurse on each shift to ensure that medical issues could be quickly addressed as required.

People had detailed, personalised risk assessments in their records which were reviewed and signed monthly. They clearly indicated what the risks were in relation to the person and how the interventions from staff mitigated the risks. For example, where people needed specific support or equipment to move, this was risk assessed to ensure the equipment was fit for purpose and staff used the safest support methods for that person.

Some people were kept safe by the use of CCTV to monitor them throughout the night in case of seizures. This was regularly reviewed by the multi-disciplinary team to ensure it remained a proportionate response to the risk. Where CCTV was used to keep people safe at night, it was evident that all less restrictive options had been considered. The use of the CCTV was assessed in line with the principles of the Mental Capacity Act and authorised under the Deprivation of Liberty Safeguards.

Staff were knowledgeable about people who had behaviour that may challenge others. People's records contained information about what made people anxious, how to recognise someone was feeling anxious, actions staff should follow to support them and forms to record events if the person became anxious.

People were kept safe by a clean and hygienic environment. The environment was visibly clean with no offensive odours. Handwashing facilities, antibacterial gel, aprons and gloves were available for staff. Cleaning rotas were kept to ensure that the environment was regularly cleaned. There were policies and procedures around infection control in place.

Good

Is the service effective?

Our findings

Staff told us they felt they had sufficient training to carry out their roles effectively. We reviewed training records and saw that as well as mandatory training, there was a variety of role specific training available for staff such as a bespoke training package in epilepsy, produced by the service and now commissioned for use in Cornwall. There were systems in place to remind staff when they were due to refresh or renew their training and staff could request additional training in subjects where they felt they needed to increase their knowledge and understanding. One staff member said "there are opportunities for further development. I am being supported to undertake a mentoring programme".

New members of staff completed a comprehensive induction programme, which incorporated the Care Certificate. The Care Certificate is an independent set of standards for health and social care workers to adhere to in their daily working life to promote consistency amongst staff and high quality care.

Staff were supported by a thorough induction process, where they were able to shadow other staff members and where they were considered as additional to established staffing levels for their shift. During the first three months of their employment they were supported by a mentor who offered additional support. Staff underwent a probationary period where they were reviewed to monitor their development. Regular competency checks were undertaken with staff to ensure they were able to carry out their role effectively. Staff had regular ongoing supervision which followed an agenda, in which training and development opportunities could be discussed. All staff also had annual appraisals. Nursing staff had a system in place where they provided clinical support and supervision to each other and shared best practice. Nurses underwent a re-approval process every three years where they produced a portfolio for the NMC (Nursing Medical Council) to evidence their ongoing development.

People when appropriate, were assessed under the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and the least restrictive option available. We saw a variety of detailed Mental Capacity assessments relating to specific decisions in people's care records.

People can only be deprived of their liberty when it is assessed as being in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made referrals to the supervisory body where needed for care plans to be authorised under DoLS. In addition, the registered manager would contact the DoLS team for advice and guidance around restrictions in people's care plans.

Staff demonstrated a good understanding of the principles of the MCA, and applied this to practice. We observed staff seeking consent before carrying out care interventions. We also saw staff supporting people to choose what they wanted to eat or drink and what activity they wanted to take part in. People had consent to care and treatment plans in easy read and pictorial formats in their records.

People were involved in decisions about what they wanted to eat and drink. People's records contained eating and drinking plans with input from dieticians and speech and language therapists where necessary. People were offered a varied and balanced diet with a range of alternatives on offer each day. Those who required a soft or pureed diet had their food set in special moulds to resemble the food. For example, pureed vegetables were made to look like carrots, making them more appetising. We observed people eating their lunch and saw that the experience was pleasant and relaxed. Staff were available to support people as required. One person said " The food is lovely and I love ice cream so I always have that for afters". A "virtual cruise" had been organised at the service, to afford people the opportunity to experience diverse foods and cultures from around the world. People had been involved in planning the cruise and deciding which countries they wanted to visit. During the inspection a virtual trip to the Philippines, later in the month was being organised. Staff were arranging for traditional foods from the Philippines to be available on the day.

The service had been environmentally adapted to meet the needs of the people living there, some of whom could not mobilise independently. For example, corridors were wide, each aspect of the home had level access and there was signage to help people find their way around .There was a large, open plan lounge area where people were taking part in a range of activities, such as potting plants, having one to one time with staff or tending to the pets kept at the service. People were fully involved in choosing the layout and decoration of their own rooms and also gave input into the decoration of shared areas.

Staff acted to make sure people's health needs were met. For example, during the inspection one person had a toothache and was being supported to make a dentist appointment. People had regular health care checks with their GP and their records clearly indicated when they last saw health care professionals such as their dentist and doctor. Staff prompted people to keep appointments and supported them to attend them so that their health needs continued to be met.

People had a "hospital passport" in their records. This was a document created by staff containing information about the person, any risk associated with their condition, such as choking or epilepsy and the level of support they required. This was created to give to hospital staff, should a person require hospital admission to help ensure their needs were met.

Good

Is the service caring?

Our findings

People were well cared for at Rosewood House. Comments from people and relatives included; " I love all the staff, they make me laugh", "They (staff) are brilliant"; " I'm extremely relieved and pleased because my relative is somewhere he enjoys" and "The staff do their utmost best". Comments from visiting healthcare professionals included "They are very caring and the good rapport is evident" and "It's like a homely, family atmosphere".

People using the service had very complex care needs and many were not able to talk to us about the service or the support they received and so we observed how they were cared for. We observed positive and caring interactions between people and staff. Staff took time to sit and interact with people in a meaningful and unhurried way. We observed that when staff walked through the shared areas, they would acknowledge people and stop to chat or share humour. People and staff appeared comfortable and relaxed and the atmosphere was calm and welcoming. We saw people smiling and laughing with staff and appearing content. One member of staff said "We try to build a trusting and friendly relationship where people would feel comfortable to come to us with a problem".

A member of the management team said the recruitment and selection process assisted in determining whether an individual had the right values to become a member of care staff. They told us it was important for them to visit the service and meet people during the interview process, to see whether they had a caring attitude.

People living in other houses on the Bowden Derra Complex would visit Rosewood House throughout the day to interact with staff and people. We saw one person drop in for coffee and to chat with staff. The person was warmly welcomed and staff told us that they visited most days.

Staff had a good knowledge of the people they worked with including their background and history. This meant that they understood their interests as well as anything that might cause them distress or anxiety. Having this knowledge and understanding made it possible for them to deliver care in a way which was personalised. This information matched what was written in their records and support plans. People had their own allocated keyworker and there was a matching process to ensure that suitable keyworkers were chosen for them.

People's bedroom doors were fitted with locks to maintain privacy. We saw that staff knocked and waited to be invited to enter. We saw staff respected individual privacy and dignity by ensuring personal care needs were performed in private areas. For example, one staff member helped a person who required feeding through their stomach to their bedroom to have their medicine administered through their Percutaneous endoscopic gastrostomy (PEG) site. All staff underwent training on privacy, dignity and human rights as part of their induction to raise their awareness in these areas. People's personal information was stored securely and confidentially.

People were involved in making decisions and planning their own care. For example people were actively

involved in staff training such as moving and handling and safeguarding where they were able to share their experiences and point of view.

Good

Is the service responsive?

Our findings

People's needs were carefully assessed before they came to live at the service. People and their relatives were encouraged to visit the service first to ensure it was the right place for them. The registered manager sought as much information as possible regarding the person before they were offered a place to ensure the suitability of the service to their needs.

People had comprehensive care plans in place which reflected their current needs. They were detailed documents that contained information about people's histories, preferred routines and how they wished to be supported. Care plans were personalised, reviewed monthly and contained multiagency input. People and relatives were involved in the development and review of their care plans. Relatives were given the opportunity to read them and add comments. One relative said; "I'm always informed how my relative is when I arrive and I'm involved in their care plan. Care records were written using the person's preferred name. Staff told us they regularly read the care plans and they provided the correct level of guidance in order for them to meet people's needs.

People had regular, multi-agency reviews involving the person and those close to them in order to promote joint working and information sharing. Referrals were made promptly, to specialists as and when required. If a person needed to be admitted to hospital, they had 24 hour, one to one support in order to provide advocacy and to assist with communication throughout their stay. A healthcare professional who visited the service told us; "They come to us for advice if they need to. They work collaboratively".

People were offered a range of opportunities to remain cognitively, socially and physically stimulated. There was an activity coordinator employed at the service who worked alongside staff to create activity plans. People were supported to take part in activities which helped them achieve their goals. For example, one person with a physical disability had been supported to fly a light aircraft as this was one of their aspirations. The Bowden Derra complex had its own fleet of vehicles which were used to take people on outings of their choice. One person said "They take me to the pub on Thursdays, they are brilliant". People also accessed a local day centre if they wished. One member of staff said; "we have a range of activities orientated to the people and their needs including parties and fireworks. It's not just ticking boxes". There were activities on offer each day which people could participate in if they wished. We saw some people potting plants whilst others relaxed and shared one to one time with staff. There were animals living at the service, including a tortoise and two lizards. We saw people caring for the animals as part of their daily routine. There was a new sensory area at Rosewood House with coloured lighting and comfortable furniture where people could go to relax. People were also supported to access the new restaurant on the complex as well as the hydrotherapy pool.

People were encouraged to maintain independence wherever possible. For example, people assisted with household tasks such as preparing their breakfast, vacuuming their bedroom or helping staff with the laundry. One person said; "I help make some meals, I'm very good at it.

The service had a policy and procedure in place for dealing with any concerns or complaints. There was also

an easy read version available. People said they would feel confident to raise a complaint and that it would be dealt with to their satisfaction. Complaints were audited to look for patterns or themes to see if learning could be applied to the service. The registered manager operated an "open door policy" which meant people could go to the office to share their views, opinions or concerns with the management team.

There were handovers twice daily where staff would discuss any changes that had occurred during the shift as well as important events that were occurring that day. There were also regular, documented team meetings which gave staff the opportunity to discuss any changes to people's care needs or new issues arising.

Relatives were made to feel welcome and there were no restrictions on visiting times, enabling people to maintain relationships with people who were important to them.

Good

Is the service well-led?

Our findings

People and visitors spoke highly of the registered manager. People were involved in contributing ideas on how the service could be improved and these were listened to, for example one person had requested a raised flower bed and a bird table for the garden and this had been provided. Comments from staff included; "We have a good manager who listens to suggestions and takes them on board" and "the best thing about working here is that the manager supports what is best for the clients".

The registered manager took an active role in running the service and had a good knowledge of the people and staff. The registered manager was able to talk in depth about the people living at the service and knew the details of their backgrounds, likes and dislikes and of the care provided to them.

The service was overseen by a registered manager who was supported by a senior management team of deputy managers and team leaders. There were clear lines of accountability within the management structure and weekly senior management meetings were held to set priorities for the management team. The ethos of the organisation was communicated to staff who reflected it in their daily practice.

Staff confirmed that the registered manager was approachable and led by example. We observed positive interactions between the registered manager and the staff. We saw that staff felt comfortable in approaching the registered manager to ask questions or seek clarification on any issues they had. The registered manager made staff feel welcome and made time to speak to them. One staff member said "the office door is always open if you need to discuss anything".

Staff told us they enjoyed working at Rosewood. We observed positive and supportive working relationships between the staff members. Comments included; "We are a happy team and I'm happy in my role", "It's a good team who get on. Everyone gets along and it's a happy place to work" and "There is a good atmosphere here. It can be complex and intense but everyone including the clients are very happy". Staff were supported through regular supervision sessions with their manager. These were recorded and followed a set agenda. Staff also had an annual appraisal where they could discuss concerns, highlight any training and development needs and set goals for the following year.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant evens which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency.

The registered manager had introduced a policy in respect of the Duty of Candour (DoC) and understood what their responsibilities were in connection with this. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing policy and procedure in place and staff understood their responsibilities to raise concerns if they witnessed poor conduct. Staff confirmed they felt any concerns raised with the registered manager would be addressed appropriately.

There were effective quality assurance systems in place. We observed daily monitoring of temperatures including that of the hot water and of the medicines room and fridge. The registered manager undertook numerous audits including training, medication, supervision and complaints. We saw that environmental and maintenance checks were in place throughout the service.

Members of the management team attended the dignity in care forum and used what they had learned to share best practice with the rest of the team.

The PIR submitted by the registered manager highlighted that Rosewood House had its own quality assurance team, made up from staff that had an interest in developing the service. The team met regularly to review practices and put forward improvement and development plans. Questionnaires were regularly given to staff, people and relatives requesting feedback on aspects of the service. For example, there had been a recent questionnaire for staff to complete regarding management effectiveness which showed positive feedback.