

Bowden Derra Park Limited

Rosewood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

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 nursing home providing accommodation, nursing and care for up to 16 people with learning disabilities or physical disabilities and/or people with autism. At the time of the inspection 15 people were living at the service, about half of those people had complex nursing needs. Rosewood House is owned by Bowden Derra Park Limited. Bowden Derra Park Limited also provides care in three further registered residential homes on the same site and in the nearby village of Polyphant.

People's experience of using this service and what we found
Based on our review of safe, effective and well-led.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support

The premises had not been designed to meet everyone's sensory needs at all times.

People were not supported to pursue their interests or identify meaningful goals. There were limited opportunities to try new activities.

There were limited opportunities for people to engage with the local community and pursue their interests outside of Rosewood House.

The environment was clean and well maintained. Corridors and shared areas were set up to enable people in wheelchairs to move around without restrictions. Bedrooms were well-equipped with equipment to meet people's physical needs.

There were plans in place for people to have more privacy when being supported with medicines.

Right Care

People's care, treatment and support plans reflected their clinical needs and staff told us guidance was clear and gave them the information they needed.

People received kind and compassionate care. Staff understood and responded to their individual care needs.

Staff understood how to protect people from poor care and abuse. They had received training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to support people in line with their commissioned hours and keep them safe.

Right Culture

Due to people's complex health needs care plans focused on their medical needs. There was limited information about people's goals and aspirations and how to ensure they experienced a good quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 November 2018).

Why we inspected

The inspection was prompted in part due to concerns received about risks associated with people's clinical support. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the effective sections of this full report.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the management of the service.
We have made a recommendation in relation to the Duty of Candour.

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

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?

Good ●

The service was safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

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

Two inspectors and an Expert by Experience carried out the inspection. 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced. We visited the service on 4 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with everyone living at Rosewood House apart from one person who was isolating due to Covid. Not everyone was able to tell us their experience of living at the service, so we observed them interacting with staff and spending time in the communal lounge.

We spoke with nine members of permanent and agency staff including the registered manager, house manager and the newly appointed assistant practitioner nurse.

We reviewed a range of records. This included six people's care records, medication records and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

We contacted four relatives and five professionals with knowledge of the service.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- There was a safeguarding policy in place which outlined the different types of abuse. Some of the contact information for the local safeguarding team was out of date.
- Relatives told us they were confident their family members were safe. One commented; "I feel my loved one is very safe, I could not ask for more."

Assessing risk, safety monitoring and management

- Some people living at Rosewood House had complex health needs. Any specific individual needs were recorded in care plans and risk assessments were in place which reflected the advice of professionals.
- Staff had access to clear guidelines on how to support people with their health needs including the use of specialist equipment. One member of staff told us; "Before we started supporting [name] it was quite daunting, but the guidelines are very clear. We are very confident."
- Checks related to environmental risks such as legionella and fire safety equipment, were completed regularly. A fire risk assessment was out of date. The registered manager updated this before the end of the inspection visit.

Staffing and recruitment

- There was a high use of agency staff due to a number of vacancies at the service. Staff recruitment and induction training processes promoted safety, including those for agency staff. A professional commented; "Bowden Derra Park [the provider] ensure that all carers supporting people with epilepsy, whether employed by them or agencies, attend epilepsy awareness training."
- Before new staff started work at the service background checks were completed including Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Rotas were organised to mitigate the risk of closed cultures developing. Managers arranged shift patterns so that people who were friends or family did not regularly work together.
- There were plenty of staff available to support people according to their needs. Some people required support from one member of staff throughout the day and this was in place. Other people were more independent, and staff responded to them when they needed support or wanted to chat.

Using medicines safely

- Systems for recording the administration of medicines were not consistently robust. Staff did not always sign Medicine Administration Records (MAR) after administering medicines to evidence people had received their medicine as prescribed.

We recommend the provider follows national guidance when recording the administration of medicines.

- People sometimes needed medicines 'as required' such as pain killers or medicine to help them manage anxieties. There were clear protocols in place so staff were aware of when it was appropriate to support people with these medicines.
- Staff received training and competency checks before they were able to administer medicines.
- There were plans in place for people to have individual lockable medicine cabinets in their own rooms to support a more person-centred and dignified approach to the management of medicines.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

People living at Rosewood House were supported to maintain contact with their relatives. This included having visits from relatives and other important people in their lives.

Learning lessons when things go wrong

- There were examples of where lessons had been learned. For example, systems to monitor people overnight had been improved. In addition staff training had been updated and refreshed in specific areas and the regularity of this training had been increased.

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 good. At this inspection the rating has changed to 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

- People were not supported to have autonomy, be independent and have access to the local community. The service had been set up before the introduction of Right support, right care, right culture and the precursor, Registering the Right Support. This requires providers to enable people with a learning disability and autistic people to have the access to choices, opportunities and their local communities that most people take for granted.
- The service was registered for 16 people and 15 were living there at the time of the inspection. A research paper published by Paradigm in 2017 stated; "Once we go above 6 people it becomes hard for staff to be truly person-centred as there are too many people's agendas and preferences to take into account and too many people to get involved in the naturally occurring activities and opportunities available at any one time. It becomes easier for staff to work in a staff-centred rather than person-centred culture."
- No action had been taken to mitigate this risk or plans made to ensure the service was operating in line with the principles of right support, right care, right culture. There was a focus on people's complex health needs with less attention paid to people's needs associated with their learning disability. There was a lack of individualised information about how to support people to live a meaningful life.
- We observed a lack of meaningful and person-centred activities for many of the people living at Rosewood House. Staff supported two small groups to walk to a local shop and some people did arts and crafts and puzzles. Other people were not supported to take part in any activities or sensory engagements. A member of staff told us; "In the evenings people tend to sit in here [the shared lounge]. We might take people for a walk."
- People's daily notes recorded what activities they had taken part in. These included 'hairbrush' and 'stayed in room.' This demonstrated there was a culture of low expectations for how people could spend their time and that they did not have the same choices, opportunities and use of their local community that most people take for granted.
- The service was situated in a small rural village with limited facilities. While there were facilities on the site, including a restaurant and hydrotherapy pool, there was a lack of opportunities for community engagement for people living at Rosewood House.
- Care plans did not record people's long-term goals. New monitoring sheets had been introduced to record what people had done for themselves, for example, 'helped to tidy bedroom, put washing in the machine.' There was no information in respect of what had worked well and what encouragement or support the person had needed. This meant the opportunity to learn how best to support the person to develop their independence and share within the staff team was lost.

- People's meals were prepared in a central on-site restaurant. This meant there was no opportunity for people to be involved in menu planning or food shopping when this was something they may have been able to meaningfully engage in.

This was a breach of Regulation 10(2)(1)(2)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We looked at care records for someone who had moved into Rosewood House earlier in the year. These showed there had been a comprehensive assessment of their health needs which highlighted any additional training staff would require.

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

- The interior and design of the service had not been assessed to ensure it met peoples varying sensory needs and improve the quality of the service provided in line with Right support, right care, right culture. There was a large communal area where people watched TV, took part in activities and ate their meals. The atmosphere was busy, and noisy. There were no alternative quieter areas people could choose to spend time in if they wanted a more relaxed atmosphere.
- The limited communal spaces meant people did not have any private spaces available to spend time with visitors unless they chose to use their bedroom.
- There was a small kitchen area, but this had not been designed for the people living at Rosewood House to use. For example, there were no dropped counters to enable people in wheelchairs to access the worktops.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us a sensory room was being developed.
- Corridors were wide and free from obstructions. This meant people using wheelchairs or supported on chair beds were able to move around the building easily, either independently or with the support of staff.
- People's bedrooms were individualised and had been adapted and equipped to meet people's mobility needs.
- There was a large garden which people could access from the shared lounge room. Some bedrooms also opened out onto the garden.
- The front doors operated automatically. This allowed people who were independently mobile to enter and exit the building without support.

Staff support: induction, training, skills and experience

- Staff who had not previously worked at the service completed an induction before starting to work independently. This included agency staff.
- Updated training and refresher courses helped staff continuously apply best practice in terms of people's health needs.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Supervisions were a mix of face to face and 'live' supervisions which included observations of practice.
- Staff could describe how their training and personal development related to the people they supported. When people had specific needs, bespoke training was provided.
- A relative commented; "They fully understand my loved one. They know what they like and do not like. I think the staff are very well trained."

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

- People were protected from the risk of choking. Care plans contained clear guidance on how people's food should be prepared and the assistance they would need during mealtimes.
- We observed people being supported during lunch and saw they were supported in line with guidance
- Meals were appetising and portions appropriate. In the morning people were given an option of meals to eat at lunch time. One person had declined both options and requested a sandwich instead, this was provided.
- Some people had drinks and snacks in their rooms so they could access these when they wanted and independently.

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

- Care plans contained information about oral care including guidance for staff on how to support people with cleaning their teeth.
- Professionals who had worked with the service told us staff and managers were proactive in seeking out additional guidance if needed. One commented; "I generally find the staff caring and supportive and understanding of the clients' needs. They reach out to me often with questions where they seek clarity or raise concerns/queries with changes in presentation."
- Professionals told us they were confident staff had the skills and knowledge they needed to support people with their complex health needs. Comments included; "The team in Rosewood are knowledgeable and confident in the care and support they offer service users."

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.

- Some people lacked capacity to make decisions about their care and treatment. Mental capacity assessments and best interest discussions had been completed for various areas. There was a lack of evidence to show how people had been supported to take part in the decision-making process.
- When people had restrictions in place to keep them safe the necessary DoLS authorisations had been applied for.
- If people were able to consent to aspects of their care this was recorded.

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 good. At this inspection the rating has changed to 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

- As reported under Effective the provider had not developed the service to ensure it was operating according to the principles of Right support, right care, right culture. Although audits were completed, these had not taken account of the statutory guidance.
- At our previous inspection we were told changes to how meals were organised were being considered in order to allow people to have greater involvement in this area of their lives. At this inspection we found no changes had been implemented.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents investigated and reviewed. These were used to learn from experience and support the development of the service.
- A new electronic Medicines Administration Record system was due to be introduced soon after the inspection. Staff told us this would minimise the risk of errors.

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

- Following a notifiable safety incident the registered manager had contacted the family to offer their apologies and express their regret in line with the duty of candour.
- No written record of the contact had been kept. This was contrary to the regulations.

We recommend the provider seeks advice and guidance about each of the steps outlined in the duty of candour.

- The registered manager was supported at Rosewood House by a house manager who was a registered nurse.
- There was always a nurse on duty at Rosewood House. A new role of Assistant Practice Nurse (APN) designate had been created to strengthen the clinical team.
- One nurse had been assigned the role of learning disability lead.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Staff told us the management team were approachable and supportive. One commented; "I have a good relationship with [Registered manager], he will always listen and help."
- Staff demonstrated a genuine concern for people's well-being in their conversations with us.
- Relatives and external professionals gave positive feedback about the openness of the management team. Comments included; "I cannot speak highly enough of the management, when I call, they listen and act on my suggestions. Top marks for everything they do" and "They [managers] are open and honest. When I ask for the evidence they come up with it."

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

- Staff meetings were held to ensure staff were kept up to date with any operational changes and to enable them to express any concerns or suggestions about the service.
- People were asked for their views in residents' meetings. Staff knew people well and were able to identify if they were unhappy with any aspect of their care.
- Staff told us they were supported to develop their skills and progress their career if that was what they wanted.

Working in partnership with others

- In order to develop the APN role, the service was working with the local GP practice and three participating universities.

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 People were not supported to be autonomous, develop and maintain their independence and be involved in their local community.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assessed and monitored the service in order to improve the quality of the service provided in line with the most up to date guidance and regulations.