

Bowden Derra Park Limited

No. 18

Inspection report

18 Serpells Meadow
Polyphant
Launceston
Cornwall
PL15 7PR

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Tel: 01566880340

Website: www.bowdenderra.co.uk

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 announced comprehensive inspection took place on 6 January 2018. The last inspection took place on 8, 10 & 15 December 2015. The service was rated as Good at that time. Following this inspection the service rating remains Good.

No. 18 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

No. 18 provides accommodation, support and personal care for up to three adults with learning disabilities and/or autism. The service is based in two separate houses. At the time of the inspection two people were living at the service, one in each house.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was 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. There was a deputy manager based in each house who oversaw the day to day running of the service.

We spent some time talking with people and staff and watching them spending time together. Staff were respectful and caring in their approach. They knew people well and had an understanding of their needs and preferences. People were clearly at ease and were able to decide if they met with us and how long for. They were able to express this to staff who respected their choices.

Risks to people's safety and well-being were clearly identified and well managed. Staff used risk assessments to enable people to take part in activities. Staff were confident about providing support at any time including any period when people were distressed.

When staff identified people might benefit from additional support from external healthcare professionals they made appropriate referrals. Staff had encountered difficulties in this respect and were clearly frustrated by this but continued to make referrals. This showed they worked to improve people's experiences.

Staff were supported through a system of induction, training, supervision and staff meetings. This meant

they developed the necessary skills to carry out their roles. There were opportunities for staff to raise any concerns or ideas about how the service could be developed. The deputy manager spoke of the importance of providing an open culture where staff were able to voice their opinions.

Care plans were detailed, informative and well organised. They covered a range of areas including details of people's social needs as well as any health needs. Descriptions of routines that were important to people were comprehensive. Parts of the care plan were written using minimal text and pictures to support the information to make them more accessible for people. Health care passports had been developed to share with other healthcare professionals if people needed to access health services.

Staff understood the Mental Capacity Act and associated Deprivation of Liberty safeguards. Any conditions attached to DoLS were complied with. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There were clear lines of accountability within the staff team. The management team were supported by experienced senior care workers who had well defined responsibilities. Staff told us the team worked well together and communicated effectively on a daily basis and with regular staff meetings.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly both within the service and at organisational level.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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.

This inspection took place on 6 January 2018 and was announced. We gave the service two days' notice of the inspection site visit because it is small and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed staff interacting with people. We spoke with the two people living at the service. We also spoke with a duty manager from Bowden Derra Park, one of No.18's deputy managers and two other members of staff. We looked at two care plans, medicine administration records, staff training records and recruitment files and other records relating to the running of the service. Following the inspection visit we contacted two relatives, two members of staff and an external healthcare professional to hear their views of the service.

Is the service safe?

Our findings

We spent some time with people who lived at No.18 and saw they were comfortable and at ease with staff and in their home. It was clear people were used to choosing where they spent their time and they were confident and forthright when expressing their feelings and making choices. Staff spent time with people offering reassurance and support as necessary. A relative told us they were confident their family member was safe.

We spoke with staff about the action they would take if they suspected abuse was taking place. They told us they would have no hesitation in reporting it to a member of the management team and were certain their concerns would be acted on. If necessary they would report concerns outside of the organisation, either to CQC or the local authority safeguarding team.

There was a safeguarding policy in place. Staff were aware of the policy and knew how to access it if they needed to. Safeguarding was covered during the induction process for new staff, and was refreshed regularly.

Staff told us they had no concerns about colleagues working practices. They were a close team and regularly discussed working practices and how to support people safely. Sometimes people acted in a way which could put themselves, or others, at risk. Training was provided about how to support people at these times and staff were confident about their ability to keep them safe.

There was a positive approach to identifying and managing risks. Risk assessments were in place so staff were aware of the risks involved and had clear guidance on how to support people safely. Risk assessments were regularly reviewed and updated as necessary. One person could become anxious at times, particularly in busy surroundings when it was difficult for them to predict how others might behave. Staff described how they provided reassurance and routine in these situations to enable the person to continue to go on trips out and feel safe. They told us how the person was now able to visit their favourite take away outlet without becoming anxious. One commented; "[Person's name] will wait patiently in the queue. We couldn't imagine them doing that at first." A relative commented; "They do very well anticipating and managing challenging behaviour."

Any incidents and accidents were recorded to enable the management team to identify patterns or trends. The deputy manager told us; "Things sometimes don't go well, as long as we learn from it that's fine." As well as recording when things had gone wrong, staff recorded when new experiences or activities had worked well. This meant the staff team were able to develop a picture of what worked well when supporting people in unfamiliar situations.

Records were stored securely to protect people's confidential information. They were up to date, and accurate and complete. All care staff had access to care records so they could be aware of people's needs.

The premises were clean and well maintained. Cleaning schedules were in place and these had been

completed. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training. Fire checks and fire drills were completed regularly. Certificates were in place to show electrical equipment had been assessed as safe to use. People had personal emergency evacuation plans in place which outlined the support people would need to help them exit the premises in an emergency.

There were enough staff to support people safely at all times. People were able to go out when they wanted to and take part in activities that interested them. People were supported by a consistent staff team. If there were any unplanned staff absences there were staff available at other, nearby Bowden Derra Park services who knew people well and were able to support them according to their needs and preferences. An external healthcare professional commented; "The staff team work hard to provide consistent care from a core team." When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references.

Medicines were stored safely and people received them as prescribed. Medicine Administration Records (MAR) were completed to record when people had received their medicine. Staff had either completed their medicine training or were in the process of completing it. Only staff who had been assessed as competent to do so had responsibility for administering medicines. Any errors were recorded and investigated. Staff were aware of the process to follow if people had not received their medicines as prescribed.

Is the service effective?

Our findings

People's needs were holistically considered when assessing and planning care to help ensure all their needs were identified. Staff made referrals appropriately to external healthcare agencies to try and source additional support. Staff had encountered difficulties getting a response to their requests and were clearly frustrated by this but continued to make referrals. This showed they worked to improve people's experiences.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment with the organisation. This included shadowing more experienced members of staff and training in areas identified as necessary for the service. Staff new to care completed the Care Certificate in their first six months of employment.

Training was regularly refreshed and covered areas specific to people's needs where necessary. For example, how best to support people with particular health conditions. Training was a mixture of on-line courses and face to face sessions. One of the deputy managers had completed courses to enable them to deliver training in positive behaviour support. A member of staff told us; "We get all the training we need."

Staff told us they were well supported by the registered manager and deputy managers. Supervision meetings were held regularly. These were an opportunity to raise any concerns or training needs. Yearly appraisals were also carried out.

People were supported to eat a healthy and varied diet. Individual dietary needs and preferences were recorded and were known to staff. Monitoring charts were in place to record how much people ate. These were completed appropriately and people's weight was regularly checked. Staff spoke with us about the need to support people to stay well and healthy while ensuring they were able to make meaningful choices. People were encouraged to help with preparing meals and choosing menus for the week.

People were supported and encouraged to access external healthcare services as necessary and for regular check-ups. One person refused to attend routine health appointments. In the past the service had worked with external health care professionals to help ensure they had received a thorough check up.

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).

Staff demonstrated a good understanding of the principles underpinning the legislation. People were supported to make day to day decisions and any restrictions were minimal and the least restrictive option. One person was subject to a DoLS authorisation and an application had been made for the other. The conditions attached to the authorisation were being followed. Capacity assessments had been completed before the applications were made as required by the legislation.

The premises were spacious, suited people's needs and reflected their preferences. It was apparent from looking at photographs on display and items in each of the properties, what people were interested in. One person's individual needs meant the furnishings were limited. Colour had been used to make the environment more interesting.

Is the service caring?

Our findings

During our discussions with staff we found they spoke about people positively and with affection. They demonstrated a concern for people's well-being and were motivated by a wish to help people have a good life. They described the people they supported as; "A nice man" , "Good fun" and "He puts a big smile on your face." A relative told us a particular member of staff was; "Almost like an elder brother. It feels like he's part of a family." Another relative described staff as; "Wonderful. Very caring and very encouraging." An external health care professional told us; "They [staff] have a caring and concerned attitude."

Staff knew people well and had an understanding of their background and personal history. Personal histories were well documented in individual care plans. This information is important as it helps staff develop an understanding of the circumstances and events which have contributed to people's personalities. Staff recognised the importance of building positive relationships in order to gain people's trust. The importance of trust was a recurring theme when we spoke with different members of staff. Comments included; "[Person's name] seems happier now he has learnt to trust us" and "It's about building a trust between us."

People were supported by staff of the same gender to themselves. This meant their dignity was protected when receiving personal care. A relative told us staff were also of a similar age to their family member and that this was important to them. They commented; "It is important to me and to [person's name]. They are friends."

People were supported to be independent and make choices in their day to day lives. Care plans outlined how people could be supported to be involved in daily tasks such as laundry and preparing meals. For example, one stated; "[Person's name] likes to be as independent as possible and staff encourage and support to do this. [Person's name] makes hot drinks independently and also can prepare breakfast themselves." Staff described to us how they supported one person at meal times and this was in line with information in the care plan. They told us the person would choose a meal from the fridge or using suggestions made to them. They would then be helped to pick out ingredients and prepare the meal. They could also get ready prepared meals from the on-site restaurant. As they particularly enjoyed take-aways, the meals were packed in take away containers for them to help recreate the experience. One member of staff told us that when the person was presented with a meal in this way they were much more likely to eat vegetables.

People's privacy and dignity was respected. One person said they did not want to show us their bedroom or sit and talk with us in any great detail. Staff respected their decision and it was clear the person was able to make the decision and control who visited their private space. The other person showed us their room. This was decorated to reflect their interests and they were pleased to show us pictures they had.

Staff recognised the importance of family relationships and helped ensure these were maintained. Relatives visited regularly and were kept informed of any developments or changes in people's needs. Care plans contained information about family birthdays so people could be supported to select and send birthday

cards.

Is the service responsive?

Our findings

Care plans outlined people's needs over a range of areas including their health and emotional well-being. The plans were well-organised, relevant and up to date. Relatives were involved in the development of care plans and updated about any changes. We observed people were supported in line with their care plan. Staff told us about people and their needs and we saw this reconciled with the written information. Staff said the care plans were useful and gave them a lot of detail about how people preferred to be supported. For example, there were descriptions of people's routines at different times of the day.

Any changes in people's needs or how care and support was delivered were recorded and care plans were updated accordingly. Staff were made aware of any change in needs and told us they always felt they were aware of the most current information. Daily logs were completed to document what the person had done during the day and information about their mood and emotional well-being. The daily logs were detailed and informative and the language used respectful.

People were supported to take part in hobbies and pastimes which reflected their interests. One person enjoyed going swimming, bowling and visiting the theatre. Records showed they were supported to take part in these hobbies regularly. Both people had items such as books, DVD's, puzzles and computer access to allow them to spend time at home relaxing and doing things that interested them. Both people spent time on the main Bowden Derra Park complex, either using the restaurant or visiting friends.

Staff told us they were always trying to think of new experiences for people to try. One commented; "Routine is important to [person's name], they want to know what to expect. We're trying to think of some predictable activities they can try."

One person had been supported to take a foreign holiday the previous summer, with friends who lived at other Bowden Derra Park services. Staff explained how people had been supported to make meaningful choices about where they went on holiday. They told us the experience had been very successful and they were starting to think about planning a summer holiday for the coming year.

People were given information in accessible formats to support their understanding. Parts of the care plan were written using minimal text and pictures to support the information. This meant they were more accessible for people. Health care passports had been developed to share with other healthcare professionals if people needed to access health services. These included details on people's communication styles and how they could be supported to understand information. Social stories had been used to support one person to understand what a specific invasive health procedure would involve.

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. Care plans contained easy read versions of the policy. There were no on-going complaints at the time of the inspection. A relative told us they would be comfortable raising any concerns. They commented; "I would approach them like a shot!"

Is the service well-led?

Our findings

The service requires a registered manager and there was one in post at the time of the inspection. 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.

The service was run on a day to day basis by two deputy managers, one at each house. They were supported by senior staff who were very experienced. Roles and responsibilities were well defined. For example, the deputy manager carried out supervisions and organised staff meetings. Other staff had been given responsibility for organising rotas and auditing medicine records. Staff told us the management team were available and approachable. They said they felt well supported and were able to raise any queries at any time. Although the service was separate from the main complex staff told us they felt part of the wider organisation.

Staff meetings were held regularly. These were used as an opportunity to formally discuss individuals care planning arrangements. Staff were able to raise any issues or make suggestions about how the service could be improved. Meetings were arranged for night staff, day staff and members of the management team. This meant staff attended meetings which were relevant to them.

The deputy manager told us they were committed to fostering an open and questioning culture within the staff team. They spoke to us about the importance of providing staff with opportunities to raise any ideas or suggestions. Staff confirmed to us they were comfortable raising suggestions.

There were systems in place for formally gathering views of people, relatives and staff. Questionnaires and surveys were regularly carried out looking at specific aspects of the service. These encouraged all stakeholders to be involved and raise ideas and suggestions about how the service could improve. Staff told us they felt their views were listened to.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Related issues were discussed in supervision sessions. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. There was a HR department within the organisation which helped ensure staff legal rights were protected. If staff needed any support to help them do their job this was provided. For example, if staff had additional needs associated with their ability to complete the Care Certificate and other training they could be provided with specialist equipment or extra support. One member of staff told us; "Everyone is treated fairly."

Regular audits and checks of the premises were carried out. Every month the two deputy managers audited each others service. This covered areas such as staff files, care plans and MARs. We saw evidence of checks

on hot water temperatures and legionella, electrical equipment and fire fighting equipment. Cleaning schedules were completed on a daily basis. There were appropriate risk assessments in place in respect of the environment.

The deputy manager told us they felt they were kept up to date with any developments in the care sector. The organisation had supported them to complete their Level 5 leadership and management health and social care qualification.