

## Bowden Derra Park Limited

# Garden House

### Inspection report

Polyphant  
Launceston  
Cornwall  
PL15 7PU

Tel: 01566880340  
Website: [www.bowdenderra.co.uk](http://www.bowdenderra.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Garden House is a residential care home providing personal care for up to 14 people who may have a learning disability and/or complex mental health needs. At the time of the inspection 14 people were living at Garden House. The service is owned by Bowden Derra Park Limited and is on the same site as a nursing home and four other residential homes owned by the same provider.

There were aspects of the service that did not meet the principles and values of Registering the Right Support and other best practice guidance. These help to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The service had strong community links and supported people to have choice and control in some areas of their lives. However, the premises and how they were organised did not promote the development of independent living skills. People were living in a large group setting, bigger than most domestic style properties, which impacted on their lives.

People's experience of using this service and what we found

When people were at risk of harm, assessments were in place alongside guidance for staff on how to mitigate the risk. Staff had completed safeguarding training and were confident any concerns would be dealt with. People received their medicines safely in the way prescribed for them.

There were areas of improvement in relation to how people were protected from risks associated with infection control. We have made a recommendation about this in the report.

Staff received an induction when they first started working at the service. Training was updated regularly and staff told us the training was good and equipped them to carry out their roles with confidence. There were sufficient staff to support people according to their needs. Staff told us they were well supported and had regular supervisions with the deputy manager.

People were supported to have choice and control in their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the layout and size of the premises were not in line with best practice guidance. This impacted on people's autonomy and opportunities to take part in independent living skills. People were living in a large group setting which is different to how most citizens choose to live their lives. Menus were developed by staff with no input from people who lived at the service. We have made a recommendation about developing the service in line with best practice guidelines.

The registered manager told us they had discussed ideas with the providers for developing the service in line with Registering the Right Support guidelines. However, there were no firm plans or timescales for making these improvements.

When we arrived at Garden House the atmosphere was busy and friendly. Staff were supporting people to get ready to go out on various trips. They spent time encouraging people and making sure they were happy with the days arrangements.

People and relatives told us staff were enthusiastic and were kind and helpful. Relatives confirmed they were kept informed of any changes in their family members health needs and were able to speak with a member of the management team at any time.

People spent time taking part in pastimes that reflected their interests. As well as daily events such as shopping and café trips, various celebrations were hosted at Bowden Derra Park. Relatives and residents from the local community were invited to attend these events.

The registered manager and senior management team were highly visible in the service and staff told us they were approachable and would listen to any concerns they had.

Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good. (Report published 9 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe. Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was effective. Details are in our effective findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service was caring. Details are in our caring findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service was responsive. Details are in our responsive findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led. Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Garden 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and a Specialist Advisor with experience of working with people who have complex needs.

#### Service and service type

Garden House 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and seven members of staff including the registered

manager, two members of the senior management team, and four care workers. We also spoke with two visiting professionals. We looked at five care plans, medication records, one staff recruitment file and a variety of records relating to the management of the service, including audits and health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and meeting minutes. We contacted three relatives and two professionals with experience of the service, to hear their views.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks were identified, assessed and regularly reviewed. There was guidance for staff on the action they could take to mitigate risk. A relative told us the service had demonstrated a positive approach to risk when supporting their family member to continue with a hobby that was important to them.
- One person had been identified as being at increased risk of falls. These sometimes occurred when the person was in their bedroom with no staff present. Any bruising was recorded on body maps and staff spoke with the person to find out the cause of the bruising. The information was then reviewed by the team leader. There was no system to effectively analyse the information over a period of time. Following the inspection, the registered manager sent us details of how they were intending to improve the system and mitigate the risk.
- Utilities, equipment and fire systems were regularly checked to make sure they were safe and fit for purpose.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and told us they would be confident reporting any concerns to the registered manager.
- Information about how to report safeguarding concerns externally was displayed in the service.
- Any safeguarding concerns had been investigated appropriately by the registered manager and action taken.
- Relatives told us they had no concerns about their family members safety. Comments included; "Oh yes, [person] is definitely safe." People told us they felt safe using simple words, nodding in agreement and giving us the thumbs up.

### Staffing and recruitment

- There were enough staff to meet people's needs. Staff spent time with people talking to them and offering reassurance and encouragement. An external professional told us; "There is always support on hand."
- A visiting professional told us people were always supported appropriately and staff were able to accompany people to take part in art workshops they arranged.
- Most professionals felt there was a core team of staff with the appropriate knowledge and skills to help ensure a consistent approach.

- Staff had been recruited safely. All pre-employment checks such as criminal record checks and references had been carried out before staff started work.

#### Using medicines safely

- People received their medicines safely, in the way prescribed for them
- Systems were in place to help ensure staff were consistent when administering 'when required' medicines.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Some people had been prescribed medicines which required additional storage. These were kept in line with guidelines. The amount in stock tallied with written records.
- Staff responsible for administering medicines received medicines training and competency checks were completed.
- There were systems in place to audit and check medicines stocks to make sure medicines had been given correctly.

#### Preventing and controlling infection

- The kitchen flooring was scratched and damaged. This meant it could have been difficult to clean effectively. The registered manager told us they had plans to fully upgrade the kitchen.
- An uncovered laundry basket was kept in the kitchen next to the washing machine. The team leader told us this was intended to be used only for used tea towels. On the day of the inspection it contained clothing.
- The fridge contained some food which had been taken out of the original packaging and covered with cling film. The food had not been dated to show how long it had been stored in this way.

We recommend systems and checks to oversee infection control processes are improved.

- Staff had access to gloves and aprons to use when supporting people with personal care.
- There were systems in place to check wheelchairs were regularly cleaned.

#### Learning lessons when things go wrong

- When untoward events happened action was taken to mitigate the risk of reoccurrence. Bowden Derra Park had recently established a small intensive support team of trained Positive Behaviour Support practitioners. The team was able to support staff to adapt their approach when people's needs changed.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was registered before the development of Registering the Right Support (RRS) guidance. The premises had not been designed in line with the guidance and had not been updated to comply with the principles.
- There were two lounges and dining areas and these were accessible to everyone living at the home. This meant, apart from people's bedrooms, there were no areas where people could meet with visitors in privacy. One lounge/diner was in a quieter area of the building and some people preferred to spend time there. The larger lounge was also a 'thoroughfare' of the building linking the two bedroom wings and situated between the main entrance and the kitchen, office and dining areas. At the time of our arrival it was very busy with staff walking back and forth and people preparing to go out for the day. It was also very loud with a TV on and people engaged in various conversations. Attempts had been made to group lounge chairs around so as to create a "corridor" along the back of the room, but it did not have a homely feel.
- One person had their own bathroom. Other people shared two bathrooms and a wet room. Staff described how they supported people to move between their rooms and bathrooms while maintaining their dignity. However, this restricted people's autonomy when moving around the building.

We recommend the provider consider national guidance such as Reach Standards and RRS to further develop the service.

- A domestic washing machine and drier had been installed earlier in the year to enable people to be supported to do their own personal laundry. Larger items such as bedding were laundered centrally by staff.
- Corridors were wide and furniture had been arranged so people in wheelchairs could move around easily. There was an assisted bath and large wet room so people had equal access to bathing facilities.
- Some of the carpets were stained. The registered manager told us this had been identified as an area for improvement and new flooring was planned for all shared areas.
- Garden House was part of a campus style group of care homes set in large grounds and people had plenty of access to outside areas. There was also a small patio area with seating solely for the use of people living at Garden House.

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

- When people needed a specific diet or support with eating this was clearly documented in care plans.
- If people's food and fluid intake needed to be monitored this was completed effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service to help ensure these could be met.
- There was limited use of technology to improve people's experience of the service. There were plans to update the care planning system to a computerised version in the near future.
- The provider had links with the British Institute for Learning Disabilities (BILD) to enable them to keep up to date with any developments in the sector. They were signed up to STOMP, a national movement calling for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.

#### Staff support: induction, training, skills and experience

- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff training was regularly updated. Staff told us the training was of good quality and equipped them to carry out their roles confidently. One commented; "The training is really good, we get a mix of internal and external."
- Staff received regular supervisions and annual appraisals. They told us they felt well supported on a daily basis and were able to ask for additional support if needed.

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

- External healthcare professionals visited the service as necessary to help ensure people's healthcare needs were met.
- A visiting healthcare professional told us staff communicated well with them and any guidance was followed. Another professional commented; "A recent review meeting revealed that they [the service] have also taken quite a lot of advice from the learning disability multi-disciplinary team on board."
- Staff attended monthly learning disability hubs alongside GP's and other professionals. These were an opportunity to discuss individuals health needs and raise any concerns.
- Staff encouraged people to remain active to help them stay healthy and remain mobile.

#### 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 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. 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.

- Capacity assessments had been completed to demonstrate if people were unable to consent to aspects of their care. When no DoLS were in place for specific situations any decisions were taken using the best interest process.
- DoLS applications had been made appropriately and some authorisations were in place. No-one had any conditions attached to their authorisation.
- Records did not consistently record when Power of Attorney or Court of Protection arrangements were in place to enable relatives, friends or solicitors to make decisions on people's behalf. The registered manager

told us they would make sure this was more clearly recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with consideration and kindness. Staff were friendly in their approach and offered reassurance and support appropriately.
- Care plans contained details about people's backgrounds and personal histories. This meant staff had access to information which helped them understand people.
- Comments from relatives regarding staff approach were positive. For example; "There are lots of very caring staff there", "Staff are very caring and very understanding", "It's nice be in a home where staff are sitting with service users and engaging" and "Staff engage with [person's name] and make them feel valued."
- People were also positive about staff and named individual members of staff remarking; "She's really nice" and "He makes me laugh that one!"
- People's spiritual and religious needs were known to staff. When it was important to them, people were supported to attend church.

Supporting people to express their views and be involved in making decisions about their care

- Some people had specific health needs which meant staff needed to spend longer with them to ensure they were listened to and knew and understood what was happening. This was done respectfully and staff were unrushed in their approach.
- People were supported to express their views about specific aspects of their care. For example, they were consulted about activities they wished to take part in.
- Staff knew and respected people's communication styles. They supported our discussions with people while allowing people an opportunity to express their opinions.
- There was evidence that, where people did not have family members to act in their best interests, an advocacy service was employed.

Respecting and promoting people's privacy, dignity and independence

- People's bedrooms reflected their tastes and preferences. People had keys to their rooms and most were locked when unoccupied.
- Personal information was protected. Care plans and daily notes were kept securely. Information on a white board in the office referred to people by their initials only.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were individualised, addressed people's specific needs and contained information about people's preferences and personalities. Language used in the care plans was appropriate and respectful.
- Care plans were in place covering a range of areas including mobility, nutrition and behaviours. These were regularly reviewed to ensure they were an accurate reflection of people's needs.
- Daily records provided a record of the care people had received, how they had spent their time and their health and emotional well-being.
- The service was responsive to any changes in people's needs. One person's health and well-being fluctuated which affected how they needed to be supported. Alternative care plans had been developed to guide staff on how to support the person during periods of ill health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans addressing the requirements of the AIS were in place. There was also easy read information to support people's understanding of the guidance.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans recorded how people liked to spend their time and any hobbies or interests they had. For example, some people were members of a local drama group.
- On the day of the inspection most people chose to go out. People went out for lunch, on shopping trips and for local walks. One person attended an art workshop on site which was being run by an external professional.
- Relatives told us their family members had opportunities to take part in pastimes that reflected their interests. Comments included; "They support [person's name] to continue with their horse riding. That is very important to them" and "[Person's name] has a varied life. There are lots of opportunities away from the house."
- People were encouraged to socialise with people from other houses on the site. Garden House hosted a coffee morning every other weekend. Various parties and celebrations were organised which were open to everyone across the site.

- Residents from the local community were regularly invited to Bowden Derra Park. There were events held to celebrate festivals and holidays. For example, a bonfire and fireworks party was being organised. In addition people took part in external events in the local community.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place. There were no ongoing complaints at the time of the inspection. People told us the names of staff they would talk to if they had any worries.
- Relatives told us they had not needed to raise any concerns recently but would be confident doing so if necessary. A relative told us; "I did a long time ago. It was dealt with very professionally."

#### End of life care and support

- When people had been assessed as being at the end of their lives there were systems in place to support them appropriately. Staff worked with other agencies to help ensure people were comfortable at this stage of their lives.
- Staff had received training in end of life care and there were plans to develop this further.
- End of life care plans were in place for people who had expressed a preference for how they wished to be cared for at this stage of their lives.
- Arrangements had been made for a local solicitor to visit the service to run a 'make a will' workshop for people and their families.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant leaders and the culture they created did not promote high-quality, person-centred care.

### Continuous learning and improving care

- As noted in the Effective section of this report, the design and layout of the premises did not support the underlying principles of Registering the Right Support. The building design and layout did not support the development of independent living skills. The kitchen was small and had not been adapted to enable people in wheelchairs to use it independently.
- People generally used the on-site restaurant, either eating there or having food brought to them from the restaurant. This restricted their opportunities for being involved in choosing menus for the week and the preparation of meals.
- We discussed this with the registered manager who told us they were working with the providers to identify how they could drive improvement to deliver the service in line with best practice guidance. They were considering options for addressing the issues, including splitting the service into two smaller units. However there was no firm plan in place to make the necessary improvements. No timescale had been established to clearly lay out when the improvements would be put in place.
- As noted in the Safe section of this report systems to identify patterns over a period of time were not established.
- The registered manager and members of the senior management team attended a local provider's forum to help ensure they were aware of any developments in the care sector.
- When systems were identified as failing, changes were made to drive improvement.

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

- Senior managers were often seen in and around the service and people clearly knew them well. We observed people greeting the registered manager and the conversation was relaxed and friendly.
- Relatives told us the service was well led. One commented; "There is a positive influence from the top which seems to come down to the staff."
- Staff told us they enjoyed their roles. Comments included; "I love it, and I am so well supported" and "The training is really good and there is constant supervision."

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

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an incident occurs that results in harm to people.
- Relatives told us they were kept informed at all times and were always aware of changes in people's well-

being.

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

- There were established systems for monitoring the delivery of the service. For example, various aspects of the service were regularly audited including care plans, medicines, health and safety and staff training and support.
- The registered manager was supported by a deputy manager who was based at Garden House. Team leaders and junior team leaders were in place to ensure there was constant clear oversight of the day to day running of the service.
- The ratings from our previous inspection were displayed in the entrance.

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

- Staff meetings were organised on a regular basis. Staff told us these provided opportunities for in-depth conversations about the delivery of care and good working practice.
- Relatives were asked to complete questionnaires annually to gather their views of the service. The previous survey results had been positive. They told us communication was reliable and they felt involved. Comments included; "They are very good at ringing up and telling us when appointments are taking place. They involve us" and "The staff are definitely invested."
- People were asked for their views of the service relating to specific areas. For example, what activities they enjoyed and what they would like to try in the future. Views were gathered using easy read questionnaires to support people's understanding. In addition, a 'service user forum' had been set up where staff supported people to discuss ideas and suggestions for the development of the service.
- There were numerous examples of community links and involvement. Some people had taken part in a 'Memory Walk' to raise funds for the Alzheimer's Society. The provider had hosted a 'Dance for Dignity' Day. Local residents were regularly invited to attend various events.

Working in partnership with others

- In our previous inspection report we noted the service was not engaging with the local authority. At this inspection we found the service worked with other agencies to ensure people had access to the support they needed.
- There was evidence of links with various organisations in the care sector. For example, Association for Real Change (ARC), BILD and the Alzheimer's Society.