

Bowden Derra Park Limited

Bowden-Derra Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 20 February 2017 and was unannounced. Bowden-Derra Park provides accommodation and care for a maximum of 46 adults, who may have mental health needs, learning or physical disabilities. On the day of the inspection 37 people were using the service. Bowden-Derra Park is made up of four separate houses which are part of a larger complex of residential accommodation. Twenty-three people were living in the main house known as Bowden Derra House, eight in Orchard House, five in Medrow House and one person in Meadowside. Bowden-Derra Park is owned by Bowden Derra Park Limited. Bowden Derra Park Limited also provides care in five other residential homes and one nursing home on the same site and in Polyphant village, near Launceston.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection was carried out in response to concerns raised by the local authority about the services run by Bowden Derra Park Limited. We also inspected another service run by Bowden Derra Park Ltd on the same day.

The concerns raised were in relation to alleged high levels of staff turnover, staff working long hours, lack of staff training, staff not seeking advice from external professionals or following guidance supplied and people's personal safety, including from risk of fire and risks posed by other people's behaviour. Concerns were also raised about people having a lack of choice and control over their day to day lives. For example, living with people that they were not compatible with, not being supported according to their assessed needs, having their choices restricted particularly regarding food and activities, carrying out work they were not paid for and being charged for using facilities owned by the provider.

Information in risk assessments and guidance from healthcare professionals was not consistently followed to help ensure people were protected from identified risks. Some information in care plans was missing or contradictory. Information in daily notes, used to record how people had spent their day, lacked detail. PEEPS contained limited information to enable emergency responders to support people from the premises safely.

People had access to activities on site and at the provider's day centre based in the nearby town. Staff told us they often held impromptu and planned parties when they would invite people from other services to join them. Activities in the wider community and during the evenings were more limited. Although some people had taken part in activities identified as rewarding for them there was little evidence that other people were offered activities to meet their individual needs and interests. Staff shift patterns meant people's access to evening activities were limited. We have made a recommendation about this in the report.

The registered manager was responsible for all the services on the complex. Bowden-Derra House had two deputy managers and two team leaders. The other three houses were organised on a day to day basis by a deputy manager and one or two team leaders. There were clear lines of accountability and responsibility in place. Staff told us the service was well managed and the management team were open and approachable. Following the inspection the provider took the decision not to allow the local authority onto the premises as they claimed their presence was disrupting the running of the service. The decision not to allow access to representatives of the local safeguarding team meant people's rights might not have been protected.

Bowden-Derra Park Limited is situated in a rural setting. The main house is a large older style property. Bedrooms were on the ground and first floor and there were a limited number of bathroom facilities available for people. Some adaptations had been made to accommodate people's needs. Other properties were more modern and had been specifically arranged to meet people's needs and give them privacy and access to personal space if they wanted it.

People and their relatives spoke highly of the care and support provided. Everyone, including staff frequently referred to the theme of family when talking about the service. Staff had received training in recognising the signs of abuse and were confident any concerns would be acted on. People, families and external healthcare professionals told us they believed people were safe living at Bowden-Derra Park.

There were sufficient staff to meet people's needs. Some people's health conditions meant their needs could be particularly demanding at times. Staff rotas were organised to help ensure staff working with them had frequent breaks and other staff were available to take over or assist if required. Any incidents were recorded and checked by management to allow them to monitor any patterns of behaviour. Behaviour which might have put people or others at harm was directed at staff and not other people. Staff told us they were confident supporting people at all times. Training for staff on how to support people well in difficult situations was available. Two deputy managers had recently updated their training in this area and were planning to develop this within the staff team.

People had access to varied diets and were able to choose whether to eat in their own homes or at the onsite café. The menu provided at the café offered choice and variety. People were not charged for their meals. One person worked at the café with support and received payment for this.

People's medicines were managed safely. People received their medicines as prescribed, received them on time and were told what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, community psychiatric nurses and speech and language therapists.

People told us they felt safe and staff described the systems and procedures in place to help keep people safe. All staff had undertaken training on safeguarding vulnerable adults from abuse and demonstrated a good knowledge of how to identify and report concerns. Staff described what action they would take to protect people from harm. Staff felt confident any incidents or allegations would be fully investigated. People were protected by safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Relatives and friends were made to feel welcome and people were supported to maintain relationships with those who mattered to them. On-site facilities meant families had opportunities to meet together and with staff frequently. This enabled them to discuss any concerns they might have as they arose.

Staff received a comprehensive induction programme and then received on-going training which was

regularly updated to ensure they had the correct skills to carry out their roles effectively. Training specific to people's individual needs was also made available for staff. Some staff were taking more than the 12 weeks recommended to complete the Care Certificate and we have made a recommendation about this in the report.

Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were assessed in line with the MCA as required and applications for DoLS were made appropriately. Staff understood the underlying principles of the legislation and checked people consented to care before giving it. Staff used communication tools, in line with people's preferences, to help people make day to day choices. For example pictures were used to help people choose what they wanted to eat.

People, relatives and staff felt confident in how the service was run. There were effective quality assurance systems in place. Members of the management team attended various events to enable them to receive information about any changes or developments in the care sector.

We identified breaches of the regulations. You can see what action we have asked the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not entirely safe.

People were not adequately protected from identified risks.

Staff knew how to support people in a safe way when they became frustrated or distressed.

Systems in place for the administration and management of medicines were robust.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and received training to help them deliver effective care and support.

People were assessed in line with the Mental Capacity Act 2005 as required. Applications to deprive people of their liberty in order to keep them safe had been made appropriately.

People had access to a varied and balanced diet which met their needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff valued family relationships and supported people to maintain them.

Is the service responsive?

Requires Improvement ●

The service was not entirely responsive.

Opportunities to take part in activities outside of the service's facilities were limited, especially in the evenings.

Some information in care plans was inconsistent.

Records of how people spent their time lacked detail.

Is the service well-led?

The service was not entirely well-led.

The provider had not co-operated with the local authority to help ensure people's safety and well-being.

Families had opportunities to discuss any concerns as they arose.

Staff described the management as open and approachable and felt comfortable raising ideas or concerns with them.

Requires Improvement ●

Bowden-Derra Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The unannounced inspection took place on 20 February 2016 and was carried out by two adult social care inspectors, a pharmacist inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with ten people who lived at Bowden Derra Park, the registered manager, ten members of staff and seven relatives. Following the inspection we contacted five external healthcare professionals for their views of the service. CQC also received feedback about the service from a further ten members of staff and eleven relatives.

We looked around the premises and observed how staff interacted with people. We looked at six records related to people's individual care needs and 23 records related to the administration of their medicines. We reviewed four staff recruitment files, training records, staff rotas and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

Before the inspection we had received concerns about people's safety and the management of risk. The concerns were specifically about people being at risk of harm due to other people's behaviour and the risk of fire.

Care plans included risk assessments for a range of areas. We found the information in care plans did not always correspond to the risk assessments in place. One person's diet and nutrition care plan contained advice from the Speech and Language Therapists (SALT) team. This stated; "Needs to be supervised when eating to minimise the risk of choking. There should be adequate supervision in the environment from someone qualified in first aid, including the management of choking." A risk assessment stated; "[Person's name] should be supervised when eating and gently prompted to slow down." A handwritten addition to the care plan made on 13 January 2017 stated; "In the evening [person's name] will often help himself to food and take it to his bedroom to eat. If staff see him do this they should ensure the food is cut up, however he will often help himself when no staff are around." There was no reference to the need to supervise the person when eating. No action had been taken to help ensure the person did not help themselves to food without staff knowledge. This meant the person was not adequately protected from an identified risk.

The water temperature from the hot taps in the main house and Orchard House was very hot. In the main house we noted that it exceeded 45 degrees centigrade which meant people were at risk from scalding. Although signs above the taps warned the water might be hot not everyone was able to read or would have understood the inherent risk of hot water. We discussed this with the registered manager who told us temperature controls were fitted to all taps and they would make immediate arrangements to check why they were not working effectively.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager contacted us to let us know they were carrying out a full review of all risk assessments and care plans.

People had Personal Emergency Evacuation Plans (PEEPS) in place to advise emergency services and staff about the support people would need to exit the building in the event of a fire or other emergency. Information in these was vague and gave little guidance. For example, in some PEEPS it was recorded; "May display challenging behaviour." There was no description of what the "challenging behaviour" might be and how people could be supported safely.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people had periods of time when they could become anxious or distressed. At these times they found it difficult to manage their emotions and could behave in a way which might put themselves, or others, at

risk of harm. Staff had received training to support people during these times to protect them and others in the vicinity from harm, including themselves. One member of staff explained to us when they would use restraint and described how this would be done. They were confident in their explanations despite the fact they had not had to employ one of the restraint holds for; "over a year."

Two of the deputy managers had recently completed a course in the safe use of physical restraint. They held a teaching qualification which meant they would be able to deliver the training to the staff team in the future. Staff told us any potentially harmful behaviour was usually directed towards them and not other people in the house. This was evidenced by the incident reports. Staff told us people generally got on well together and we observed some people sitting and chatting over a meal.

One person often directed their frustrations at staff and we were told; "Staff have been getting hurt sometimes." None of these incidents had been reported to CQC. We discussed this with the registered manager who told us they had not felt it necessary to do this as no-one using the service had been targeted or hurt. Due to the volume of incidents and the fact that the person was putting themselves at risk it was important CQC was advised of these occurrences so we could monitor any trends and check they were being managed safely.

The frequency of these incidents had decreased in recent weeks. Staff told us they had worked with an external agency to develop strategies to help reduce reactive situations and this; "Does seem to be working very well." There had been no recorded incidents at all in February. This demonstrated staff worked to develop ways of supporting people to protect them from risks associated with behaviour which could be challenging to staff and others. Staff told us they were confident supporting people at all times and in all circumstances.

Before the inspection we had received concerns that staff turnover was high and staff were often required to work long hours. This meant people may not have received support from staff who understood them well. Staff might have been over tired and therefore unable to provide care in a safe and caring way.

On the day of the inspection the service was fully staffed. We looked at rotas for all four houses for the past two weeks and found there were sufficient staff to support people according to their needs. Some people required additional support, either throughout the day or at certain times to enable them to access the community or take part in activities. These people were receiving support as required. There were systems in place to enable staff to respond to people's changing needs quickly. For example, some people's health conditions meant their needs could be particularly demanding at times. Staff rotas were organised to help ensure staff working with them had frequent breaks and other staff were available to take over or assist if required.. A relative commented; "You couldn't ask for anywhere safer, there are always so many staff about." Care staff were supported by domestic and maintenance staff. This helped ensure the smooth running of all aspects of the service.

Staff told us they sometimes worked extra hours but were not pressurised to do this. The rotas showed staff were not working excessive hours without breaks. Agency staff were used to support the permanent staff team when necessary. These were agency workers who were familiar with the service and knew people's needs well. Staff and external healthcare professionals told us the staff team at Orchard House was particularly stable. Staff meeting minutes for Orchard House stated; The core team is there for times of distress [in relation to one person]." One external health care professional commented; "There appears to be a consistent core staff team and I have always been able to speak to someone who knows the [person] when I have rung up unannounced." Comments from external healthcare professionals about staff turnover in Bowden Derra House were less positive. One told us they often had to repeat advice and training; "due to

high staff turnover and changing of staff within client's core teams." It is important when working with people who value and benefit from a consistent approach that they are supported by a stable and consistent staff team.

Relatives were extremely positive about the safety of their family members and were confident people were safe. Comments included; "If I felt there was something wrong, I'd be there straight away" and "Fantastic level of care."

Staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. One member of staff commented: "100%, I'd report it to management."

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Most staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. One staff file only contained one reference, this was not in line with the recruitment policy which stated employees should have two references before starting work. As soon as the discrepancy was pointed out the member of staff was sent home. The registered manager assured us this was an oversight and the employee would not return to work until the second reference had been secured.

During our inspection, we looked at the systems in place for managing medicines. We spoke to staff involved in the governance and administration of medicines, observed medicine administration for one person, examined 23 medicines administration records (MARs) and two care plans. We spoke to one person who administered their own medicines.

Staff managed medicines in a way that kept people safe. Medicines were stored securely in the treatment room or medicines trolley and in people's own rooms. Medicines were within the manufacturer's expiry date, were available to people when they needed them and unwanted medicines were disposed of safely. In Orchard House staff did not monitor or record the temperature of the medicines refrigerator daily. During February 2017 the temperature was only recorded on two days, but was within the required temperature range. Not checking the temperature daily meant that staff would not know in a timely manner if the fridge was too hot or cold to store medicines safely. We brought this to the attention of the registered manager who arranged for staff from other units to provide updated temperature recording forms to Orchard House and audits were to be put in place to ensure the temperature was checked daily.

The level of support people needed to take their medicines safely was assessed and people received their medicines in a personalised way that suited them. One person was assessed as being able to take their own medicines safely. Medicines were kept securely in their room. Staff helped them to select the right medicines and the person signed the administration record to show that the medicines had been taken. This person described how they liked to be in control of what medicines they took and could explain in detail what they were for.

People could take medicines with them when they left the service for an appointment, a trip or other occasion. The full labelled container was supplied and records were kept to show the quantities of medicines taken out and returned. This meant that people always had safe access to any medicines they might need whilst they were away from the service.

Where staff administered medicines, they completed medicine administration records (MARs) to show what medicines people had received. When staff made handwritten entries or amendments to MARs, they were nearly always signed by a second member of trained staff to show they had checked for accuracy. Body maps were in place to show staff where to apply creams and other external medicines and the application of these was recorded on people's MARs. Additional information was available to staff about high risk medicines. For example, symptoms that might be demonstrated if a person receiving insulin for their diabetes had too low a level of blood sugar. Emergency medicines to raise blood sugar levels were available if this person needed them.

Some medicines were prescribed to be taken when required. Whilst there was little written guidance for staff to follow, we observed that staff knew people well and were able to make decisions with them about whether a medicine was needed or not. For example one staff member described the physical signs that a person might show when their levels of agitation and anxiety were heightened. This enabled them to react to that person and offer support to make them more comfortable or to offer a medicine if they and the person, felt it was needed. Staff recorded the outcome when a person took a when required medicine in order to assess whether it was effective. Managers explained that trained staff were able to decide to offer simple pain relief but that other when required medicines needed to be approved by the deputy manager or manager. We brought this to the attention of the registered manager who explained that this did not cause a delay in people receiving their medicines, but that personalised protocols for staff about when to give when required medicines would be developed.

Medicines records showed that the service supported people to have regular reviews of their medicines and that appropriate changes were made, for example reducing the use of psychotropic medicines.

Medicines were administered by trained care staff. Staff had their competency to manage medicines checked regularly. Managers undertook monthly medicines audits to ensure that people were receiving their medicines as prescribed. Previously it had been identified that staff were not always signing the MAR following medicines administration. Extra training had been put in place and the incidence of gaps on MARs had reduced. Medicines errors and incidents were recorded, reviewed and learnt from.

Staff looked after money for people. We checked the records for eight people and found these to be accurate.

The service was inspected by the local fire service each year who found that it was compliant with their fire safety standards. Smoke detectors and fire extinguishers were on the premises and fire drills took place regularly.

Is the service effective?

Our findings

Before the inspection we had received concerns about staff training, staff not seeking advice from external professionals or following guidance supplied. Concerns were also raised about people, having their choices restricted.

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the organisation's policies and procedures and completing training. Staff new to care were required to complete the Care Certificate. The Care Certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Some staff were taking more time to complete the Care Certificate than the 12 weeks recommended length. For example, one member of staff told us they had started work in September and were due to complete the Care Certificate at the end of March. This meant they might not have the necessary skills and knowledge to enable them to carry out their role effectively.

We recommend that the service finds out more about induction processes for staff new to care, based on current best practice.

There was a period of shadowing more experienced staff before new employees started to work independently. Staff told us the induction was comprehensive and gave them confidence to carry out their roles. The registered manager told us once the induction was completed new employees were assigned to a service according to their strengths and taking into consideration any shared interests they might have with people.

Training in areas identified as necessary for the service was updated and refreshed regularly. People were directly involved in both the recruitment and training of staff. For example, people had helped deliver moving and handling training, explaining to staff what their experience of being supported in this way felt like.

Training specific to people's needs was also provided. This included communication passports, dementia and autism training. A member of staff told us; "They're very adaptable. If a service user has a specialist need they will try their hardest to get some extra training for you." External healthcare professionals told us they had been concerned in the past about gaps in staff training but this had improved. One commented; "We have been concerned about gaps in staff training and knowledge but staff have responded positively to guidance and recommendations then demonstrated that they have taken on board that guidance and put it into practice. They have then demonstrated the ability to reflect on working practice and adapt approaches to the needs of the individual. We are in the process of arranging some staff training."

Staff told us they felt well supported in their roles and able to ask for advice and support when they needed it. Comments included; "I feel supported in my job." Although each member of staff had a staff supervision booklet to record meetings there was no overview or matrix available for the full staff team. This meant those responsible for providing supervision might not have been aware when individual members of staff

had not had one for some time. A deputy manager told us they were aware some members of staff were overdue supervision and this had been; "overlooked."

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Where appropriate mental capacity assessments had been carried out. Best interest meetings were held when people were found to be lacking capacity to make certain decisions. For example, one person was continually monitored due to their health needs. This had been agreed in the best interest process with the involvement of relevant stakeholders. The decision was reviewed annually. This meant people's legal and human rights were protected.

One member of staff described to us the importance of recognising that people's ability to make choices may fluctuate. Communication tools were used to aid choice. For example, pictures, objects of reference and sign language. Relatives told us they were involved in making decisions about their family members who did not have the capacity to do so themselves.

People were involved in decisions about what they would like to eat and drink and where. There was a large café on site where people often ate and this was an opportunity for people to socialise with others who they might not necessarily see otherwise. The café was also frequently used as meeting place for relatives. We had received concerns that people using the café were charged for meals. We found no evidence this was happening. Visitors to the site were expected to pay. The menu was varied and made good use of fresh ingredients. People and relatives told us the food was of a good standard. One person said; "The meals in the restaurant are really good and tasty."

Care plans identified what food people disliked or enjoyed and any specific dietary requirements or allergies. Staff were knowledgeable about people's individual needs. People had access to dietary and nutritional specialists. For example, one person had an appointment to meet with a dietician as they had been putting on weight.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Care plans contained information about annual health checks and health action plans. An external healthcare professional told us; "People's health needs are met well. They get the GP out very quickly."

Bowden Derra House was a large property and, at the time of the inspection 23 people were living there. Twelve people had bedrooms on the ground floor and they had shared access to one bathroom and one shower room. On the first floor there were eleven bedrooms and one bathroom. The deputy manager told us: "Generally it is up to people if they want a shower or bath." However, the limited number of facilities meant people's choices as to when they could use a bathroom might sometimes be restricted. The environment did not support people's independence and autonomy or promote their independence,

dignity and well-being. In the other services people had greater choice around bathing. For example, in one person's care plan we saw recorded; "[Person's name] likes a shower in the morning and a bath in the evening."

Is the service caring?

Our findings

Before the inspection we received concerns about the language used by staff when recording information in people's daily notes.

We looked at people's records and found the language used was appropriate and respectful. During the day we observed staff were caring and compassionate in their approach to people. One member of staff told us; "I consider them [people using the service] to be friends."

We observed a member of staff entering a person's room without knocking beforehand. This demonstrated a disregard for the person's dignity and personal space. In one shared lounge area a person's confidential file had been pushed under a sofa. This meant they could have been accessed by other people or visitors to the premises. This did not show respect for the people's personal information.

Following concerns about the care provided at Bowden-Derra Park being made public CQC received feedback from a large number of relatives of people who used the service. The feedback was unanimously positive. Comments included; "The staff at Bowden-Derra are extremely friendly, kind and caring. They have given [relative] a wonderful place to be over the last year since it became too difficult for me to care for him at home. He is happy and well looked after and considers the place to be his home" and "It is a lovely friendly happy place with a good family atmosphere." Staff at Orchard House also referred to the service as being like a home environment. One commented; "It feels like we're working in people's homes."

The provider and staff clearly valued the importance of family relationships and relatives were welcomed onto the site at any time. We observed relatives sitting together and saw friendships had been developed between them.

Staff were aware of people's preferred communication styles and respected them. One person frequently used specific words to refer to certain things. The person's care plan contained a list of the words and their meanings. For example, "acorns means prawns." People were asked for their views on the service. Where people's verbal skills were limited visual prompts were used to help them understand the process and make meaningful responses. Picture boards were used to display staff photographs of who was on duty. This helped keep people informed about the care they were receiving. Staff told us about one person who was able to communicate verbally but liked to use sign language as well. The core team supporting the person had received training in sign language so they could support the person according to their preferences.

People were supported to develop and maintain independent living skills. One person living in Bowden Derra House was living with dementia. Large playing cards had been attached to the walls of the corridor and their bedroom door to help them find their way back to their room independently.

A kitchen in the main house had been adapted to enable people in wheelchairs to use it with support. On the day of the inspection we observed staff helping someone to choose a recipe to cook in the kitchen. Another person had also been baking and shared a cake with the inspector. In the other three buildings

people had kitchens where they could be supported to prepare meals if they wanted. One member of staff told us; "She's got fantastic life skills. She can bake and is quite independent around the flat."

Some people had keys to their rooms and this was recorded in their care plans. In one person's plan we saw documented; "It is important for me to have my own keys so that I have my own private space."

Is the service responsive?

Our findings

Before the inspection we had received concerns that people's choices were restricted, particularly in respect of activities. It was also alleged that some people were being charged to use facilities owned by the provider and were working, without pay, in the onsite café.

There was a range of facilities on, or very close to the site including a café, swimming pool and shop. The provider ran a day centre facility called Westgate in the nearby town of Launceston. These facilities offered people opportunities to meet together, and with relatives, and could be used to help people develop and maintain their independence. For example, one person regularly walked to the nearby shop alone. However, there were concerns from some external healthcare professionals that people were not supported or encouraged to access the wider community and create social networks outside of the service. One commented; "Within the site there are activities for people to do, hydro pool, shop and the Westgate day centre in town that many of the clients go to, however this can lead it to feeling quite insular."

Some people used the local authority day centre which gave them an opportunity to meet with people outside of the service. However, others used Westgate. Staff told us Westgate could be used as a base for people when they wanted to visit Launceston. However, external healthcare professionals told us this was not their experience and that people tended to travel to the centre, spend the day there or go out as a group and then return to Bowden-Derra Park. This did not indicate that people were being supported to take part in meaningful and individualised activities.

One person had expressed an interest in caravanning and they had subsequently done this, both onsite and in a nearby seaside town. However, there was little evidence of people's individual interests being identified in the records we looked at.

We discussed the opportunities for people to take part in evening activities with staff at Bowden Derra House. They told us some people attended 'Monday club' which is an evening social event for people who have a learning disability or autism. Others liked to visit local pubs regularly. However, most people did not take part in evening activities outside of the service. There were only two members of staff on duty from 10:00 pm and staff told us all personal care would be completed by then. This meant people would have to return from any evening event relatively early which would restrict the choices and opportunities available to them.

We recommend the service find ways of identifying and implementing meaningful activities for people in line with their interests and preferences.

Following the inspection the registered manager contacted us to inform us they developing activity programmes for each individual to help ensure a broad range of opportunities was available. They assured us if any person expressed a wish to take part in evening events in the community they would arrange for staff support to be in place. We will check people have access to meaningful activities at our next inspection.

Group activities and activities onsite were varied. Staff told us they often held birthday parties for people and would invite people from other houses to join them. Parties were also held on special occasions such as Valentine's Day or Christmas which relatives were invited to attend. Bowden-Derra Park is situated in a rural setting and there were plenty of local walks in the surrounding areas.

Staff and relatives told us some people worked at the café, either in a paid capacity or as a volunteer in line with people's preferences. One relative said; "He helps out at the restaurant on site. He gets paid for his work and he was so proud when he told me he had a contract." The registered manager, relatives and staff confirmed people were not charged to use facilities owned by the company, such as the onsite restaurant and swimming pool.

Daily notes were kept for each individual to record how they had spent their time each day. The records were inconsistently completed and lacked detail. For example, in one person's records it stated; "Drove to Bodmin after lunch." There was no further detail to indicate whether the person had got out of the vehicle at any stage or if they had enjoyed it. Another person's notes showed they had only been out once during February. It was not clear whether they had been given opportunities to go out on other occasions.

Care plans contained information on a range of aspects of people's support needs including communication, diet and nutrition, mobility and behaviour. Some information in the plans was incorrect, inconsistent or missing. For example, one person's care plan stated they took a specific dosage of medicine to help them sleep. We checked this with their MAR and found they only took it on an 'as required' basis. It was recorded the person needed support with personal care at 5:00am but in another part of the care plan it stated this support was needed at 6:00am. This meant people might not have received their care and support according to their needs.

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

Care plans contained information about people's daily routines. This included details about what aspects of personal care people could complete independently and what they would need support with and how much support. For example, "Will require assistance in the form of prompting." Pen profiles gave details about people's backgrounds and personal histories. These are important as they help staff build an understanding of the circumstances which have contributed to who the person is today.

Some people at Orchard House had a 'How to work with me' folder in place to give new staff and agency staff an overview of people's needs and help them to familiarise themselves with the most important aspects of people's support quickly. This had been recently put together and there were plans to develop them for everyone at the service. Staff told us they were a useful and informative tool.

Before the inspection we had received concerns that staff were not acting on advice or guidance supplied by external healthcare professionals.

Some people had complex health needs and required input from external healthcare professionals to maintain their health and well-being. Health care professionals were mixed in their opinion of how well staff worked with them to make sure people were well supported. One commented; "I also made recommendations and these were not actioned despite repeated reviews where this was discussed." However, others were more positive. Comments included; "We haven't had any incidents when [name of health condition] management guidelines have not been followed. I have confidence that the [name of health condition] care they offer is of a good standard", "They try and implement what we advise" and "Staff

have responded positively to guidance and recommendations then demonstrated that they have taken on board that guidance and put it into practice." This demonstrated that generally health professionals were satisfied that staff were working with them to respond to changes in people's needs.

The provider had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version of the policy available for people who required one. There were no complaints on-going at the time of the inspection. Relatives told us they had no reason to raise any complaints.

Is the service well-led?

Our findings

Following the inspection the provider took the decision not to allow the local authority onto the premises as they claimed their presence; "prevented care staff and the management team from completing their day-to-day duties, jeopardising the delivery of safe care for the vulnerable adults it supports." It is important that providers work with other agencies to help ensure people's health, safety and welfare. The decision not to allow access to representatives of the local safeguarding team meant people's rights might not have been protected.

There was a registered manager in post who had oversight of all the services at Bowden-Derra Park Limited including Bowden-Derra Park. Each individual service was managed on a day to day basis by a deputy manager and team leader. Due to the size of the service, at Bowden Derra House there were two deputy managers in post who were supported by two team leaders. Everyone had clearly defined responsibilities. For example, team leaders oversaw the shifts and carried out supervisions. Staff told us the service was well organised. There was an on call system in place so staff were able to contact a manager at any time for advice or support.

The registered manager was a visible presence at the service and all staff and people knew him well and told us he was approachable. Families also spoke highly of the registered manager.

Some external healthcare professionals voiced concerns that it could be difficult to speak with the carers giving direct support. Comments included; "It's quite a hierarchical system" and "I felt we were 'screened' from direct contact with the core staff team with majority of contact being with the Management team."

Staff told us they enjoyed working at the service and were well supported in their roles. One commented; "The attitude is, if there's something wrong tell us. They are quite interactive with the people who live here, it's good." The theme of 'family' was mentioned several times by staff and relatives. Comments from staff included; "We're really like a big family here," and "It is not just a team of people it is a family of people."

Team meetings were held within each separate service. This meant staff only attended meetings which were relevant to them. These were held regularly and gave staff an opportunity to discuss any concerns or changes in working practices. Deputy managers met together at least weekly and one told us; "It's a very strong deputy manager team." Team leaders also met weekly. One deputy manager told us they tended to have; "Daily catch ups at 4.00 where possible." This meant the senior team had opportunities to share any concerns or examples of good working practice.

Incidents were recorded in the service and these were closely monitored by the deputy manager. They were also analysed on a weekly basis and reviewed by the senior management team. There was a traffic light system in place to record incidents according to their seriousness and the impact they had on others. Red forms were used to record any incidents which had involved physical aggression and amber for verbal aggression. We found no evidence to suggest people were at risk from harm from others.

Members of Bowden-Derra senior management team attend local authority forums to help them keep up to date with any changes or developments in the caring sector. The provider was a member of the Purple Angels organisation which is a Dementia Awareness support group. Managers had attended a 'Care Provider Day' aimed at looking at epilepsy training for carers. They were also a member of ARC UK – the Association for Real Change, a specific organisation for providers who support individuals with a Learning Disability.

Regular audits were carried out to check on various aspects of the service. For example, medicines, care planning documentation and environmental checks. However, these audits had not identified the concerns identified in this report in relation to PEEPS, care planning, the induction process, gaps in daily records and a lack of person centred activities.

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

Relatives were asked for their views of the service through meetings and questionnaires. There were also regular opportunities for families to meet with staff and management if they wanted to discuss any aspects of their family members care. This was further facilitated by the availability of the onsite café where people, families and staff naturally came together. Relatives told us they were always informed of any changes in people's needs. One commented; "As soon as anything different happens with my daughter, they ring us up straight away."

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not consistently provided in a safe way because the registered provider had not done all that was reasonably practicable to mitigate any identified risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided were not consistently maintained. Regulation 17 2(c)