

Bowden Derra Park Limited

Bowden-Derra Park

Inspection report

Polyphant
Launceston
Cornwall
PL15 7PU

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

Date of inspection visit:
04 September 2018

Date of publication:
09 November 2018

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

We carried out an unannounced comprehensive inspection at Bowden-Derra Park on 4 September 2018. The previous inspection took place on 9 August 2017. At that time, we found care plans did not consistently reflect people's needs. At this inspection we found care plans were up to date and accurate.

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 34 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. 21 people were living in the main house known as Bowden-Derra House, eight in Orchard House, four 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.

People in care homes receive accommodation and nursing or personal care as a 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 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 care service was established before the introduction of Registering the Right Support and had not been developed and designed in line with the values that underpin this 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. Although some actions had been taken in line with the guidance there was no formal plan regarding how the provider would ensure the service reflected the values of Registering the Right Support in the future. We have made a recommendation about this in the report.

Care plans reflected people's needs and preferences and were regularly reviewed to help ensure they were accurate and up to date. They contained information to help guide staff on how best to support people in all areas of their life, including their health, social needs and communication styles. Risks were clearly identified and guidance given to support staff to mitigate risk.

Staff had received training for safeguarding and this was updated regularly. Accidents and incidents were reported and systems were in place so lessons could be learned following any untoward event. Recruitment processes protected people from the risk of being supported by staff who were not suitable for the role.

People received their medicines as prescribed. Medicines were stored appropriately and creams and liquid

preparations were dated on opening. Auditing systems for medicines were infrequent and we have made a recommendation about this in the report. Some people self-administered their medicines with the support and supervision of staff. There were no plans in place to support people to increase their independence in this area.

Staff were supported to carry out their roles through a system of induction, training and supervision. Training included areas which were specific to the needs of people living at Bowden-Derra Park. Staff felt valued and supported and were happy in their work.

Staff worked according to the principles of the Mental Capacity Act and associated Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had formed positive relationships with people and spent time chatting and laughing with people. Interactions were supportive and encouraging. Staff helped ensure people were occupied and engaged in activities they enjoyed. There were enough staff to support people to take part in individualised activities according to their preferences.

There was a well-established management structure in place with clear lines of accountability and responsibility. Audits were carried out over a range of areas. There were systems in place to gather the views of people who used the service and their families. Staff meetings enabled staff to voice their ideas and suggestions about how the service was organised.

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 had improved from Requires Improvement to Good.

Care plans were well organised, relevant and up to date.

People had access to a range of activities and were supported to access the local community.

There were systems in place to enable people to raise any concerns.

Is the service well-led?

Good ●

The service had improved from Requires Improvement to Good.

There was no formal plan in place regarding how the provider would ensure the service would be developed so that it reflected the values of Registering the Right Support and other good practice guidance.

There were clear lines of accountability and responsibility in place.

Stakeholder views were sought out and acted upon.

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 2 September 2018 and was carried out by two adult social care inspectors, a specialist advisor 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. The specialist advisor had experience of working with people with learning disabilities and high support needs.

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. We also reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection visit we spoke with 13 people who lived at Bowden-Derra Park, the registered manager, and 14 other members of staff. Following the inspection we contacted three external healthcare professionals to get their views of the service.

We looked around the premises and observed how staff interacted with people. We looked at 12 records related to people's individual care needs. We reviewed six 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

People told us they felt safe living at Bowden-Derra Park. Comments included; "I go for walks in the garden, I feel safe there", "I feel safe as a carer stays all night, at my last place I was alone after 2am and I kept leaving as I didn't feel safe", "I feel safe here as I never have to be on my own" and "Staff help me catch the bus and go cycling so that I feel safe."

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 commented; "I feel like I can raise anything."

People were protected from discrimination and harassment. Staff had received training in Equality and Diversity and were made aware of their responsibilities in this area. People were given opportunities to explore and discuss their individual preferences regarding relationships. Some people had been supported to attend relationship workshops to help them understand and manage their expectations of relationships.

Care plans included risk assessments for a range of areas including mobility, medicines and supporting people when they became distressed. These guided staff on how they should support people who had been identified as being at risk. For example, one person could become agitated at times leading to them behaving in a way which could put them or others at risk of harm. There was information for staff on how they should support the person at these times. For example, one care plan stated staff should; "Remain calm and not raise their voice" and, when the incident had concluded; "Do not keep referring back to it." Staff had received training to support people if they became agitated, to protect themselves and others in the vicinity from harm. They told us they were confident supporting people in all situations.

Personal Emergency Evacuation Plans (PEEPs) were in place for everyone. PEEPs can be used by staff and emergency responders if people need to be assisted to evacuate the building in an emergency. Information in PEEPs was specific to the person and gave clear guidance about their mobility needs and any behavioural needs which might be relevant. For example, "[Person's name] will need to be told to stay outside as he would like to help."

There were enough staff to support people with their health and social needs. Staff responded to requests for assistance quickly and were able to identify additional staff to support them if needed. An external healthcare professional told us; "There is always a lot of staff operating in the houses that I have visited." We looked at rotas for the previous week and found there were sufficient staff to support people according to their needs and commissioned hours. Agency staff were used when necessary. These were staff who were familiar with people's needs and worked at Bowden-Derra Park regularly. We spoke with an agency worker who confirmed they had worked at the service several times previously. They told us they had read people's care plans and been shown around the premises when they first worked at the service. The registered manager told us they had recently recruited several new staff and the need to use agency staff had declined

as a result.

There was an established robust recruitment process to help ensure new staff had the appropriate skills, attributes and knowledge. Staff recruitment files contained all the relevant recruitment checks including Disclosure and Barring Service (DBS) checks and references from their previous employer.

During our inspection, we looked at the systems in place for managing medicines. Medicines were stored securely in a medicines room and/or trolley. Medicines were available to people when they needed them and unwanted medicines were disposed of safely. Medicine refrigerators were available for use and the temperatures monitored to ensure they were operating effectively. All staff with responsibility for administering medicines received the appropriate training. One member of staff carried out the medicines round and were observed by a second member of staff to help reduce the risk of errors.

Medicine administration records (MARs) were kept, documenting what medicines people had received and when. Any handwritten entries or amendments to MARs, were signed by two trained members of staff to minimise the risk of human errors. It was not always clear from the MARs whether people had received their medicine as prescribed because some entries had been marked with a dot and not signed by staff as required. We discussed this with the management team who told us they were confident this was a recording error. Medicine audits were carried out monthly after medicines had been received at the service when staff checked the amounts in stock. Any errors or discrepancies identified during this audit might have been difficult to trace back due to the length of time between each audit. It is important systems for identifying and reviewing medicines errors are robust.

We recommend the service considers current guidance on the auditing and management of medicines.

The premises were clean and staff had access to personal protective equipment such as aprons and gloves. Training on infection control was regularly refreshed. Some bathrooms had bins with no lids which could have posed an infection risk and we raised this with the management team who assured us they would address this immediately. One member of staff told us; "Any infection control (concerns) and we wipe everything down, handrails, handles, everything. It's unusual for there to be any problems." Cleaning products were being kept on a windowsill in a corridor. These were easily accessible to anyone walking past. Staff told us some people needed to have their creams stored securely as there was a risk they would ingest them. This meant it was particularly important all cleaning products were also securely stored to mitigate the risk of people consuming them. We raised this with the management team who said they would arrange for the products to be moved.

Fire doors, alarms, extinguishers and emergency lighting were all tested regularly to help ensure they were kept in good working order. Checks on boilers and the water supply were carried out by external contractors as required.

There were systems in place to help ensure lessons were learned following any untoward incidents or accidents. Such events were recorded and closely monitored by the management team. The records described the event and the circumstances leading up to it so any likely triggers could be identified. This was passed to the senior management team within 24 hours of the incident alongside any other relevant documentation such as accident forms and body maps. Any actions taken as a result were also recorded to provide a complete overview of the incident. These were regularly reviewed so any trends or patterns could be highlighted and care plans and risk assessments updated accordingly.

Is the service effective?

Our findings

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.

There was a period of shadowing more experienced staff before new employees started to work independently. Shadow shifts were completed in each of the four settings and then staff were asked which service they would prefer to work in. People living in each setting were asked for their feedback about new staff. One new member of staff told us; "After the induction I felt pretty prepared to start my job."

Staff records included a 'safe to practice' record with an extensive list of the required training and date of completion. Training in areas identified as necessary for the service was updated and refreshed regularly. Training specific to people's needs was also provided. This included dementia, autism awareness and cerebral palsy. Some specialised training courses were sourced from external providers. For example, intensive interaction, key word signing and epilepsy awareness. A training matrix was used to give the management team an overview of training needs across the service. A member of staff told us; "The training is very good and it works well."

Staff received regular supervisions and appraisal. This provided them with opportunities to discuss working practices and highlight any training needs. Records showed supervisions covered topics such as safeguarding and whistleblowing, staff well-being, personal development and any concerns about people's individual support. 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 find the supervision process useful...it is very supportive."

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.

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. Records of these meetings sometimes lacked detail. For example, records of one such meeting did not clearly document who had been involved in the decision making process. People who had capacity to do so had signed to consent to their plan of care. An external healthcare professional told us; "All the staff members strive to uphold and implement least restrictive best interests practices with timely and appropriate liaison with other professionals and family members."

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. Some people had DoLS authorisations in place with conditions attached and these were being met. When applications had been made but not yet authorised there was evidence to show action had been taken to follow this up with the local DoLS team.

Some people had been assessed as needing soft or pureed foods and this was documented in their care files and well known to staff. One person had been identified as losing weight and a dietician had been consulted to address this. Their advice had been followed and the person's weight had increased so it was within healthy limits.

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. Hospital passports had been developed to inform hospital staff of the support people needed if they were admitted for treatment.

Is the service caring?

Our findings

People were complimentary about staff. Comments included; "I like the staff, they are nice people, they help me make a cup of tea and do my laundry", "I love it here, all the people are friendly, I've stayed here longer than anywhere" and "I love the staff, they help me wash my hair and my back."

Staff were knowledgeable about people and were responsive to their needs. They had a good understanding of people's likes and dislikes, and were aware of the most effective way to communicate with each individual. For example, we saw a member of staff sitting reading with one person. They were referring to the pictures and also used some simple sign language. The person was responding well to this and both were enjoying the activity. Another person was being supported with a craft activity. They frequently asked the same question. The staff member was patient in their responses and respected the person's need for reassurances.

Staff had developed good and positive relationships with people. One person enjoyed being involved in the running of the service, regularly helping in the laundry and with various other household tasks. A member of staff commented; "[Person's name] is very helpful. They are always helping me out." An external healthcare professional noted; "Their caring support to one particularly unwell gentleman last year was exemplary."

The importance of family relationships and friendships was recognised and respected. Relatives were welcomed at any time. People told us; "I can have visitors anytime and we can meet anywhere" and "My visitors are welcome anytime and can have meals with me here."

Staff knew people well and spoke to us knowledgeably about people's preferences. They were able to briefly describe people's needs and personalities and advise us on how best to approach people. An external healthcare professional told us; "I was impressed with the knowledge and enthusiasm of the staff and how they interacted with the clients."

Care plans contained detailed information about people's life histories and backgrounds. This is important as it can help staff gain an understanding of the events that have contributed to how people behave and react to situations. It can also help staff establish common interests and experiences when engaging with people.

Interactions between staff and people were friendly and relaxed. People approached staff and we heard them joking and laughing together. Staff offered physical support when necessary. For example, linking arms with people as they walked along. This provided people with friendly and unobtrusive reassurance.

On the whole, staff were respectful towards people and showed consideration for their privacy and dignity. We overheard one member of staff discussing a person's personal information in front of the person and two other people. We raised this with the management team who agreed it was not acceptable. They told us the member of staff concerned was due to complete dignity training and they would ensure this was done without delay.

Two people had chosen to self-administer their medicines. When the medicines round was taking place, they waited at the medicine trolley and staff handed them their medicines which they dispensed and took independently. They then signed the MARs to indicate they had taken their medicine as prescribed. The practice of queuing at the medicines trolley did not support people's dignity and privacy. There were no plans in place to support the people to further develop their independence in this area. One of the people concerned told us they would like to be able to keep their medicine in their room. We discussed this with the management team who told us another person had previously been provided with a medicine cabinet in their room but had decided they would rather staff administered their medicines. It is important people's individual preferences are considered and supported when working with them to become more independent in line with the values underpinning 'Registering the Right Support' and other good practice guidance.

In other areas people were supported to be independent. There were facilities in place to enable people to take part in preparing food. For example, kitchen worktops were lowered so people using wheelchairs could access them. Hot water dispensers were available to enable people to prepare hot drinks safely. One person was interested in getting a job and staff were supporting them to do this. They had arranged for them to sign up to a job coach scheme and also helped them look online for any vacancies. The same person attended a nearby Disability Awareness Group with staff support. This involved them sharing their views and experiences. They recently had been involved in interviewing staff to work with people with a learning disability. These experiences had made the person feel valued and listened to.

Is the service responsive?

Our findings

At our previous inspection we saw information in care plans did not consistently reflect people's needs. We found the service was in breach of the regulations.

At this inspection we saw care plans were well organised and regularly reviewed. Information was detailed and up to date. The care plans covered a range of areas including communication, mobility and personal care. There was detailed information about people's routines and what was important to the person. For example, one care plan stated; "[Person's name] will become attached to TV characters. Staff must not disregard these characters as they are very important to [Person's name]."

We found the service was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Communication care plans contained information on how people communicated and the support they might need to help them understand information. This included whether people needed hearing aids or glasses and any communication tools they used. For example, one person's care plan directed staff to offer simple choices using pictures or objects of reference to support understanding if necessary. This meant the service was complying with the Accessible Information Standards (AIS). There was also easy read information in care plans regarding the AIS to inform people of what support they could expect.

Distress Assessment Tools were used to help staff recognise when people might be distressed or in pain. These documented indicators that might show whether someone was content or distressed such as facial expressions and body movements.

Daily notes were kept for each individual to record how they had spent their time. The records were consistently completed and gave detail on what activities people had taken part in and their physical and emotional well-being.

People were supported to take part in a range of activities, both within the service and outside. One person went on a short shopping trip and others were attending either the providers own day centre or the local authorities. The service was situated in a rural setting. Staff had access to transport to help enable people to access the local facilities regularly. People who remained at the service on the day of the inspection were occupied. Two people were playing bingo with a member of staff and one of them told us they particularly enjoyed this. A member of staff was assisting one person to put up a tent in the garden, so they could sleep in it overnight. The support worker was explaining how to erect the tent and they were interacting well and having fun whilst doing this.

Group activities and activities onsite were varied and creative. The weekend following the inspection some people were taking part in a 12k sponsored walk to raise money for an Alzheimer's charity. The route was flat and there was a shorter option to allow people of all abilities to take part if they wanted to. Staff worked to help ensure people were involved in the local community. For example, some people regularly helped out at

the nearby farmers market and others attended services at the village church. Other organised activities included bingo, treasure hunts and local walks. People attended local social clubs and visited pubs and cafes regularly.

The provider had a policy and procedure in place for dealing with any concerns or complaints. Easy read versions of the complaints policy were available for people who required one. There were no complaints on-going at the time of the inspection. The complaints log showed any issues were dealt with in a timely manner and actions taken were recorded.

Regular 'house meetings' were held to provide people with an opportunity to raise any concerns or ideas about how the service was organised. People told us they were comfortable raising concerns. Comments included; "I would tell the managers if I was unhappy and I would tell the night staff during the night if I had a problem" and "I ask staff for help if I am unhappy about anything."

At the time of the inspection no-one was being supported at the end of their life. This service had been provided in the past and appropriate care plans developed to help ensure the person's wishes and preferences were known and recorded. Managers were considering how they could more proactively involve people in discussions about this period of their lives.

Is the service well-led?

Our findings

Registering the Right Support (RRS) is new statutory guidance for providers of services used by people with learning disabilities and/or autism. The registered manager was aware of the guidance and the values underpinning RRS. However, as the service had been registered prior to the guidance being developed, it was not set up in line with the principles. The service was based within a large congregate setting. Group homes were clustered together on the same site with some shared facilities such as a café. There were two other registered locations on the same site and one in the nearby village a short walk away. The overall design and layout of the setting was not in line with the current guidance.

Although some work had been done to improve the living arrangements for some individuals in Bowden-Derra House this was limited. Three self-contained flats had been built in the grounds of Bowden-Derra Park and it was planned these would be used in the future by three people who were living in Bowden-Derra House to afford them more independence and privacy. At the time of the inspection the buildings were being used by the accountancy team. It had not been identified who would eventually move into the flats and when. Although this accommodation would provide greater independent living for people they still remained part of the campus style setting.

In our conversations with the registered manager it was clear they had an understanding of the guidance and ideas of how they could develop the service in the future. However, these ideas had not been formalised and we could not be assured that the service would be developed further to enable people to develop their autonomy and independence and be supported to live their life as an ordinary citizen.

We concluded the service was not acting proactively to move towards ensuring people were supported in line with the values underpinning RRS. We recommend action is taken to develop formal plans to ensure the service is developed in line with the values of RRS.

Each registered service had a manager and each setting a team leader. Dedicated staff teams were based in each service and told us they rarely worked elsewhere. This meant people were supported by staff who were aware of their preferences and knew them well.

There was a system of auditing in place in respect of a range of areas including care plans, risk assessments, incidents and accidents. One member of staff had recently been appointed as lead for Quality, Health and Personal Development Trainer and would be taking responsibility for ensuring care plans and risk assessments were reviewed and updated in a timely manner to help ensure they were an accurate reflection of people's needs. They would also have responsibility for auditing supervisions and appraisals, staff meetings and meetings involving people living at Bowden-Derra Park. Managers carried out themed monthly audits of all services. For example, audits for 2018 had covered staff satisfaction rates, and activity participation.

There were clear lines of accountability and responsibility within the staffing structure. There was a registered manager in post who had oversight of all the services at Bowden-Derra Park Limited including

Bowden-Derra Park. There were supported by two managers with oversight of the services. Each individual service was managed on a day to day basis by a deputy manager and team leader or senior team leader. Deputy managers carried out supervisions, appraisals, internal audits and organised rotas for their specific setting. Team leaders oversaw the shifts and also carried out some supervisions. Junior team leaders worked opposite shifts to team leaders. This meant there was always an appropriate member of staff on rota to lead and organise the shift. 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 management team were visible within the service and well known to staff and people. People told us they knew all the managers by name and were positive in their comments. One person told us; "The managers are ace." An external healthcare professional commented; "I have always found the management team to be helpful and responsive."

There was a positive culture within the staff team and they told us they enjoyed working at the service and were well supported in their roles. Comments included; "Each day is different, I like helping people to achieve things", "I love to make people laugh. I enjoy the buzz of working in the main house [Bowden-Derra House]" and "I find my job satisfying."

Staff received training in Equality and Diversity and there was an appropriate policy in place. No-one reported any occasions when they had been discriminated against. The provider supported staff who had additional needs. For example, staff who did not have English as their first language were given information in alternative formats and/or languages. In the past, job sharing arrangements had been set up to accommodate the needs of staff who were undertaking educational courses.

There were a variety of systems in place to gather staff views about how the service was organised. Team meetings were held within each separate service for all staff. These were held regularly and gave staff an opportunity to discuss any concerns or changes in working practices. For example, meeting minutes showed a recent staff meeting had been used to discuss changes to data protection legislation. Deputy managers and team leaders met weekly. This meant the senior team had opportunities to share any concerns or examples of good working practice.

Annual questionnaires were circulated to families and external professionals. Staff questionnaires were circulated to gather views about specific situations or events.