

Bowden Derra Park Limited

Garden House

Inspection report

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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?

Good 

Overall summary

The inspection took place on 19 and 21 October 2015 and was unannounced. Garden House provides accommodation and care to a maximum of 14 adults, who may have mental health needs, learning or physical disabilities. Garden House is part of a complex of residential accommodation.

On the day of the inspection 14 people were using the service. 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 registered manager was also responsible for the other services on the same complex. Garden House had a team leader who oversaw the day to day running of the service. People and staff were relaxed throughout our inspection. There was a calm, friendly and homely atmosphere. People told us they enjoyed living in the

Summary of findings

home. Comments included, "The staff are all lovely, they look after me," and "I think it is lovely here." People's records were personalised and gave people control over all aspects of their lives.

Staff responded quickly to people's changing needs. People or where appropriate those who mattered to them, were involved in reviewing their needs and how they would like to be supported.

People's preferences were identified and respected. Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and staff focused on people rather than on tasks. Staff were highly knowledgeable about the people they were supporting and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people's interests and individual hobbies. 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 relatives confirmed this. Comments included, "I feel safe here. There are people here looking after me." All staff had undertaken training on safeguarding vulnerable adults from abuse and

demonstrated a good knowledge of how to identify and report any 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. People and those who mattered to them knew how to raise concerns and make complaints. Complaints had been recorded, investigated and the outcome fed back to the complainant.

Staff described the management as supportive and approachable. Staff talked passionately about their role. Comments included, "You make a difference to people" and "I really enjoy working with the guys, ensuring they have a nice day."

Staff received a comprehensive induction programme and there were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Staff understood their role with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Applications were made and advice was sought to help safeguard people and respect their human rights.

There were effective quality assurance systems in place. The registered manager followed a monthly and annual cycle of quality assurance activities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted to protect people.

People were supported by staff who managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Risk assessments were in place to reduce the likelihood of people coming to harm.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs.

Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

Good



Is the service well-led?

The service was well-led. The registered manager had instilled clear values that were understood and put into practice.

Staff were motivated and inspired to develop and provide quality care.

People and staff were involved in a meaningful way to improve the service and enabled to make suggestions about what mattered to them.

Quality assurance systems drove improvements and raised standards of care.

Good



Garden House

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 19 and 21 October 2015 and was undertaken by one 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, care services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed 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 six people who lived at Garden House, the registered manager, the provider and five members of staff. We also contacted four health and social care professionals who have worked with people living at Garden House; and spoke with five relatives of people living there.

We looked around the premises and observed how staff interacted with people throughout the two days.

We looked at four records related to people's individual care needs and five people's records related to the administration of their medicines. We reviewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe and relatives confirmed this. Comments included; "I feel safe here. There are people here looking after me."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "If I reported even a suspicion, I have the confidence that something would be done," and "I would raise any concerns with the registered manager or the owner." One staff member gave an example of when they had raised a concern. They told us, "I looked in the policies and procedures to see what I should do, then I spoke to the team leader and the registered manager about it. They dealt with it and gave me feedback about what they'd done." Staff had up to date safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. Contact information for these organisations was displayed in the office.

People were supported by staff who were recruited safely. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Staff confirmed, "You have an informal visit, then an interview. Then, when you're DBS comes back, you start." Some staff files did not have a record of the staff member's full employment history, however, the registered manager told us this would be addressed immediately.

People were supported by a sufficient number of competent staff to meet their needs and keep them safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made. They told us they felt there were sufficient numbers of staff on duty to enable them to meet people's needs. The

registered manager confirmed they reviewed staffing numbers regularly, based on people's needs and used their own bank staff, when needed. This ensured people received consistency in care from staff they knew well.

People were supported by staff who understood and managed risk effectively. Risk assessments were in place to ensure people were able to maintain their independence as far as possible. For example one person was at risk of their mental health deteriorating if they stayed in bed for long periods and didn't take part in activities. Signs that the person's mental health could be deteriorating were recorded along with actions staff should take. The registered manager told us "Staff are good at noticing quickly when they are feeling low and they come out of it again, with support."

Staff were knowledgeable about people who had behaviour that may challenge others. People's records contained information about how to recognise someone was feeling anxious, actions staff should follow to support them and forms to record events if the person became anxious. The information was regularly reviewed to allow any learning to take place. We observed one person got distressed whilst in the lounge; staff excused themselves from talking to us and used diversion techniques to de-escalate the situation. Their quick action prevented the person and others around them from being at risk. Staff told us, "You can pick up their distress by behaviour if they are not able to talk to us."

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Two staff members always administered medicines to reduce the likelihood of a mistake being made. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Medicines were audited every three months by senior staff from other services within the same organisation and annually by an external pharmacist.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "I like lots of the staff here" and relatives said: "I think the staff are very good" and "I'm really confident in the staff."

New members of staff completed a thorough induction programme, which incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Informal drop-in sessions with staff from the training team, had been set up for new staff to help them complete their induction or just ask questions about their role. New staff also had a mentor and shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. New staff told us this gave them confidence and helped enable them to learn about best practice and effectively meet people's needs. One staff member commented how shadowing had enabled them to "pick up skills from other staff," and another told us, "You're still supported after you've finished your induction."

On-going training was then planned to support staff member's continued learning and was updated when required. Staff told us "We do receive enough training and other training is always offered too. I've just signed up for dementia training." People living at Garden House were involved in training staff. Staff said "It's really good training when people are involved. They really enjoy it and it helps us see things from their perspective." Another staff member told us, "I wanted to progress and I was supported to gain the necessary skills and knowledge. They are accommodating of requests too. I did my NVQ 3 and asked to do Team Leader training." The registered manager also told us some staff had taken qualifications to enable them to deliver training themselves saying, "I enjoy staff being able to better themselves".

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest

decision is made involving people who know the person well and other professionals, where relevant. The registered manager had a good knowledge of their responsibilities under the legislation. Applications had been made for people to ensure their right to not being restricted unduly were assessed. These were awaiting authorisation by the local authority.

Staff understood the main principles of the MCA. Staff ensured people's right to consent to their care was respected. Staff supported people who lacked capacity to make everyday decisions. For example, what they wanted to wear or eat for breakfast. They said, "We give people choices. For example, we ask people what clothes they want, what they want for breakfast or what they want to do. With one person I bring out two outfits at a time to help them decide on one. It can take a long time but they get to choose!" Staff also knew how to support people to make decisions when they could not communicate verbally. They gave examples of someone who used touch to communicate and another person who "smiles when you've understood." Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. For example one staff member told us of a best interests meeting that had been held when someone needed an operation.

People were involved in decisions about what they would like to eat and drink. People's records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. Residents meetings and questionnaires were used to discuss people's meal preferences. Staff used the knowledge of family and friends or learned experience what people who could not communicate liked to eat.

Staff asked people for their preference of meal from the choices available on the daily menu. When people suggested alternatives this was respected without hesitation. One person told us, "I have good dinners here. They get me a drink if I ask." During lunch staff interacted with people in a very friendly way and supported people sensitively. For example, one person was supported by staff to eat. The staff member understood whenever the person wanted more food, even though the person couldn't communicate verbally. We observed some people had adapted cutlery and crockery to maintain their independence when eating; and these were provided as described in their care plan.

Is the service effective?

People's records highlighted where risks with eating and drinking had been identified. For example, one person's record showed staff had sought advice and liaised with a speech and language therapist (SLT) when staff identified their needs had changed and they may be at risk of choking. Recommendations were recorded in the person's care plan and risk assessment and followed in practice. Their relative told us "They are very assiduous at following

any concerns up....and they often invite us to attend the appointment too." A health professional confirmed, "They will take on board our recommendations to work with people."

People's bedrooms were personalised but the décor in the bathrooms did not look homely. On the second day of the inspection, the registered manager told us they would be consulting people at Garden House about how they would like the bathrooms to be decorated.

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received, as did their relatives. Comments included; "The staff are all lovely, they look after me," "My keyworker is good to me," "I think it is lovely here," and, "The night staff take good care of us too." Staff talked passionately about the people they cared for and spoke about people in positive terms, "He's such a lovely man. He's always smiling."

Staff showed concern for people's wellbeing in a meaningful way and we observed positive interaction between staff and people. We observed one person, who was becoming anxious, treated with compassion by a staff member who listened and reassured the person until they felt better. Another person, who had been anxious, relaxed and became more positive in the presence of a staff member, saying "He's lovely, he always listens to me." A staff member told us, "It's really good, you make a difference to people."

Staff knew the people they cared for well. They told us about individual people's likes and dislikes which matched what was recorded in people's records. Comments included, "We spend time chatting, finding out what they like and don't like," and a professional told us, "Staff do know people well." A relative told us they were particularly impressed that a new staff member had taken the time to phone and introduce themselves. They felt good communication was key for everyone to keep up to date with their family member's needs.

People were in control of their care and their day. For example, one person wanted to go out for a coffee, so a member of staff arranged for them to go out together in the afternoon. Another staff member told us that one person enjoyed watching television alone. He explained "They will let me know when they want company and what they would like to do. They need to be encouraged to come out of their room but we'll know when they've had enough." Relatives confirmed people's wishes were listened to and incorporated into their care plan. The registered manager told us people were also invited to share ideas and feedback for the service through a service user forum.

People were given information and explanations about their treatment and support so they could be involved in making decisions about their care. For example, one person required a health screening at the hospital. The person was anxious about this and decided not to go for the first appointment. Staff had found easy to read information to help the person understand the process and had invited a learning disability nurse to discuss it with them. On the next appointment, the person got to the hospital before declining the screening. A staff member told us, "We'll keep on trying and hopefully, next time, they'll go ahead with it."

Confidential information in the office was not kept securely, meaning that anyone could access people's personal information. Also, personal information, along with names, was recorded in the staff communication book. By the second day of the inspection there had been a keypad lock installed on the office door and a system devised whereby staff could communicate personal information whilst maintaining confidentiality.

Is the service responsive?

Our findings

People felt staff were responsive to their needs. Comments included, "This is the best place I've ever been." and staff told us, "I really enjoy working with the guys, ensuring they have a nice day." Relatives told us "It's a huge relief as a parent to have a place where your son is happy. He feels it's his home" and "I would strongly recommend the service."

People's records contained detailed information about their health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care from staff. Staff confirmed they contained the right information to enable them to provide appropriate care and were updated regularly, however, they were not in a format that would be easy for the person to understand. The registered manager told us people's records were in the process of being updated with an emphasis on making the records more personalised and accessible to individuals. Staff told us people were involved as far as possible in writing and updating care plans. Relatives confirmed this, however it was not clearly recorded for each person. The registered manager told us they would ensure records showed clearly how people had been involved in developing and reviewing their care plans.

People had been involved in creating person centred plans, to help them plan for the future, in an easy read format which recorded important information about their likes and dislikes along with their plans for the future. However there was no record of whether people were being supported to achieve their plans for the future. The registered manager told us they would ensure steps taken were recorded. They told us that one person had already been supported to achieve their goal of flying a light aircraft.

People were involved in planning their own care and making decisions about how their needs were met on a daily basis. For example, staff told us, "Some people have two baths a day and some people have two a week - it's up to them." Another staff member told us how they supported someone to plan their baths for the week as they liked to know in advance when they would be. A relative told us "They're very careful to include people in decisions. I can tell it's been part of their training." Another relative told us their family member enjoyed having a set routine to the day and staff supported them to maintain it.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted. For example, one person was supported to continue attending a social group they had enjoyed going to before they moved to Garden House. Other people attended social groups in the local town and a day service which they used as a base to go out and do other activities. People and their relatives told us people were supported to take part in a variety of activities in the local community, for example, going shopping, out for a drink or into the local village. A relative told us their family member had done work experience in a library and attended a college course. One person told us "I've been shopping to choose my own clothes. I want to do more things on my own and I'm able to do more and be more independent here. I do things like bed making. I make my own drink in the kitchen and cook food. They do coffee mornings here too."

We observed people being supported with domestic tasks such as cooking, cleaning and making beds to help maintain their independence. Relatives also confirmed people were encouraged to take part in such tasks.

People were supported to follow their interests. Individual preferences and needs were taken into account to provide personalised, meaningful activities. When we visited the service, people and staff were taking part in a virtual world cruise, allowing people to learn about and experience other cultures. The registered manager told us activity cards were being developed to help people choose what they would like to do each day. One person told us, "Staff help me walk on the beach. They take me on lots of nice outings. I've been three times to the theatre." Staff confirmed, "If one person wants to go to the beach, we ask if anyone else wants to go too."

People and their relatives told us they were able to maintain relationships with those who mattered to them. One person told us they enjoyed going to visit other people living in other houses on the same complex, saying, "yes, I have friends here. I can ring my friend if I want to visit her. I have a friend from one of the other houses coming up to visit me later." Relatives told us "[...] has lots of autonomy there and a lot of opportunity for social interaction. She has known some of the people living there for years" And, "it is a reasonable size community and my son likes the buzz of being there. He enjoys the level of social contact he can

Is the service responsive?

have with the people living there, for him, it's perfect." Another told us, "I think it's telling that [.....] wants to spend Christmas there with her friends rather than staying with us."

People's concerns and complaints were responded to and resolved to their satisfaction. The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version of the policy for people who required one. Complaints were investigated and logged. Actions were communicated and the

complaint closed when the complainant was happy with the outcome. A relative told us, "I feel comfortable with them and know they would listen if I had a concern." The registered manager stated, "We know we don't always get it right and welcome this feedback to enable us to improve the quality of our service." Relatives told us they were impressed with the speed the registered manager investigated and fed back to them if they had any issues they wanted to discuss.

Is the service well-led?

Our findings

The service is part of a complex of accommodation which the registered manager oversees. A team leader was responsible for the day to day management of Garden House. The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Garden House. They told us, "I feel it's my job to know people." and "I'm hands on. I wouldn't walk past someone who wanted a cup of tea. I'd go and get it." Staff comments included, "They always try and make time for the staff and explain when they're busy" and relatives told us they regularly saw the registered manager and appreciated the time they took to talk with them.

There were clear lines of responsibility and accountability within the management structure and weekly senior management meetings were held to maintain clarity and set priorities for the management team. A relative told us, "The registered manager and providers have very good management skills. The quality of the service is very good and I've always been very impressed."

Staff described the management as being open and approachable. Staff comments included, "The owner and registered manager are around most days if we want to speak to them." Staff told us a senior manager visited Garden House twice a day to check everything was ok and deal with any concerns arising. We saw records for each visit describing what had been discussed and what the outcome was. Staff also told us the managers "have an open door policy and we can go see them whenever. They're really helpful." The registered manager confirmed, "Staff should feel that they are able to come to me if they have any concerns." They explained that, as a result of a recent staff survey, the registered manager's office had been moved to make it less daunting for staff to visit.

Staff told us they felt well supported through one to one meetings, daily handovers and regular team meetings. Staff told us they used this time to discuss issues of concern, learn from each other and follow best practice advice. They confirmed, "Actions and changes do come out of the team meetings."

A weekly drop in was due to start, for staff to talk to a manager about any concerns or ideas they had. Staff respected the knowledge of the senior management team

and felt comfortable raising ideas with them. Comments included, "If I'm wondering why something is happening, I can ask the registered manager and they'll discuss it and sometimes change things, or explain why not," "They always provide more advice if needed," and "I'm surrounded by a wealth of knowledge here."

Senior staff were keen to support care staff to deliver care to a high standard. A duty manager told us they had produced posters for staff, to help them understand how they were meeting the five key questions looked at by CQC, telling us, "I wanted to put it into words that meant something to the staff." We also observed senior staff thanking care staff or complimenting them on their work. This was recorded in staff personnel files. The registered manager told us, they reviewed one to one meetings carried out by senior staff. They then gave feedback to the senior staff member, checked actions had been completed and reiterated praise given to staff. This enabled them to remain in touch with staff at all levels and monitor the quality of supervision staff were receiving.

The provider sought feedback from people and those who mattered to them in order to enhance their service. The registered manager and staff followed an annual cycle of quality assurance activities which involved assessing the quality of a different aspect of the service each month. Meetings took place and questionnaires distributed which encouraged people to be involved and raise ideas of how the service could be improved. These were then used to improve into practice. For example, through a questionnaire, relatives had requested more information about the service so a regular newsletter was now produced.

There was an effective quality assurance system in place to drive continuous improvement within the service. A regular quality assurance meeting was held and audits were carried out in line with policies and procedures. Areas of concern were identified and changes made so that quality of care was not compromised. For example, at a previous Food Standards Agency inspection, food temperatures had not been recorded adequately. As a result, a member of the catering staff now did random checks to ensure this requirement was being met.

The home worked in partnership with key organisations to support care provision. Social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked

Is the service well-led?

in partnership with them, followed advice and provided good support. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.