

# 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?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 20 February 2017 and was unannounced. Garden House provides accommodation and care to a maximum of 14 adults who may have complex mental health needs. On the day of the inspection 14 people lived in the home. Garden House is owned by Bowden Derra Park Limited. Bowden Derra Park Limited also provides care in five other residential homes and one nursing home across the same site and in Polyphant village, near Launceston.

A registered manager was employed to manage the service. 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 undertaken in response to concerns raised by the local authority about the services run by Bowden Derra Park Limited.

The issues raised included staff turnover, staff working long hours, lack of staff training, and staff not seeking advice from external professionals or following guidance supplied. There were also concerns whether people were being kept safe, including from the risk of fire or those posed by other people's behaviour. Concerns were also raised about people living with people that they were not compatible. We were told people were potentially not being supported according to their assessed needs, were having their choices restricted, particularly regarding food, drinks and activities. Also, people were carrying out work they were not paid for and being charged for facilities owned by the provider that should have been included in their fees.

People were supported by a sufficient number of staff. Relatives told us there were enough staff on duty and we observed unhurried interactions between people and staff. This meant people's needs were met in a timely manner. One staff members told us, "Staffing levels are good." Staff and relatives told us they felt the staff team was consistent. The registered manager confirmed and rotas showed staffs' working hours complied with working time regulations. Staff told us they did not work long hours and they had recently been consulted about shift times and patterns to see if any improvements could be made.

A comprehensive training programme was in place which included induction training, mandatory training and training to support people's individual needs. Staff told us their training was updated regularly and they could request extra training they felt they would benefit from. One staff member told us, "I think the training here is brilliant."

People, relatives and staff told us people were safe. Staff members commented, "I would definitely say people are safe" and "People are definitely safe. I would not be here if I felt there were any concerns" Risk assessments, guidelines, policies and procedures were all used to help ensure staff supported people's safety. A fire risk assessment was in place and regular checks were carried out of fire equipment and staff knowledge of evacuation procedures. People had up to date personal emergency evacuation plans (PEEPs)

in place.

The registered manager and staff told us before people moved into Garden House, their needs were assessed to help ensure the service could meet their needs and that other people already living in the service would not be adversely affected. If the person's needs changed or they were not compatible with other people living there, the registered manager told us they contacted the local authority for support to find an alternative place for them to live.

People had personalised care plans in place. Staff and relatives confirmed people and their relatives were involved in ensuring records reflected people's needs and wishes. Staff and relatives confirmed support was provided in line with people's care plans. Comments from staff members included, "The care plans are good and are in the process of being updated" and, "The care plans are good, they are quite concise and informative." People's private information was not always locked away. This meant it was possible for other people to have access to it. We have made a recommendation about this in the report.

People's care plans and risk assessments showed advice had been sought from external professionals regarding people's health or social care needs. Staff and relatives confirmed this guidance was followed.

When people experienced behaviour that could challenge others, advice from professionals was sought and any related incidents were recorded and monitored. Guidelines were put in place for staff to understand the best way to support people at these times. Staff were due to receive training to give them a deeper understanding of how to support people effectively. Any change or increase in incidents prompted a referral to external agencies for further advice and support.

People told us they enjoyed the food and confirmed they could choose what and where they wanted to eat. Mealtimes were a positive experience, which people looked forward to. People told us meals were of sufficient quality and quantity and there were always alternatives on offer for them to choose from. Residents' meetings were used to gain people's opinions and suggestions regarding meals offered; a relative confirmed comments they had made had been acted upon.

We observed people taking part in different activities and records showed people regularly took part in internal and external activities. However, when people had not taken part in activities, records did not show whether this was the person's choice, if alternatives were offered or if any further action was taken to help ensure their needs and wishes were being met. We have made a recommendation about this in the report.

The registered manager, staff and relatives confirmed no-one paid for using the onsite facilities owned by the provider. The registered manager confirmed no-one currently living in Garden House worked paid or unpaid at any Bowden Derra services or facilities. We found no information to suggest people living at Garden House were undertaking paid or unpaid work at Bowden Derra Park.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "Staff are caring and cheery. They have a bit of a spark and are creative."

There was a positive culture within the service. The registered manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about 'personalised care' and 'respecting people's choices' and had a clear aim about improving people's lives and opportunities.

Staff were recruited safely. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. Staff were supported in their role by an ongoing programme of supervision, appraisal and competency checks.

The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA). Staff were knowledgeable about the Mental Capacity Act and how this applied to their role. Where people lacked the capacity to make decisions for themselves, processes ensured that their rights were protected. Where people's liberty was restricted in their best interests, the correct legal procedures had been followed.

Learning from events, feedback received about the service and outcomes from audits were used to aid change and drive improvement across the service. The manager and staff monitored the quality of the service regularly by undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and their relatives where appropriate, told us the management team were approachable and included them in discussions about their care and the running of the service.

## 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 was safe

There were sufficient staff on duty to meet people's needs safely.  
Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting senior staff to raise concerns or ask advice.

Staff had received training about the Mental Capacity Act 2005 (MCA) and sought consent whenever possible.

People had their needs met in relation to food and drink.

People were supported to see healthcare professional when necessary.

### Is the service caring?

Good ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

Staff protected people's dignity.

People were supported by staff to express their views.

### Is the service responsive?

**Good** ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People were supported to take part in a range of activities.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely manner.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

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

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People's feedback about the service was sought and their views were valued and acted upon.

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

Quality assurance systems drove improvement and raised standards of care.

# 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 inspection took place on 20 February 2017 and was unannounced.

The inspection 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 residential care services.

Prior to the inspection we reviewed the records held on the service. This included previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with nine people, two relatives, and one healthcare professional.

We reviewed records in detail. We also spoke with six members of staff and reviewed staff personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

Following the inspection we sought the views of an epilepsy nurse who knew the service well. We also received feedback from another relative.

# Is the service safe?

## Our findings

Prior to the inspection, concerns were raised about the level of staff turnover, staff working long hours and whether people were being kept safe, including from risk of fire and risks posed by other people's behaviour. Concerns were also raised about people carrying out work they were not paid for.

The service was staffed to ensure the service was safe. The registered manager had systems in place to make sure staffing levels were maintained at a safe level and were flexible in line with people's needs. Staff members told us, "Staffing levels are good", "The staff team has stabilised and if we use agency staff they have usually been here before" and "I would say there are enough staff. We all work as a team which is very important." A healthcare professional told us they felt there was good continuity of staff. A family member confirmed they visited the service regularly and didn't feel there was a high staff turnover.

The registered manager told us and rotas confirmed that hours staff worked complied with relevant legislation. Staff told us they were happy with the hours they worked and that they had recently been consulted about shift patterns and working hours. Any suggestions raised were being considered by the senior management team.

People were supported by staff who understood their individual risks. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. A relative explained, "Sometimes [...] might fall but the senior staff have discussed the pros and cons with us of him being in his wheelchair all the time. They have fitted hand rails to his bedroom, arranged a gait analysis for him and we think they've got the balance right."

Risk assessments were in place to guide staff how to mitigate any risks to people. These protected people and supported them to maintain their freedom. For example, one person did not like a chiropodist attending to their feet. A risk assessment was in place to guide staff how to encourage the person and what to do if regular refusal resulted in health concerns.

However, when staff supported people with their money, risk assessments were not in place to show why staff were doing this and what level of support the person needed. This meant it was not clear whether the level of support received by the person was in line with their. Following the inspection, the registered manager confirmed people who received support with their finances now had risk assessments in place that identified why the person needed support and what level of support they required.

People's behaviour that could challenge was clearly risk assessed, managed and reflected on. It was recognised which people could become upset, anxious or emotional. Information was included in their care plans regarding how to recognise the person may be experiencing some anxiety and to advise staff how best to support people at this time. Where people sometimes showed behaviour that could challenge staff and other people living at Garden House, staff had sought advice from external professionals regarding how best to support each person. This advice was recorded for staff to follow and any incidents were recorded and monitored. This helped ensure the person was receiving the support they needed. The registered manager explained that if there were any changes to the type or frequency of incidents they would seek further support from external professionals to update the guidelines. Staff had previously received positive



behaviour management training. The provider was also in the process of updating staff training in this area to meet current national recommendations with regards to positive behaviour support.

The service had clear contingency plans in place to keep people safe in the event of an emergency. Arrangements were in place to keep people safe in the event of a fire and other unplanned events. Staff were trained and understood their role in an emergency and knew where to access the information. A risk assessment of the environment and equipment was in place which was up to date and checks on equipment were carried out regularly. Practice evacuations had been carried out and what action was taken by staff during them. People had personal emergency evacuation plans (PEEPS) in place which were reviewed regularly. The service was also inspected by the local fire service each year who found that it was compliant with their fire safety standards.

The registered manager confirmed no-one living in Garden House was employed to work in any of the Bowden Derra service or facilities. We received no further information that anyone living in Garden House worked in any of the services or facilities owned by Bowden Derra.

People said they felt safe. People were comfortable speaking with staff regarding their day. Visitors felt it was a safe place for their family member to live. Staff members told us, "I would definitely say people are safe" and "People are definitely safe. I would not be here if I felt there were any concerns".

People were protected by staff who knew how to identify signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff had received 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. The contact number for the local authority safeguarding team was displayed within the home.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

Medicines were stored securely and unwanted medicines were disposed of safely. 'When required' medicines were available to people when they needed them. When medicines required refrigeration, staff recorded the minimum and maximum fridge temperature twice a day. However we observed the temperatures since 1 December 2016 were outside of the safe range for medicines storage. We brought this to the attention of the registered manager who confirmed a new medicines refrigerator for Garden House would be purchased.

Staff administered medicines in a way that kept people safe. Medicine administration records (MARs) were completed to show what medicines people had received. Body maps were in place to show staff where to apply creams and other external medicines and the application of these was also recorded on peoples MARs.

Some medicines were prescribed to be taken when required. Whilst there was little written guidance for staff to follow, we observed staff knew people well and were able to make decisions with them about whether a medicine was needed or not. Staff recorded when a person had taken a 'when required' medicine and the outcome in order to assess whether it was effective. Medicines were administered by trained care staff. Staff had their competency to manage medicines checked regularly. Managers undertook monthly medicines audits to ensure people were receiving their medicines as prescribed. Medicines errors and incidents were recorded, reviewed and learnt from.

# Is the service effective?

## Our findings

Prior to the inspection, concerns were raised about staff training, staff not seeking advice from external professionals and following guidance supplied. Issues were also raised about people, having their choices restricted particularly regarding food and drinks.

Staff underwent regular training to ensure they were effective in their role. New members of staff completed a thorough induction programme, which included being taken through key policies and procedures along with training to develop their knowledge and skills. It also incorporated the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level. Staff members explained, "I started training in August. There were written and practical courses and I did some shadowing. Then, when I started in Garden House I shadowed the care and support for one person at a time. It was more or less a day with each person. All in all it was three weeks of shadowing. I think the training was good" and "I will shadow an experienced member of staff for a couple of weeks before being left to lone work. At the end of that time if I or the company feel that the shadow period could be extended until I'm confident, then it will be". Following the induction, new staff and senior staff discussed which home within would be most suitable for them to work in.

On-going training was then planned to support staffs' continued learning and was updated when required. A relative told us, "We never had any feeling the staff weren't competent" and staff confirmed they had the training and skills they needed to meet people's needs. Comments included, "We do all the mandatory training and there are always other courses you can sign up for", "I did a lot of training when I first started and I have just completed refresher training for safeguarding and first aid" and "I think the training here is brilliant."

Staff attended training required by the service as well as specific training to meet people's individual needs. Staff members told us about the courses they had attended to help ensure people's specific needs were met. Comments included, "I love the training and have just completed a level 2 person centred planning facilitation course. I'm wanting to go on a keyword signing course and have been booked on it" and "I've loved the training so far and can't wait to go on the Makaton course". Some staff had received additional training to support someone with epilepsy and to administer emergency medicines when needed. A healthcare professional confirmed they regularly saw staff from Garden House on the training courses they provided. Some staff members were due to attend a course to learn proactive techniques to support people who may experience anxiety or behaviours that may challenge staff.

People's health needs were met. People's health care needs were monitored and any changes in their health or well-being were promptly referred to their GP or other health care professionals as required. A healthcare professional confirmed staff contacted them promptly with any concerns about people's health. People's health action plan described the support they needed to stay healthy. Where professionals had provided guidance to help maintain someone's health, this was recorded in the person's records. For example, a person who was at risk of seizures had a management plan developed with an outside agency. This gave staff clear information and guidance about the risk and severity of seizures and how they should

be treated. A healthcare professional confirmed recommendations they provided to help keep people healthy were always followed.

Staff advocated for people who could not communicate their health needs for themselves. Staff used their in depth knowledge of people to understand if someone was unwell and to help ensure the person got the right support at the right time. A healthcare professional confirmed staff knew people well and used this information to book appointments at times they felt would suit the person best. This helped ensure the people attended the appointment and had their health needs met. A healthcare professional told us staff were good at completing relevant records and providing evidence about people's health needs. This helped ensure people received the right treatment and support. A relative added, "The staff have worked hard to ensure [...] got the right diagnosis. They took clear notes and provided a lot of evidence which help professionals understand what was happening."

People told us they liked the food and were able to make choices about what they had to eat. A relative told us they had commented about how the food available could be altered to better meet their family member's needs and that this had been listened to and acted upon.

We observed people were able to choose what and where they ate. People were not restricted at any point. Some people chose to eat at the onsite restaurant and some people chose to eat in Garden House. There were two separate dining rooms in the house. Some people chose to eat with others and one person chose to eat in a different, quieter dining room.

Staff were aware of people's dietary needs and preferences and told us they had all the information they needed and were aware of how individuals needed supporting. People were referred appropriately to the dietitian and speech and language therapists (SaLT), if staff had concerns about their wellbeing. One person, who was at risk of choking, had a related risk assessment and guidelines from the SaLT team and recommendations had been made to minimise the risk to the person. Staff and relatives confirmed these had been followed in practice.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

Staff had received training in the MCA and information was displayed in the service to help ensure staff understood the principles of the Act. People's records included appropriate mental capacity assessments. This included details of when staff were acting in their best interests and which decisions people were able to make for themselves. A healthcare professional confirmed that when someone who lacked the capacity to make the decision themselves, regularly refused appointments or treatments, a best interests meeting was held to help ensure the person's needs were met whilst also respecting their rights.

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). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

We observed staff always asked for people's consent before providing care or support and gave them time to respond at their own pace. People asked for consent to the care they received, as described in their care

plan. When staff thought someone was unable to fully understand the contents of the care plan, this had been recorded.

However, MCA assessments and consent form did not always reflect information provided in people's care plans regarding their mental capacity. Following the inspection, the registered manager told us consent to care records would now form part of the annual review process. This would help ensure they remained reflective of people's changing needs.

Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Comments included, "If we suggest there is a need for a particular sort of training, the company will provide it" and "If a need arises then a person is selected or volunteers to go on the course then they pyramid that learning back to other staff members"

Staff said they did not have to wait for formal times to ask for support and guidance. Staff told us they felt well supported by their colleagues and senior staff and managers. One staff member told us, "You can always ask anyone for help. The managers help us out on the floor too." Staff members who had recently started or changed roles told us they were appreciative of the level of support available saying, "If I had any worries when I started, there was always someone to ask" and "I definitely had a lot of support and I continue to have on the job training."

# Is the service caring?

## Our findings

Prior to the inspection, concerns were raised about the use of disrespectful language by staff in people's records. We found records were written in a respectful way about people and staff relationships with people demonstrated respect at all times. A healthcare professional, who regularly visited the home, told us they had never witnessed staff members being disrespectful to people and interactions between people and staff members had always been positive.

People's privacy and dignity were respected. Staff informed us of various ways people were supported to have the privacy they needed. During the inspection people who had an appointment with a healthcare professional were asked if they would like to see the person in their own room. This helped ensure their privacy and dignity was protected.

People's confidentiality was not always respected. For example, notes recording what people had been doing each day were left in an unlocked cabinet in the hallway. This meant other people or visitors could have accessed them. The registered manager confirmed following the inspection that these records were now kept locked.

We recommend that the provider monitors whether staff are following correct procedures to maintain people's confidentiality regarding records.

People told us they were happy with the care they received. A staff member told us, "I think we care for people like you would your own family." People received care and support from staff who had got to know them well. Staff were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. They used this knowledge to create positive interactions with people. We observed a staff member show a genuine interest in someone's knitting, compliment their work and offer to help. Relatives told us, "Staff are caring and cheery. They have a bit of a spark and are creative. They sit and listen to [...]s repeated stories happily and patiently" and "The residents are generally well treated, with kindness, with kindness and care."

Staff were creative in ways they supported people to communicate and how they 'listened' to people. One staff member told us, "We all advocate for our clients." This was to ensure people had as much control as they could of how their day unfolded. People told us, staff listened to them and took appropriate action to respect their wishes. Staff knew people's individual communication skills, abilities and preferences. A range of communication methods were used to make sure people's views and opinions were heard. One staff member told us they had been given responsibility for ensuring information about people's communication needs and preferences was up to date. This helped ensure staff had all the information they needed to support people to express their views.

Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. We saw staff interact with people in a caring, supportive manner and took practical action to

relieve any distress. For example, whilst encouraging them to have some lunch, a staff member gently allayed concerns one person had about leaving an activity; reassuring them they would be able to return to it later.

People were made to feel that they mattered and belonged. For example, a relative described how their family member was always greeted warmly when they returned after a day out.

People were encouraged to be as independent as possible. Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. One staff member explained, "We encourage people to help where they can around the home."

Friends and relatives were able to visit without restriction. Visitors told us they were always made to feel welcome and could visit at any time. A relative confirmed, "We drop in whenever we pass." They also explained they regularly brought their pet dog in to visit people and this was always received positively by people and staff.

## Is the service responsive?

### Our findings

Prior to the inspection, concerns were raised about people living with others that they were not compatible with, people not being supported according to their assessed needs, having their choices restricted particularly regarding activities and being charged for facilities owned by the provider.

The registered manager told us they assessed people prior to moving into Garden House to help ensure they could meet the person's needs and that they were compatible with other people already living there. They explained if people's needs changed and incompatibility had been identified, referrals were made to the person's care managers to review the suitability of the placement. They gave examples of when this process had been followed.

People had care plans in place that explained how they would like to receive their care and support and that these were followed by staff. People's care plans included information about their preferred daily routines. Staff told us they involved people or/and their family in developing their care plans so care and support could be provided in line with their wishes. Comments from staff members included, "The care plans are good and are in the process of being updated" and "The care plans are good, they are quite concise and informative."

People's care plans contained a summary of people's needs. One person's care plans summary was not reflective of the person as a whole but focused on the health and social care needs. This meant staff may not receive all relevant information about the person from the summary. Following the inspection, the registered manager confirmed they would review the individual's care plan summary to help ensure it was more person centred.

People's care plans included information about what the person wanted to achieve and how they would do this. Staff told us they were actively supporting people to achieve their goals. For example, one person had increased their time at college and another was going to the theatre more frequently. Care plans updated to help ensure people's needs and wishes were being met. If someone's needs changed, they would then assess whether the service could still meet their needs and refer them to the local authority to find an alternative service, if necessary. People's friends or relatives and health and social care professionals were involved in this process. One relative explained, "They [staff] are open and discuss decisions about [...]s care with us."

People were enabled to make decisions about their day and the care they received. People's care plans gave information regarding what decisions they were able to make for themselves and where they may need help or prompting. A healthcare professional told us staff always asked people what they wanted. Staff used communication methods according to people's needs in order to encourage them to make decisions. For example, one staff member explained that in order to support some people to make decisions, staff used their knowledge of the person to offer a number of options. If people chose not to accept support, their right to refuse was respected and further advice or support sought, if required, to help maintain the person's health and wellbeing.

People, staff and relatives told us, and we observed there were a range of activities people could be involved in. Staff comments included, "People do get to go out quite often" and "I believe there is enough for people to do." Relatives confirmed, "Sometimes they go out with others or sometimes [...] just goes with staff to the pub or to the football. We don't feel people just watch TV. When [...] has been to visit us, he's concerned about what he might have missed out on here!" and "[...] has a well-structured week and plenty of contact outside Garden House. He has a varied week. He has been to college and taught people signing. When things come to an end, they look for other things for him to do." A healthcare professional told us people told them about the different activities they took part in, such as going to the cinema or to the pub. They explained that it was often difficult to fit in appointments with people, as people were very busy.

People were able to choose what activities they took part in and suggest other activities they would like to complete. A staff member explained, "We use pictures and photos of activities so people can see what they have done before and choose what they want to do" and another confirmed "We chatted to people this morning and a couple said they wanted to go out for a walk; so we're going for a drive on the moor with them and for a walk this afternoon." Recent residents' meetings had been used to discuss new activities people would like to try. One person had stated they wanted to set up a knitting club and at the next meeting it was recorded that this had happened.

People's records showed they were supported to do a variety of activities and that some people took part in more activities than others. One person's care plan described how to encourage the person to join in activities. However, when people had not taken part in activities, records did not show whether this was the person's choice, if alternatives were offered or if any further action was taken to help ensure their needs and wishes were being met. This meant it was not possible to identify whether people's wishes regarding activities were always being met. The registered manager told us they would also ensure this information was recorded in the future.

We recommend the provider ensures records reflect how often people have the opportunity to do different activities, when they decline to do any activities and what alternatives staff offer.

People told us they were able to maintain relationships with those who mattered to them. One person's care plan gave guidance to staff about specific support one person needed in order to maintain contact with their family; and a person described how they enjoyed visiting people living in the other houses on the same site saying, "I know lots of people and I like going on visits. I go every day if I want to" This person also described an evening club they attended every week which was particularly important to them. The service had good links with the local community. A relative explained, "Whenever we go out with [...] locally, people know him and speak to him."

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.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were encouraged, investigated and responded to in good time. A relative explained, "If we have any concerns they are open and supportive. They take things seriously and will investigate." No-one had any complaints at the time of the inspection. One person told us, "I am very happy here and like it."



## 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 Garden House. Each individual service was managed on a day to day basis by a deputy manager and team leader. 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.

Records held in the office showed senior managers regularly visited the home and reviewed the quality of the service with people, resolving staffing issues, discussing training and monitoring the quality of care records.

People, visitors and staff all described the management of the home to be approachable, open and supportive. A staff member commented, "The managers are always there to help. They are very approachable". Relatives confirmed they wouldn't hesitate contacting the registered manager or senior staff about anything

Relatives told us, "We're more than happy that [...] is here. We think it's excellent" and a healthcare professional told us they thought Garden House was brilliant and that they would recommend it. Staff were positive about how the service was run. Comments included, "I enjoy it here. They are fair people to work for and it's a very rewarding job" and "It is definitely a nice place to work."

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. People told us they knew who the senior managers were and would be happy to talk to them about any concerns they had. Staff also had confidence in the registered manager and senior staff would listen to their concerns and would be received openly and dealt with appropriately. One staff member commented, "I have no problem speaking to senior staff."

The home worked in partnership with key organisations to support care provision. A healthcare professional told us Bowden Derra Park Ltd had been particularly supportive of new initiatives. They explained how some staff had gone over and above by volunteering to be in a training video regarding epilepsy. The registered manager and senior staff were actively involved in key local forums. The registered manager told us, "They give us the opportunity to network with other providers and to receive and share new ideas. We are also given updates and information regarding national strategies."

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. One staff member told us, "I love this job and cannot see

myself doing anything else, ever".

Staff meetings were regularly held to provide a forum for open communication. Staff told us they felt empowered to have a voice and share their opinions any ideas they had. Comments included, "They are easy to speak to."

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Lessons were learnt and practice updated. For example, the registered manager had a regular overview of incident monitoring and recommended changes to the way staff dealt with the situation or to the way the incident was recorded, to add clarity. Information from audits and feedback received was used to aid learning and drive improvement across the service.

The registered manager and senior staff valued people's feedback and acted on their suggestions and monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Resident's meetings were held regularly to help ensure people's views about the service were heard. Questionnaires were also used to help ensure the views of people, relatives, staff and professionals were collated and acted upon.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.