

Bowden Derra Park Limited

# Rosewood 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 ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of Rosewood House on 23 October 2018. The previous inspection took place on 8 March 2016, we had no concerns and the service was rated as Good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Rosewood House is a nursing home providing accommodation, nursing and care for up to 16 people with mental health needs, learning disabilities or physical disabilities. At the time of the inspection 15 people were living at the service, about half of those people required some nursing care. Rosewood House is owned by Bowden Derra Park Limited. Bowden Derra Park Limited also provides care in six residential homes on the same site and in the nearby village of Polyphant.

Rosewood House has a registered manager who was responsible for all the services on the complex. 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. In addition to the registered manager, the service had a deputy manager and team leaders who oversaw the day to day running of the service.

The care service was established before the development of the CQC policy, 'Registering the Right Support' and other current best practice guidance. This guidance includes the promotion of values including choice, independence and inclusion. The service was working with people with learning disabilities that used the service to support them to live as ordinary a life as any citizen. For example, people's bedrooms offered space and privacy. There was access to activities both on site and outside of the organisation. Changes to way meals were organised were planned which would allow people to become more involved in this aspect of their life.

People and their relatives spoke highly of the care and support provided at the service. Comments included "We have no concerns at all, staff know [Person's name] very well." Most people were unable to verbally express their views of the service. We observed people were at ease with staff and comfortable in their environment.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Where restrictions were in place in order to keep people safe the best interest process had been followed to check the restrictions were necessary, proportionate and the least restrictive practice.

People's records were comprehensive and relevant to their specific needs. Photographs were used to support written information so staff had a clear understanding of how to support people in specific

circumstances. Any identified risks were recorded and guidance given on how to minimise the risk. All records were reviewed regularly and staff were alerted to any changes in people's needs.

There were sufficient staff to meet people's needs and support their choices and preferences. The atmosphere was vibrant and staff were able to support each other and work as a team to help ensure people's needs were met.

People's medicines were stored, administered and disposed of safely. People were supported to maintain good health through regular access to healthcare professionals such as GPs, speech and language therapists and consultants.

Staff knew people well and had a good understanding of both their health and social needs. Bedrooms were personalised and reflected their tastes and interests. People took part in a range of activities both within the service and wider community.

There were effective quality assurance systems in place. The deputy and registered manager had a range of quality assurance processes in place. People, staff and relatives had opportunities to make suggestions about how the service could be improved. Staff described the management team as approachable and supportive.

## 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 remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Rosewood 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.

This inspection took place on 23 October 2018 and was unannounced. The inspection was carried out by one inspector and a specialist advisor.

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 received this information from the provider and reviewed it before the inspection. We also reviewed previous inspection reports and notifications. Notifications are specific events registered people are obliged to tell us about by law. We contacted four external healthcare professionals to hear their views of the service.

During the inspection we looked around the premises. Not everyone living at Rosewood House was able to speak to us about their experience of the service. We spoke with two people and observed people during the day taking part in activities, interacting with staff, preparing to go out and during the lunch time period. We spoke with four relatives who were visiting, the registered manager, the deputy manager of Rosewood House and six members of staff. We reviewed four care records in detail, medicine administration charts, three staff files and other records including a range of audits, questionnaires, minutes of meetings and policies and procedures. Following the inspection, we spoke with a further five relatives.

# Is the service safe?

## Our findings

The service continued to provide safe care.

People and their relatives told us they believed Rosewood House provided a safe environment. Comments included; "We have no concerns at all" and "We've never had anything to worry about." None of the external healthcare professionals we spoke with had any concerns about people's safety.

Staff told us they understood how to identify and report abuse. They were able to explain what action they would take if they suspected abuse and knew who to report to both inside and outside the organisation. They were clear about their individual responsibilities. One member of staff told us of an occasion when they had been concerned about a colleague's working practices. They told us they had reported their concerns and these had been dealt with appropriately.

People's finances were managed safely. Money was stored securely with a robust system in place to record when individuals took money out of the service. In addition, the monies were audited weekly so any discrepancies would be quickly identified.

Personal Evacuation Plans (PEEPS) had been developed for everyone. These were detailed and outlined the support people would need to evacuate the building in an emergency.

Potential risks to people's well-being had been identified, recorded and guidance developed so staff knew how to mitigate the risk. Risk assessments were regularly reviewed and updated as people's needs changed. Accidents and incidents were recorded appropriately and reported to the registered manager. These were then audited to help ensure any patterns were identified and action taken to mitigate risk.

There were sufficient numbers of staff to meet people's needs. There were staff vacancies at the service and gaps in the planned rotas were covered by agency workers. The registered manager told us they routinely used the same agency workers to help ensure a consistent staff team. Staff confirmed this stating they had not had any new agency workers at the service for several weeks. Recruitment practices were safe. All staff had the necessary recruitment checks carried out before starting work at the service.

Some people required one to one support to keep them safe. Staff breaks were staggered to ensure there was always enough staff available to support people according to their needs. On the day of the inspection there were staff available throughout the day who could respond to requests for support quickly and in an unhurried manner. One person chose to spend much of their time in their bedroom. They showed us a call bell which they could use to request assistance if needed. They told us staff were quick to respond.

People's medicines were stored, administered and disposed of safely. People had their medication on time and as prescribed. Medicines Administration records (MAR) were in place and completed correctly. Some people had been prescribed medicines which require stricter control by law. These were stored appropriately and there were robust systems in place to record when they had been administered. Medicine

storage rooms and fridge temperatures were checked and recorded daily. There was a trained nurse on each shift to ensure that medical issues could be quickly addressed as required. The nurse was responsible for administering medicines and was supported in this by the senior on duty. This meant the risk of errors occurring was reduced.

The environment was clean with no offensive odours. Handwashing facilities, antibacterial gel, aprons and gloves were freely available. Training records showed staff had received training in infection control. Regular checks were carried out in respect of the environment and the maintenance and safety of equipment. A recent inspection by the fire service had not raised any concerns.

# Is the service effective?

## Our findings

The service continued to provide people with effective care and support.

People's needs were assessed before they went to live at the service. The assessments determined whether people had any needs relating to equality and diversity. Some people had specific religious backgrounds. Staff were aware of these and how people could be supported in line with these specific beliefs. Staff had completed equality and diversity training. One described an occasion when they had acted to protect a person from harassment and unfair treatment.

Staff had access to recognised clinical guidelines. Nurse staff referred to these guidelines when developing care plans and associated risk assessments for people who had specific health conditions.

There were robust systems in place to enable staff to deliver care and support effectively and competently. New staff went through an induction which incorporated the Care Certificate, and a period of shadowing more experienced staff. Mandatory training was completed during the induction stage and this was refreshed regularly. There were also opportunities to complete training to meet people's specific needs. For example, some staff had recently completed virtual dementia training. They told us this had been very effective in giving them an idea of the frustrations that might be faced by people living with dementia. A member of staff told us; "The training here is really good."

Staff received regular supervisions which were a mix of observations of working practice and one to one discussion sessions. These were an opportunity to raise any concerns or highlight training needs. The clinical lead had responsibility for delivering clinical supervisions for the nursing staff. Annual appraisals were provided to enable staff and management to reflect on their performance and career objectives.

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 make particular decisions, any made on their behalf must be in their best interests and the least restrictive option available. We saw a variety of detailed mental capacity assessments relating to specific decisions in people's care records. When people had been assessed as lacking capacity to make specific decisions the best interest process had been followed.

People can only be deprived of their liberty when it is assessed as being in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two people had DoLS authorisations in place and applications had been made for other people appropriately.

We observed staff seeking consent before carrying out care interventions. Some people had consent to care forms in easy read and pictorial formats in their records and these were completed appropriately. For example, on one form it was recorded that staff had explained the contents of the care plan to the person



and they were in agreement with it.

People were supported to see a range of external healthcare professionals such as GPs, mental health practitioners, specialist nurses, occupational health practitioners and social. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

People had a "hospital passport" in their records. This contained information about the person and their health needs and was designed to be used to help inform hospital staff of people's specific needs if they needed to be admitted to hospital.

People were involved in decisions about what they wanted to eat and drink. Recent changes had been made to the way meals were organised which would enable people to be more involved in the planning and preparation of meals according to their abilities and preferences. Staff had clear guidance on how to support people safely in this area. Records contained information about the support individuals needed with eating and drinking and advice from dieticians and speech and language therapists.

The premises were arranged to meet people's needs. Some people used large wheelchairs, either independently or with staff support. Hoists and slings were also used to help people with transfers. The shared living and dining area was spacious and free from clutter to enable people to move around unhindered. The corridors were wide, and there was level access throughout the service. The outdoor area had a raised fish pond and garden beds so people were able to use and enjoy these areas. All except two bedrooms were en-suite so people were able to be supported with personal care in privacy. There was a large shared bathroom with equipment to enable people to use it safely. Bedroom doors had pictures on them so people could identify them easily and independently.

## Is the service caring?

### Our findings

The service continued to be caring.

People and their relatives were positive when talking about staff approach and attitude. Comments included; "The staff are young but very caring, it surprises me! They are always chatting and laughing with people, it's a nice atmosphere."

Staff told us they enjoyed their work and spoke about the people they supported respectfully and fondly. Comments included; "It's really rewarding. You go home and know you've helped someone." An external healthcare professional told us; "I find the staff easy to work with, and they show good caring practices for their residents."

People living at Rosewood House had complex needs and most were not able to tell us verbally about the support they received. We observed staff engaging with people and saw interactions were friendly and supportive. Staff spent most of their time focussing on the people they were supporting and spending time with them chatting, ensuring they were comfortable and taking part in activities including craft work and low-level exercises.

The atmosphere was busy and there was plenty of chatter and activity. Staff and people called out to each other as their paths crossed and engaged in friendly conversation. One person sometimes preferred to get away from the noise and staff were adept at recognising when the person was beginning to become agitated. This meant they were able to intervene quickly and take the person to their room for some quiet time.

During the inspection visit some relatives visited and were made welcome. One relative had a pet dog with them and this was a source of pleasure for people. The relatives told us they were able to visit at any time and one commented; "We have a good rapport with [registered manager's name]."

Care plans contained details about people's background and history and preferences about their routines. This provided staff with information about people's interests as well as anything that might cause them distress or anxiety. Having this knowledge and understanding made it possible for them to deliver care in a way which was personalised. For example, one person's care plan stated; "[Person's name] loves socializing and will often choose to stay up late talking with the night staff and drinking a beer whilst watching TV."

People were involved in making decisions and planning their own care where possible. For example, sections of care plans were written using simple and limited text and supported with pictures and photographs. This enabled staff to support people to understand what was written about them.

People's preferred style of communication was identified and respected. A range of tools were available to support people to communicate effectively including electronic communication boards, specialist switches and pictures and photographs. Care plans clearly documented how staff could effectively communicate

with people. For example; "If [Person's name] is unhappy he will be very quiet and will only talk to people he knows very well" and "Give [Person's name] time to understand what is being said and allow them the opportunity to respond." Pain assessment tools had been completed to help staff recognise when people might be in pain.

Tools were also used to support people to be independent. For example, 'house switches' were fitted in the headrests of some people's wheelchairs so people could operate them with their heads. These were connected to electrical appliances such as lights or radios enabling people to operate them without support.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs.

People had comprehensive care plans in place which reflected their health and social needs. The care plans covered a range of core areas such as communication, personal care, nutrition and specific health needs such as cerebral palsy and skin integrity. The plans were reviewed monthly to check they continued to reflect people's needs. Relatives told us they had been involved in developing the care plans so their expert knowledge of people's specific requirements and preferences could be included to help establish a person-centred approach to care delivery.

There were systems in place to help ensure staff were up to date with any change in people's needs. Daily handovers took place between shifts and records were updated as required. One member of staff told us they had not been at work for a few days during which time one person's needs in relation to their food intake had changed. They told us the team leader had highlighted this to them as soon as they arrived at work and told them to make sure they read the relevant care plan so they were aware of the changes. The member of staff was able to describe to us the changes that had been made and the reasons behind this.

Some people needed additional monitoring because of their health needs. These records were consistently completed in line with information in care plans. Where appropriate, photographs and diagrams were integrated into care plan guidance to support staff understanding of how people should be supported with specific tasks or situations.

Action had been taken to meet the requirements of the Accessible Information Standard. For example, it was clearly recorded when people needed support to access information and what form that support would take. One person's records emphasised the need to use easy read information and involve a named relative as an advocate to support the person's understanding.

People were supported to take part in activities. One person particularly liked to be involved in tasks and jobs around the service. This was clearly known to staff who kept the person up to date with various maintenance jobs that were going on. Before lunch the person was supported to take part in preparing food in the kitchen. They told us this was something they liked to be involved in. This person was looking forward to a night out the following week and enjoyed discussing with staff the plans for the evening.

Regular activities included attending day centres, swimming and hydrotherapy, bowling, cinema visits and local café trips. On the day of the inspection three people went on a spontaneous trip out to a local seaside resort for a walk and café trip as the weather was particularly pleasant. Other people took part in planned activities and some remained at the service where they took part in crafts, listened to music, watched TV and had visits from relatives. In addition, one off events were organised at Rosewood House and other Bowden Derra services. For example, some Halloween parties and activities were being organised.

The service had a policy and procedure in place for dealing with any concerns or complaints. There was also

an easy read version available. Most relatives said they would feel confident to raise a complaint. Comments included; "They are always very open to listening to concerns, they never close ranks" and "Anything I'm unhappy with I go straight to the manager." One relative was less confident about raising issues and told us; "I have a lack of confidence and don't feel they are always open and transparent." One concern had recently been raised by a relative. Although this was not an official complaint it was being treated as one and recorded appropriately.

There were systems in place for gathering the views of people who used the service and identifying if anyone was unhappy with the care and support they received. Key workers and other staff who knew people well regularly spent time with people going through pictorial questionnaires which asked about key aspects of people's lives. For example, there were questions about satisfaction with the environment, premises and food. Once a week the clinical lead spent quiet time with people to gather their ideas of how the service could be improved. This had led to the installation of the raised fish pond and garden beds.

## Is the service well-led?

### Our findings

The service continued to be well-led.

The service had a registered manager. 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 supported by a deputy manager at Rosewood House. There were also senior and junior team leaders who had responsibility for running the shift. A clinical lead was employed and they oversaw the nursing team and people's nursing needs. There was a key worker system in place. Key workers have oversight of named individual's care plan delivery and are responsible for organising health appointments.

The senior management team at Bowden-Derra Park Limited worked closely together and shared any learning across the site. They had recently started having short daily 'SMART' meetings where they shared their focus for the day and reflected on the previous days focus and what had worked well. One member of the management team told us; "It's much more productive, we seem to get more done."

The registered manager was working to drive improvement in the service. For example, they had introduced a 'hydration station' in the shared living area to ensure people always had access to drinks. Changes to the way meals were organised were being considered at the time of the inspection. This was planned to give people greater opportunity to be involved in this aspect of their lives. A consultation group had been set up involving staff and people living on the Bowden-Derra site. They met to discuss what worked well and what could be improved on.

Staff told us they worked well as a team and supported each other where possible. In addition, management and team leaders were approachable and always available for advice and guidance if needed. Comments included; "It's a good friendly house, all staff are very friendly, we have a good bond" and "If you ever need a hand there is always someone there to help you."

The senior management team had recently introduced 'surgeries' when they visited each service on the site so staff could approach them with any questions or ideas. They told us that, although they had always had an open-door policy, this new system made it easier for staff to come forward with questions. A member of the senior management team told us; "It encourages staff to speak freely and openly." A consultation group was also being set up involving staff and people living on the Bowden-Derra site. They met to discuss what worked well and what could be improved on and then reported back to the management team.

There were processes in place to help ensure staff were protected from discrimination in line with the Equality Act. A learning support room had been established for staff to use if they needed additional support to complete training. Staff told us there were opportunities for career progression if wanted and the organisation encouraged this.

There was a programme of audits and checks in place to monitor the safety of the premises, finances, medicines and accidents and incidents. The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service. The ratings for the previous CQC inspection were clearly displayed where visitors to the service could see them.