

Bowden Derra Park Limited

# Bowden-Derra Park

## 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

The inspection took place on 27 January 2016 and was unannounced. Bowden Derra Park provides accommodation and care to a maximum of 46 adults, who may have mental health needs, learning or physical disabilities. Bowden Derra Park is comprised of four separate houses which are part of a larger complex of residential accommodation.

On the day of the inspection 37 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 responsible for all the services on the complex. Bowden Derra Park had a deputy manager and each individual house had a team leader who oversaw the day to day running of the service.

People and their relatives spoke highly of the care and support provided. People's records were personalised and were in the process of being updated to include more detail about how people wanted to be supported. Staff responded quickly to people's changing needs and these were recorded in care plans which were described as "working documents".

People or, where appropriate, those who mattered to them were involved in reviewing their needs and how they would like to be supported. There were sufficient staff to meet people's needs and enable their preferences to be respected. Staff were described as happy and caring and exhibited this in the way they talked about the people they supported. Strong relationships had been developed and people were made to feel they belonged and were central to the service.

Staff were highly knowledgeable about the people they were supporting and respected people's individual needs around their privacy and dignity. People's risks were managed well and monitored. People took part in a variety of activities and were supported to maintain independence with their care needs.

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

People told us they felt safe and staff described the systems and procedures in place to help keep people safe. All staff had undertaken training on safeguarding vulnerable adults from abuse and demonstrated a good knowledge of how to identify and report concerns. Staff described what action they would take to

protect people from harm. Staff felt confident any incidents or allegations would be fully investigated. People were protected by safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Relatives and friends were made to feel welcome and people were supported to maintain relationships with those who mattered to them. 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. Relatives told us any concerns they raised were always dealt with quickly and efficiently.

Staff received a comprehensive induction programme and then received on-going training which was regularly updated to ensure they had the correct skills to carry out their roles effectively.

Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were assessed in line with the MCA as required and applications for DoLS were made or advice sought to help safeguard people and respect their human rights.

People, relatives and staff felt confident in how the service was run. There were effective quality assurance systems in place. The registered manager followed a monthly and annual cycle of quality assurance activities which involved people, staff, relatives and professionals and ensured the service was constantly being improved. Staff described the management as supportive and approachable. Staff talked passionately about their role. Comments included, "I really do enjoy my job, it's quite rewarding. You go home happy and feeling like you've made a difference."

## 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.

People told us they felt safe.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Recruitment practices were robust and staff were employed in sufficient numbers to keep people safe.

### 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 received training to help them deliver effective care and support.

People were assessed in line with the Mental Capacity Act 2005 as required. Staff promoted choice and understood how to support people who lacked capacity to make decisions.

### Is the service caring?

Good ●

The service was caring.

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

People were treated with kindness, compassion and respect.

People were involved in decisions about their care by staff who knew them well.

### **Is the service responsive?**

The service was responsive.

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

People received care and support which was responsive to their changing needs.

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

People and their relatives knew how to make a complaint and raise concerns. The registered manager took all concerns and complaints seriously and acted on them in a timely manner.

**Good** ●

### **Is the service well-led?**

The service was well-led. Quality assurance systems drove improvement and raised standards of care.

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 by the staff team.

People and those important to them were involved in discussions about the service and their views were valued.

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

**Good** ●

# Bowden-Derra Park

## **Detailed findings**

### Background to this inspection

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

The unannounced inspection took place on 27 January 2016 and was undertaken by two inspectors.

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 eight people who lived at Bowden Derra Park, the registered manager and ten members of staff. We also contacted three relatives of people living there and eight professionals.

We looked around the premises and observed how staff interacted with people. We looked at four records related to people's individual care needs and three 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. People were protected by staff who understood how to keep them safe. One staff member explained, "There are risk assessments, records of behaviour and accident books in place and we receive safeguarding training." Safeguarding people and whistleblowing was discussed in one to one supervisions to check understanding and confirm staff felt confident reporting concerns. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Comments included, "We are encouraged to report any safeguarding concerns. It's better to report something and it turn out to be ok than not report it and later find something was wrong." A relative told us of an occasion there had been a safeguarding concern about their family member, saying, "It was not because of Bowden Derra but they dealt with it immediately and professionally." Staff had up to date safeguarding training and knew who to contact externally should they feel 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.

People were supported by a sufficient number of competent staff to meet their needs and keep them safe. Staff told us they felt there were enough staff on duty to enable them to meet people's needs. Staffing for some people was flexible so their needs could be responded to immediately when they required support from more staff. 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. Risks relating to people's needs were assessed and measures put in place to ensure they were supported to remain as safe as possible. For example, where people needed specific support or equipment to move, this was risk assessed to ensure the equipment was fit for purpose and staff used the safest support methods for that person.

Staff were knowledgeable about people who had behaviour that may challenge others. People's records contained information about what made people anxious, how to recognise someone was feeling anxious, actions staff should follow to support them and forms to record events if the person became anxious. For one person guidelines included detailed information about space, posture, touch and eye contact so staff had a clear understanding of how to support the person and what to avoid. The team leader told us they discussed these details carefully with each member of staff so the person received consistent care and support, which helped reduce their anxiety. The information was regularly reviewed to allow any learning to take place and ensure staff could continue to respond appropriately to people's needs.

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. Where people had been prescribed medicine that was difficult for them to take, staff had contacted the GP on their behalf to ask for an alternative. For example, one person was prescribed capsules they would not be able to swallow. Staff contacted the GP who advised how the medicine could be taken. This meant the person was able to take their medicine as prescribed. 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 were supported by knowledgeable, skilled staff who effectively met their needs. People were relaxed in the company of staff and enjoyed joking with them; one person told us, "Yes, I like the staff." Relatives confirmed, "I find the service terrific", "The staff are excellent" and, "[...] is definitely content and happy living there". Staff spoke positively about their jobs; One staff member said,, "I really do enjoy my job, it's quite rewarding. You go home happy and feeling like you've made a difference."

New members of staff completed a comprehensive induction programme, which incorporated the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers to 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 them to learn about best practice and effectively meet people's needs. One staff member explained, "When I first started, I shadowed for two or three weeks. I was introduced to all the service users and then I spent time getting to know them and their ways and I read the care plans to get a deeper understanding."

On-going training was planned to support staff's continued learning and was updated when required; this included training to meet people's specific needs, such as dementia and how to use different communication methods. A staff member acted as lead for Health and Safety told us they had requested that they attend an extra Health and Safety course to increase their knowledge and competence. As part of this role they also suggested training a staff member in each house to carry out safety tests on electrical equipment. Both of these ideas had been accepted and acted upon by the registered manager.

People, when appropriate, were assessed in line with 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. 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).

Staff displayed an understanding of the requirements of the MCA, which was followed in practice. For example, staff supported people who lacked capacity to make everyday decisions, such as what they wanted to wear or eat for breakfast. They understood how each person wanted to be supported and how to guide them towards choices that would be in their best interest, for example choosing appropriate clothing for the weather. Relatives told us, staff were constantly checking with people what they wanted to do and how, for example what they wanted to wear or whether they wanted a drink.

One person, who had complex behaviour which may challenge others, felt safer and was less likely to become anxious if strict routines were followed. These routines had been developed in the person's best interests with advice from professionals who knew the person well. The registered manager and team leader had involved the local DoLS designated officer at the local authority, who had assessed the person's entire care plan to ensure they were not being deprived of their liberty unnecessarily. Staff explained, "If we identify changes to the person's needs or a professional recommends a different way of working, the DoLS team assesses the change to ensure it will be safe in the long term. The plan is also discussed with the person themselves."

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

People were asked for their preference of meal from the choices available on the daily menu and whether they would like to eat in their house or in the restaurant on site. Staff told us, "Going to the restaurant also enables people to interact with different people." One person told us, "The food's lovely. Lovely and hot" and a relative commented, "We've eaten there and the food is very wholesome and nutritional, just like you'd eat at home." Some people were supported to buy food to cook in their own kitchen but most people ate food cooked by the restaurant every day. People were not routinely offered the option of cooking for themselves or with friends, as an alternative to eating food from the restaurant. Care plans did not include information about how people could be encouraged to cook for themselves or what support they would need to do this. This meant they could be losing important life skills. Staff told us they would add this information to the support plans as soon as possible and discuss with people and staff how to ensure people always had the option to cook for themselves if they wanted to. The registered manager told us the kitchen was going to be updated in one of the houses to make it easier for the people living there to use.

People's needs were considered in relation to the physical environment. One of the houses had been converted specifically to meet the needs of a person who was registered blind and needed a safe home to protect them if they showed behaviour which placed them at risk. Advice had been sought from professionals about how to meet the person's needs and improve their quality of life, for example, before the person moved in, rooms were enlarged and hand rails were installed along with a walk in shower room. Knowledge of the person and their behaviour was used to design an environment that would be as safe as possible when they were anxious; for example the kitchen was designed to contain very little glass, the shower was designed so it could be turned off from the outside and blinds were integrated into the windows. This meant if the person showed behaviour that may challenge they were less likely to harm themselves or others and would feel happier afterwards that they had not damaged their home.

Two of the other houses were in need of redecoration. The registered manager confirmed there were schedules in place to update both houses. This included consideration of how the layout of rooms could best meet people's needs. For example a large lounge and dining area was going to be made into two rooms so people who wanted a quieter place to eat would not have to eat with everyone else. Staff gave us examples of ideas they had suggested to personalise the environment according to people's individual interests which would all be discussed with the people living there. A relative commented, "They are constantly updating the physical environment and it's all done to a very high standard."

## Is the service caring?

### Our findings

People were well cared for and a relative confirmed this, saying "They come across as a loving lot. It's not just a job for them. They often go beyond the call of duty." Staff talked passionately about the people they cared for. One staff member told us, "I am so proud of [...]. It is amazing how they are. I love my job and I love [...] so much. It's really rewarding seeing them" and another staff member told us, "The people are very special. They are like my family now."

Staff showed concern for people's wellbeing in a meaningful way and we observed positive interaction between staff and people. One person enjoyed staff pretending to take photos of them and staff happily did this several times during the day which made the person happy. We heard another member of staff showing someone they mattered by asking, "Are you going to pop down for coffee later? Do you want to set a time or leave it open?" Relatives told us staff were always happy and approachable. One relative explained the relaxed way staff interacted with their family member helped the person feel comfortable and part of the home.

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. A relative told us, "They do know [...] well because what they're doing there is 100% hands on." Staff also knew people's backgrounds and histories which helped them understand people's interests or what might cause them anxiety. This enabled them to provide personalised support.

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 so staff arranged an appointment for the person to learn more about the process. The person then went ahead with their screening at a later date in their own time.

People's information was not always kept confidential. Personal information, along with names, had been recorded in the staff communication book. The registered manager told us they would ensure staff communicated personal information whilst maintaining confidentiality in the future.

People were encouraged to maintain independence regarding their personal care needs. A relative told us staff encouraged their family member to remain independent especially when they seemed to be losing skills. They told us, "[...] being able to take care of her own needs has been so much better for her and it's been great for us too when we go out with her." People were not always encouraged to be as independent as they could be with household tasks though. Some people took their washing to the laundry or set the table for lunch but care plans did not always record how to involve people or encourage them to take part in tasks around their home. This meant people could be losing important skills. A staff member had commented through their supervision they felt people should be engaged more with household activities. Senior staff told us they would ensure this information was added to people's care plans after consulting with people and the staff team.

## Is the service responsive?

### Our findings

People were supported by staff who were responsive to their needs. One person told us, "I like it here." Relatives confirmed, "The service is excellent. [...] loves being there and it's been a godsend for us," "I can't sing their praises enough!" "Whatever [...] needs, she gets. Whenever we drop her off she doesn't even stop to say goodbye!" and "The service [...] receives is absolutely superb. They are very professional and very aware of her needs."

People's records were person centred. People's records contained information about their health and social care needs and were written using the person's preferred name. Senior members of staff told us, "We're in the process of going through the care plans to make sure they're more person centred. We always encourage staff to write in them and let us know if they notice something different. They're a working document." The care plans that had been updated contained detailed information about how people wanted to be supported and their preferred routines. One relative told us staff were developing a pictorial care plan for their family member as they responded better to photos and pictures. This would make the care plan more meaningful to them. Relatives confirmed they were involved in regular reviews of people's care plans and people were consulted to ensure the care plans met their needs.

People were involved in planning their own care and making decisions about how their needs were met on a daily basis. Staff were able to tell us how each person enjoyed spending their time and how they were supported to do this. A relative confirmed their family member was always asked what they would like to do each day. Staff gave examples of activities people did regularly which were based on their individual interests. For example, one person liked to go out in the car regularly and also liked to go to the pub or to a restaurant. Other people helped out in the on site restaurant or maintaining the gardens as this reflected their interests. One person worked at a cattery and had decided they would like to have their own cat. They had been supported to discuss this with the people they lived with and now had a cat.

Staff were encouraged through team meetings to plan activities with people. manager senior staff member told us, "I always tell staff, if they have any ideas, to let us know. Then we encourage them to find out more information so we can decide if it'll work or not." One person had planned their week and used pictures to record it so they and staff could refer to it throughout the week. However, some people who would benefit from being engaged in meaningful activities throughout the day, were seen waiting around for an activity or took part in activities that were not reflective of their interests. A staff member told us, "I've been taking them out and about around the grounds to break their days." The registered manager told us they would ensure people's records contained greater detail about how they would like to spend each day or week and help people plan this in a way that suited them.

People's needs were responded to when they or the staff felt the service was no longer meeting their needs. This could be due to a range of factors including that the work staff had completed with people meant they could now live in the community. One person had told staff they wanted to move somewhere quieter and so they had been supported to find a smaller house that was nearer to their family. Transition plans were put in place to support the person to manage the move. For example, the person regularly spent

nights staying at one of the other houses complex to give them a small break. They were excited about the move telling us, "I'm going to pack all my stuff, put bags in boxes and some clothes." Staff told us, "We will support them with the move and stay as long as they need us, to ease the transition." Another person's needs had changed whilst living in one of the houses and they had begun to find living there difficult, especially the noise from other people. A best interests meeting had been held and they were supported to move to another house where they could live alone. Staff were particularly aware of their wellbeing during the transition and stopped discussing the move when they found it made the person anxious. The person's routines were planned in advance of the move so staff could immediately provide consistent support in the new house, which was imperative for the move to work well. A staff member confirmed, "The biggest thing with [...] is consistency."

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, "You'll get no complaints from me." They went on to explain when they had discussed a concern with the manager, they had been listened to and it had been resolved immediately. The registered manager took concerns seriously telling us, "We've just been to meet with someone's relatives as they had a few concerns. There were positives too but we have agreed actions around their concerns."

## Is the service well-led?

### Our findings

The registered manager took an active role within the running of the homes and had good knowledge of the staff and the people who lived in them. They told us, "I feel it's my job to know people." Staff comments included, "I see the registered manager on a daily basis. They are very helpful and have always got time." Relatives confirmed, "Nothing ever seems to be a problem to them. They treat you as though you're part of the team."

During the inspection, senior staff were involved in a meeting planning for the future of the service. This involved considering and planning in detail what the service's aims were going to be and how they would be achieved. Once the initial plan had been established, people, staff and other stakeholders were going to be consulted so their ideas could be incorporated into the service's future plan. The registered manager told us, "The senior managers are really passionate about planning this. I think it could be one of the most exciting times in our career."

The service was overseen by a registered manager who was supported by a senior management team of deputy managers and team leaders. Senior managers took responsibility for the day to day running of the individual houses. 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. These priorities and the ethos of the organisation were communicated to staff who reflected them in their daily practice. A staff member confirmed, "It is a good place to work. It's a friendly environment and we know its people's home more than our work place."

Staff respected the knowledge of the registered manager and senior management team and felt comfortable raising ideas with them. Comments included, "The management are really supportive. If I've got any questions whatsoever I'll ask them and they'll explain everything." Senior managers expressed they were keen to support care staff to deliver care to a high standard. A 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."

Staff described the management as being open and approachable. Comments included, "The managers have a proper rapport with all the staff" and, "The management have been amazing. I love coming to work but if they feel that something is bothering you they'll invite you into the office to help you out." The registered manager 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. A weekly drop in was also held for staff to talk to a manager about any concerns or ideas they had. A senior manager commented, "It's a good way for us to have direct contact with support staff." They gave examples of topics staff had raised including taking photos of food to help people make choices and shift times. Actions were taken as a result of these meetings. Plans had been made to create photo menus and team leaders had been asked to discuss shift times at team meetings, so all staff's opinions could be taken into consideration.

Staff were encouraged to develop expertise and knowledge in order to take on more senior roles, for

example the deputy manager told us they had worked as a team leader in two different Bowden Derra houses and were then asked to become deputy manager. They explained they were working alongside a more experienced deputy so felt supported in learning their new role saying, "If I'm not sure I can always ask. I tell that to staff too. It's always better to ask." Another staff member who wanted to become a team leader was given the opportunity to stand in for the existing team leader when they weren't there, to enable them to gain experience of the role.

The senior staff demonstrated a commitment to continued improvement of the service and the experiences of people living there. For example, staff told us a senior manager visited each part of the service every 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. For example, professionals had recently been consulted about how to improve the environment for people with dementia; records showed a senior manager had visited to discuss what items were needed and ensure they were ordered.

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. For example team meetings had been used to remind staff to read the communication book regularly to maintain effective communication and to encourage staff to consider the 'mum's test'. That is, whether they would be happy for their mum to live at the service, and if not, to consider what areas needed improvement. Staff meetings had also been used to thank staff for their hard work.

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 and improve the service for people and staff..

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. A regular quality assurance meeting was held and audits were carried out in line with policies and procedures. Senior managers made regular visits to each house to identify areas of improvement. A recent visit had identified some corridors and rooms needed redecorating and an action plan had been put in place to ensure this was carried out. The provider sought feedback from people and those who mattered to them in order to enhance their service. 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.

The home worked in partnership with key organisations to support care provision. Healthcare professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked swiftly to implement any changes recommended and provided good support. They also explained how the registered manager and staff had supported them with projects aimed at improving the epilepsy support for people with a learning disability.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.