

# Bedford Borough Council

## Brookside

### Inspection report

99 High Street  
Kempston  
Bedford  
Bedfordshire  
MK42 7BS

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25 April 2017

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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

Brookside is a residential care home based in Kempston, near Bedford. They provide accommodation and personal care for up to 22 adults, including those who have a learning disability and older people, some of whom were also living with dementia. On the day of our inspection there were 18 people living at the service.

The inspection was unannounced and took place on 25 April 2017. At the previous inspection on 24 June 2015, the service was rated Good and we found that at this inspection, it continued to be rated Good.

People were safe at the service. Staff had been trained in abuse and knew what action to take if they suspected people had been abused. There were risk assessments in place which promoted people's independence but also had measures for staff to take to help prevent harm. Staffing levels were sufficient to ensure that people received the care they needed and staff had been safely and robustly recruited. People were supported to take their medicines, which were recorded and stored appropriately.

Staff members received regular and ongoing training and supervision to ensure they had the skills they needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent was sought and the principles of the Mental Capacity Act 2005 were followed. People were supported to have a full and nutritious diet and were also enabled to see healthcare professionals as and when this was required.

There were positive relationships between people and members of staff and staff displayed kindness and compassion towards people. Staff treated people with dignity and respect and worked hard to ensure their privacy was maintained. People were involved in their care and were provided with information about the service and the way it was managed.

People's care was person-centred. Care plans were in place which were based on their specific needs and preferences and were regularly updated. Activities were carried out on a regular basis and people were supported to go into the local community. Feedback, including compliments and complaints, was encouraged by the service and suitable action was taken in response.

There was a positive and open culture at the service. Staff were aware of their responsibilities and enjoyed their roles. They were well supported by the provider and the deputy manager, who was providing stability between the previous manager leaving and the new one starting. There were quality assurance systems in place to help monitor the service and identify areas for improvement.

## 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.

# Brookside

## **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 25 April 2017 and was unannounced. It was carried out by one inspector and an expert-by-experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications sent by the provider. These contain information about key incidents or changes at the service, such as safeguarding alerts, which the provider is required to send to us by law. We also spoke with the local authority, who have a commissioning role with the service.

During the inspection we spoke with 14 people living at the service, to seek their views about the care that they received. We also spoke with three members of care staff, one team leader, the activities coordinator, two cooks, one member of the domestic team and the maintenance person. In addition, we spoke with the deputy manager, the operations manager and a registered manager from another service in the group, who was supporting the deputy manager.

We reviewed the care plans for five people, to see if they were up-to-date and reflective of the care that people received. We also looked at other paperwork in relation to the management of the service, including four staff recruitment files, training records and quality assurance processes, to see how the service was being run.

# Is the service safe?

## Our findings

People were safe at the service, one person told us, "I have been here 13 years, yes I feel safe. I know the staff." Staff members were trained in recognising abuse and safeguarding procedures, including reporting and recording incidents. One staff member said, "We have all definitely had the training." Records showed that accidents and incidents had been recorded appropriately and that follow up action had been taken where necessary.

Risk assessments were in place to help staff ensure that people were safe, whilst still able to be as independent as possible. A staff member said, "The risk assessments are good, they tell us what we need to know." There were specific risk assessments in place in people's care plans, as well as more general ones for the service. In addition, we found that action was taken to mitigate risks, for example, equipment was regularly checked and serviced and there was a continuity plan in place to provide guidance to staff in the event of an emergency.

Staffing levels were sufficient to meet people's needs. One person told us, "There is enough staff, I don't have to wait." Staff members also told us that there were enough staff on shift and the deputy manager explained that staffing was flexible to suit the needs of people living at the service. Rotas showed that staffing levels were consistent and that additional staff could be used if and when required. Staff files showed that there were robust processes in place for staff recruitment, which included Disclosure and Barring Service (DBS) criminal record checks.

Staff supported people to take and manage their medicines. They were trained in how to do this safely and there were systems in place to ensure medicines were ordered and stored correctly. Staff were patient when giving people their medicines and were responsive to requests for 'as required' (PRN) medicines, such as paracetamol. There were Medication Administration Record (MAR) charts in place to record when medicines were given and these were completed in full.

## Is the service effective?

### Our findings

There was training and support for staff to equip them with the skills they needed to perform their roles. A staff member said, "Training is very good, we get new courses and refreshers and can also request other training we'd like to do." Training records, including a training matrix for all the staff at the service, showed that regular training took place. We also saw that there were plans for induction training for new staff and that all staff members had regular supervisions to discuss concerns and future training needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the principles of the MCA and worked to ensure that people were able to make their own decisions and provide consent for their care and support. Where people may lack mental capacity, appropriate assessments were carried out and support given to ensure decisions were made in people's best interests.

People liked the food at the service and were provided with the support they needed to maintain a healthy and nutritious diet. People were encouraged to be independent with eating and drinking and staff were able to provide support when required. The service was able to meet people's individual dietary needs to help ensure that people were not at risk of malnutrition or ill health. Where necessary, referrals were made to dietitians to seek expert guidance.

Appointments with healthcare professionals were supported by the service. One person told us, "If I need a doctor, he comes here." Staff members confirmed that they booked people's appointments and supported them with them, both in the service and the community. People's records showed that their health needs were being met and that recommendations from professionals were acted upon.

## Is the service caring?

### Our findings

People were treated with kindness and compassion by members of staff. One person said, "I like it here because staff look after me. Always bring me a cup of tea and take me out in the summer." There were positive relationships between people and staff. We saw them engaging in conversation and swapping jokes during our visit; people were relaxed and comfortable in the presence of staff.

Staff members enjoyed working at the service; they liked getting to know people and worked hard to meet their needs. One staff member told us, "We all know everyone; this is just like my second home coming to work here." We saw that staff members knew people well and took steps to ensure they communicated with people based on their individual needs and style.

People were provided with the information they needed at the service. We saw that they had been involved in writing their care plans and that there were notice boards in and around the home which displayed useful information. Staff members also took the time to spend with people and records showed that meetings were carried out with people to ensure they were involved in developments at the service.

Steps were taken by staff to ensure people were treated with dignity and respect. One person told us, "I like staff because they are all nice to me." Throughout the inspection we saw that staff took steps to ensure people's privacy was maintained and people were treated as individuals. Their rights to independence were promoted and people were able to access the community or take part in activities as they wished. Where necessary, staff members provided people with support, but encouraged people to do as much for themselves as possible.

## Is the service responsive?

### Our findings

People received person-centred care from the service. This was based on their specific needs and preferences and care plans provided staff with the information they needed for this. One staff member told us, "The care plans are good, they are different for each person and tell you all about them." People's needs had been assessed prior to their admission to the service and care plans were drawn up from these assessments. They were reviewed on a regular basis to ensure they were accurate and remained reflective of people's current needs.

Each person also had a 'my file' in place. These were used to record activities and social events that people had taken part in and included photographs, cards and crafts that they had made. There were regular activities at the service which people enjoyed taking part in. A staff member told us, "We have an activity coordinator who works with residents and staff to make sure activities happen." During the inspection we saw a mixture of group and individual activities. People were given a choice about whether or not they wanted to take part in these and were kept stimulated throughout the day.

Complaints and feedback was welcomed by the service. Staff told us that they supported and encouraged people to tell them what they thought about their care and support. We saw that there was a policy and system in place for complaints, as well as compliments. Any feedback received was recorded in a log which also demonstrated the action which was taken. Satisfaction surveys were also completed to monitor people's views of the service and identify areas to improve.



## Is the service well-led?

### Our findings

The service had a positive culture. People and staff worked together to create a homely and welcoming atmosphere and people felt at home at the service. Staff were passionate about their roles and wanted to provide people with the best possible care. One staff member said, "I love my job, I love working with our residents."

Staff members were open and willing to raise any concerns they had about people's welfare. A staff member told us, "We are encouraged to speak up about anything." There were whistleblowing policies in place at the service as well as contact information available, so that staff knew who to get in touch with if they were concerned about anything. There were also regular staff meetings and daily handovers, to help ensure that information about developments at the home was shared with everybody, and to make sure staff could contribute to the development of the service.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service's manager had recently left and de-registered with the CQC, however; a new manager had been appointed and a deputy manager from another service within the group was working full time at the service, to ensure it continued to be run smoothly. People and staff had a good relationship with the deputy manager and felt they were well supported by them.

Quality assurance procedures were in place at the service to help the deputy manager and provider monitor and oversee the performance of the service. Checks and audits were carried out in a number of areas such as care plans, infection control and medication. In addition, the deputy manager had introduced regular walk-around checks of the environment which helped to quickly identify areas for improvements. Action plans were in place to help identify how improvements would take place and who was responsible for them.