

Bedford Borough Council

Parkside

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 23 November 2016 and it was unannounced.

Parkside is a residential care home which accommodates up to 31 older people. On the day of our visit there were 28 people using the service.

There was 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.

People felt safe living at the service. It was evident from talking with staff that they were aware of what they considered to be abuse and how to report this. Staff knew how to use risk assessments to keep people safe, alongside supporting them to be as independent as possible. Staff numbers were based upon people's dependency levels and were flexible if people's needs changed. Staff had been recruited using a robust process, with effective recruitment checks completed. Systems were in place to ensure that medicines were stored, administered and handled safely.

Staff were knowledgeable about the specific needs of the people in their care because they had received appropriate training and support. New staff had undertaken the provider's induction programme and training to allow them to support people confidently. People were supported to make choices around their care and daily lives. Staff had attended a variety of training to ensure they were able to provide care based on current practice when assisting people. Staff always gained consent before supporting people. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves.

People were given the opportunity to make choices about their food and drink and were provided with support to eat and drink, where this was needed. People had access to health and social care professionals when they needed, and prompt action had been taken in response to illness or changes in people's physical and mental health.

People were treated with kindness and compassion by the staff, and spending time with them on activities of their choice. People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon. Staff treated people with dignity and respect. Care records were reflective of people's current needs and were reviewed and evaluated on a regular basis.

People were supported to engage in a variety of activities, based upon their preferences. The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The service had a complaints

procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.

People were complimentary about the registered manager and staff. It was obvious from our observations that staff, people who used the service and the registered manager had good relationships. A variety of audits were carried out and used to drive improvements. Staff were well supported and motivated to do a good job. The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to 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 ●

This service was safe.

Staff had a good knowledge of safeguarding and knew how to identify and raise safeguarding concerns.

Risks had been assessed so that people received care safely.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Safe systems were in place for the management and storage of medicines.

Is the service effective?

Good ●

This service was effective.

Staff were knowledgeable about the specific needs of the people in their care.

People could make choices about their food and drink and were provided with a choice of food and refreshments.

Arrangements were in place for people to have access to external health, social and medical support to help keep people well.

Is the service caring?

Good ●

This service was caring.

Staff were kind in the way they spoke to people and supported them with genuine care.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs in their preferred manner.

Staff maintained people's privacy and dignity.

Is the service responsive?

Good ●

This service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

A variety of activities were offered and people were able to choose to join in.

Is the service well-led?

This service was well-led.

The service had a registered manager who was supported by a staff team and the provider.

People and their relatives were able to give feedback and suggestions were acted on.

There were internal and external quality audit systems in place.

Good ●

Parkside

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 23 November 2016 and was unannounced.

The inspection 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. They supported us by undertaking observations and speaking with people and their relatives.

We reviewed information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law. We also spoke with the local authority and clinical commissioning group, who have commissioning and monitoring roles with the service.

During our inspection we observed how the staff interacted with people who used the service. We also looked at how people were supported with their personal care needs and to have meals.

We spoke with 13 people and the relatives of three people who used the service to seek their views about the care they received. We also spoke with the registered manager, the deputy manager, four care staff, as well as the cook, member of maintenance staff and the operational manager.

We reviewed care plans for five people to see if they were reflective of the care that people were receiving. We also looked at staff files for four staff members, which included recruitment and training information. Records relating to the management of the service were reviewed, including audits and quality assurance checks, to monitor how the service was being managed.

Is the service safe?

Our findings

People had no concerns about their safety within the service and told us they felt secure. One person told us, "I feel very safe here, well cared for." Another person confirmed, "Safe, yes of course. I never think about it so I must be." This view was also expressed by relatives who told us they felt that staff worked hard to ensure that people were kept safe. One relative told us, "I come in every day to see my husband, he is very safe, I have no concerns."

The registered manager had worked in conjunction with staff to ensure that there were effective systems in place to keep people safe. Staff had received safeguarding training and records confirmed this. They were able to explain to us what they considered to be abuse and explained what action they would take if they suspected abuse. One staff member told us, "I would always take action to keep people safe. I would report things to the registered manager but I know that if I needed to, I could come straight to you (the Care Quality Commission) or higher." Another staff member said, "I would make sure the person was ok, safe and had what they needed and would report things straight to whoever was in charge. I would then make sure everything was documented so we had an accurate record."

Staff were confident that any allegations would be fully investigated by the registered manager and the provider. Records showed that safeguarding concerns had been recorded and referred to the local authority for investigation when required. The service had effective systems for ensuring concerns about people's safety were managed appropriately.

Potential risks to people's health and safety had been identified within their care plans. One member of staff said, "It is important to keep people safe; we follow their risk assessments and make sure they are supported to take risks within reason; we work hard to enable people to do what they want to." Risk assessments considered the most effective ways to minimize risks and were up to date and reflective of people's needs. They helped staff to determine the support people needed if they had a sudden change of condition or an increased risk. Records confirmed that staff maintained risk assessments for nutrition, skin integrity and falls, as well as for activities outside of the service, such as attending a local swimming pool.

The registered manager understood the importance of the monitoring of accidents and incidents within the service. Staff knew they should always report an accident, no matter how small, so that robust action could be taken and discussed the reporting process for any accidents or incidents that occurred within the service. We found that appropriate action had been taken by staff and relevant documentation completed when accidents and incidents had occurred.

The service also had arrangements in place to deal with any emergencies relating to the safety of people or the premises. There was a contingency plan, which provided guidance on how staff should respond to an emergency and scheduled maintenance contracts were in place for the testing of equipment and utilities. People were kept safe as there were emergency arrangements in place to support their safety.

There was sufficient staff available to keep people safe. People told us they thought there was enough staff

on duty to keep them safe and support them to meet their needs. One person said, "I always see a lot of them about, they can be busy but I should think there are enough of them. We have had agency staff in the past but not so much anymore." One member of staff told us, "Yes we do have enough staff on duty. We have time to do what we need to and to spend time talking to people." Another staff member said, "We have five staff on duty and that is enough. When we get busy, the manager will always help out." Staff numbers were based upon people's dependency levels and were reviewed on a monthly basis; where increases were needed the numbers were flexible to allow for this. We reviewed staff rotas which confirmed that there was a consistent group of staff on duty within the service, both for care staff and ancillary staff. The numbers of staff was sufficient to meet people's needs.

Staff underwent a robust recruitment process before they started to work at the home. We found that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. In conjunction with this, the registered manager told us that people who used the service were supported to sit in on new interviews so that they could advise staff of their thoughts on potential candidates. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found that they included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People were given their medication at the time that was right for them and in line with any specific guidelines. One person said, "They know when I need my tablets and always ask me if I need anything more; painkillers or something." Staff took time to explain to people what each medicine was for when they administered it and gave reassurance when people were uncertain if they should take their medicine. Medication Administration Records (MAR) were completed correctly and we found no gaps or omissions in the records we saw. Staff were responsible for the ordering and disposal of medicines and we found systems in place to ensure that medication did not run out and that stocks were not allowed to build up. Records confirmed that medicines were checked on a weekly basis. People were kept safe and protected by the robust medication systems in use within the service.

Is the service effective?

Our findings

People thought that the staff understood their needs well and had received the right training in order to provide them with appropriate care. One person told us, "They are always going on some sort of training or other." Without exception, people said that the staff were well trained.

Staff told us, and records confirmed, that they had completed the provider's induction training programme which assessed their competency along the way. New staff had also commenced on the Care Certificate which further assessed their skills and knowledge of essential standards of care. New staff worked alongside, and shadowed more experienced members of staff which allowed them to get to know people before working independently. They undertook core training courses including manual handling, food hygiene and safeguarding which helped them to understand the basic skills they were required to use. The induction programme supported staff to understand people's needs and gain experience in a safe environment.

Staff told us they had enjoyed undertaking training as it helped them to provide good quality care that was relevant to the needs of the people. One staff member said, "I think we have good training here and we get lots of it. They tell us when we need to do refresher training, so we know we are up to date." Staff received a variety of refresher training designed to support them, including safeguarding, moving and handling and infection control. The registered manager encouraged them to complete additional training on how to support people living with dementia. Staff told us that they really enjoyed having training that they could use practically and which helped to improve the lives of the people they cared for. Records confirmed that staff were appropriately trained and supported to meet people's individual needs.

Staff received regular supervision and an annual review of their performance. They found these sessions constructive. One member of staff said, "We do have regular supervisions so we can always talk about anything we need to. If we need to speak to the manager in between, then we can, she is really helpful and approachable." If staff had any problems or questions between supervisions they could go to the registered manager or deputy manager, who everyone said was really approachable and would never turn anyone away. Records confirmed that supervision sessions were provided to staff on a regular basis.

Staff made sure that people consented to care and support before assisting them with personal care. One person told us, "I wouldn't let them do anything without asking me, but they always do ask. I don't have any worries about that." Our general observations confirmed that people were given the opportunity to give their consent to care and that their decisions were respected.

One member of staff told us, "People can refuse to have care if they want to, we don't just assume they want something, so we always ask them first and respect their decision." We saw that staff asked people if they were happy to move from the lounge to the dining room or from their bedroom to the lounge. In the care plans we found that people or their relatives had signed an agreement for staff to support them with their personal care and to give consent for photographs to be taken as part of on-going record keeping. Staff were aware of the importance of ensuring that people had consented to care and support.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us, and records confirmed, that people had mental capacity assessments in place, that were decision specific and relevant to their care needs. These had been completed with appropriate people and followed best interest principles.

People can only be deprived of their liberty so that they can receive care and treatment when this is 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager explained that they had applied for DoLS for relevant people. We found that copies of all documentation had been kept. This meant that people who needed to have their liberty deprived had been assessed and approval had been gained.

People told us how they enjoyed the food provided by the service. One person said, "The food is really nice here. I always get a choice." Another person said, "I really enjoyed my lunch today. The food is really quite good here." Another person who had experienced issues with weight loss told us, "I get sandwiches every night between 1am and 2am with a cup of tea. They will bring me a cup of tea every hour all night if I ask them." Food was freshly cooked and people told us the portion sizes were appropriate to their appetites. Meal times were relaxed and people were supported to move to the dining areas or eat in their bedroom at a time of their choice.

Catering staff had a good awareness of people's dietary needs and ensured an appropriate; nutritionally balanced diet was provided to people. People with individual requirements received a suitable diet. Staff told us that they closely monitored the food and fluid intake for people assessed at risk of poor nutritional intake. Nutritional guidance was sought, when required, from relevant healthcare professionals in response to significant changes in people's needs. For example, advice including fortified diets or pureed food was provided for people and food supplements were given to people as prescribed.

People and their relatives, told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. One person told us, "The G.P. comes every Thursday. If I feel I need to see him I can do so. Last Sunday they rang the doctor for me, he came out, he wrote a prescription for me and a carer went and collected the medicine from the pharmacy for me. I can't want for better service. They are really good to me." A relative said, "They are very good here; they get the G.P. for him and let me know straight away. I have no concerns at all." GPs attended the service on a weekly basis and when required to offer advice and support. Records showed that people had access to appropriate healthcare services such as GP's, opticians, dentists and chiropodists to ensure that any additional health care requirements were monitored and associated needs were maintained.

Is the service caring?

Our findings

People told us that staff were always very kind to them. One person said, "They are very kind and caring to me. They really do look after me." Another person told us, "They are kind and patient, I can't say otherwise. I have problems with my right shoulder so I need them to help me. They satisfy my needs." We were also told, "They are great; more than I could ever explain to you." People said that the kind and caring nature of staff made the service feel like a home from home for them.

Relatives also echoed this view, with them saying that staff were friendly, caring and compassionate. One relative said, "I come every day; well just about, and I spend several hours here. They always give me a cup of tea and a biscuit. They are very kind to me."

We observed the relationships between people and staff and found that they were positive and caring and that staff understood how to get the best from people. One person told us that staff went out of their way to do things for them and make them feel cared for. People were thankful for the care they received. One person told us, "I was very poorly when I came here from hospital and they brought me back to wanting to live." Throughout the inspection we observed non task focused work from the carers; staff and people had a nice, friendly bond. We saw regular chats between people and staff, with touch used for reassurance and to make a gesture more meaningful. First names were used and when other names were preferred, staff understood the impact that this would have upon people so took time to use them to engage effectively with people.

Staff supported people in a patient and encouraging manner when they were moving around the home, allowing them to access all areas of the home that were appropriate. Before staff provided assistance to people, they explained how they would assist them in a caring manner. They used appropriate methods of communication and maintained eye contact, speaking in quiet tones. Staff described to us how they adapted their communication for different people to help them understand what was being said; for example, using simple words when people were confused and language that people could understand.

People and their relatives told us that they felt involved and supported in planning and making decisions about their care and treatment. One person said, "I am always asked about what I want to do, given a choice." One person told us how they had been given a badge by staff with their photograph on; they said this made them feel important and valued, as though they had some status. They went on to talk about how they had certain tasks to do in the service; how this kept them busy and made them feel of worth. Later we saw them undertaking one of these tasks and saw how much enjoyment it gave them.

We also saw how a committee of people had been formed to discuss a variety of issues within the service, how improvements could be made, how the amenity fund could be used to benefit people. Photographs of the people on this committee were displayed in the reception area along with minutes of the regular meetings held. People were involved in their care and in the running of the service.

Staff respected people's privacy and dignity and worked hard to maintain this. One staff member said, "We

close the door and curtains and we cover the person's body either with the sheet if in bed or with towel if in shower." We observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. They promoted people's choices and offered assistance if the person needed it, to help promote their independence. Staff described the importance of confidentiality and not discussing people's needs unless it was absolutely necessary. Where staff needed to update each other, this was done quietly and not where people's needs could be overheard by others.

The registered manager told us that the service had previously used the services of an advocate and we saw how they had recently applied for one for another person. There was available information on how to access the services of an advocate should this be required.

People told us that there were several communal areas within the home, where people could go if they wished to have some quiet time or spend time with family members. They had their own bedrooms. Some people were keen to show us their bedrooms and we saw that they were spacious; people had been encouraged to bring in their own items to personalise them. There was a well maintained garden and patio area which was accessible for people to use. People told us that their relatives and friends were able to visit them without any restrictions and our observations confirmed this. Relatives said that they were able to visit their family member at any time and staff always made them feel very welcome.

Is the service responsive?

Our findings

People and their relatives had been given the appropriate information and opportunity to see if the service was right for them before they were admitted. One person said, "I was told what I needed to know before I came here." The registered manager told us that they provided people and their families with information about the service as part of the pre admission assessment. This included information about the home, the facilities and the support offered.

As a result of this process, people received the care they wanted and needed to ensure their needs were met. On admission people told us that they were asked their views about how they wanted their support to be provided. For example, about their preference for their daily routine or the time they would like to go to bed. Staff told us, and records confirmed, that pre admission assessments of people's needs had been carried prior to people being admitted to the service and that this helped them to ensure they could meet people's needs.

People confirmed that they were regularly asked their views about how they wanted their support to be provided. Staff told us that it was detailed in people's care plans how they wanted their care and treatment to be provided. Care records confirmed that pre admission assessments of people's needs had been carried prior to people being admitted to the service. Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. We saw that the care plans were reviewed on a regular basis and updated as and when people's needs changed so that they remained reflective of their needs.

Staff were knowledgeable about the people they supported and were very aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people's needs were passed on to care staff through communication books, daily handovers and supervisions. This enabled them to provide an individual service. Relatives and health care professionals told us that staff and the registered manager had kept them informed of any changes in people's wellbeing and we observed this on the day of our inspection, with visiting professionals being updated about one individual's condition.

The registered manager told us, and records confirmed that they had resident and relative meetings. People felt more able to express themselves but were also encouraged to speak with the registered manager as their concerns or worries arose. We found that the registered manager also held reviews of care to which people and their family members were invited. This allowed them to discuss individual concerns along with those which affected others in the home, including ideas for activities and menu options or ways in which the service could be improved. They felt listened to by the registered manager and valued by staff and believed their feedback would be taken on board to make improvements when required.

People told us they enjoyed the range of activities in the service. One person said, "I really like bingo but I also enjoy the arts and crafts, we have been making Christmas trees." Another person told us that staff took them out to do some shopping in the local area and that they really enjoyed this time. One other person told us how they were building a greenhouse for the garden that all people could then enjoy. Staff had supported

them to grow plants and seedlings in their bedroom, which had been a previous love of theirs. Staff told us about another person who had previously worked in the emergency services, and we saw how they worked with the maintenance team, becoming involved in fire drills and giving advice on where improvements could be made. People were supported to undertake a wide range of activities which gave them a sense of purpose.

The registered manager told us there was one dedicated activity staff employed who was responsible for planning activities. On the day of our visit and before the activity coordinator arrived, we found that staff sat with people and chatted. When people chose not to engage in group activities of their choice, staff told us that they would undertake one to one sessions with people in their rooms. This time was spent talking about subjects of choice or reading the newspaper; anything that people wanted to engage in.

We heard how people had organised a Christmas fete which would be held in the near future and had taken on various roles within this, such as deciding the number of sweets in a jar. A person from a neighbouring service was attending to be Father Christmas; the event was something that both people and staff had been able to engage in the planning process. People were provided with the opportunity to engage in a range of activities, based upon their preferences.

People were aware of the formal complaints procedure, which was displayed within the home, and told us they would tell a member of staff if they had anything to complain about. One person told us, "I know how to complain but I have nothing to complain about at this time." People told us the registered manager always listened to their views and addressed any concerns immediately. Staff also understood how to support people to raise concerns. One staff member said, "If a person makes a complaint we have a form to complete and we need to tell our senior and in some cases our manager as well." There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints.

Is the service well-led?

Our findings

People and staff told us that there was positive leadership in place, both from the registered manager and provider, which encouraged an open and transparent culture for staff to work in and people to live in. None of the people we spoke with or staff had any issues or concerns about how the service was being run and were very positive, describing ways in which they hoped to improve the delivery of care. As a consequence of the issues identified at the last inspection, we found that staff were motivated, and keen to meet the needs of people using the service in the right way and to make the home the best that it could be.

The registered manager was flexible in their approach and willing to work on the floor when required. This ensured they had a good awareness of people's needs and staff abilities and understood what staff were experiencing. If they encountered any issues they could deal with them directly, reviewing the atmosphere between staff and people and the attitude of the staff team in working together. Where staff values and behaviours were in question, this enabled the registered manager to formulate an action plan of how to deal with this, so that appropriate action, including disciplinary action, could be taken if required.

The service had positive links with the local community. We heard from people how a group of local school children would come into the service at Christmas to sing carols with them and it was evident from our discussions that people really enjoyed this. The registered manager told us how they intended to ensure that events such as this continued. People were enabled to maintain links with other people living within the local community who shared the same interests as them.

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. People knew who the registered manager was and told us that they always saw them on a daily basis. We observed this during our inspection where the registered manager spent time at lunch time supporting people and talking to them about different subjects. People told us that this happened on most days.

The registered manager was well supported by a team of care staff, domestic and catering staff, maintenance and administration staff. Staff said that the management structure within the home and the wider service promoted a positive feeling as they ensured that staff knew what was expected of them. Our discussions with the registered manager confirmed that they understood their responsibilities to people, the staff and CQC. They were well supported by the provider and that where action had to be taken, they were enabled to do this, for example to purchase new equipment or make adjustments to the premises.

Information was available for staff about whistle-blowing if they had concerns about the care that people received and that they considered this was part of the safeguarding process. One member of staff told us that if they had a concern they would, always report it as their main concern was the people they cared for. Staff we spoke with were able to tell us who they would escalate their concerns to and said that they would not hesitate to use this process if they felt it appropriate. Staff had been made aware of the systems in place to assist them in keeping people safe.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. Information CQC held also showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager.

The people we spoke with were very positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and relative meetings. We found that the provider analysed the results to identify any possible improvements that could be made to the service.

We saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed very positive responses and meant that the service worked well, whilst listening to people's feedback.

The registered manager carried out regular audits, including environmental, health and safety, medication, care plans and infection control. These were overviewed by the operational manager who also undertook their own provider audit checks. Staff told us that the audit checks were up to date and the records we reviewed confirmed this and that no current concerns had been identified. When areas for improvement were identified, the registered manager told us that action plans would be implemented. The registered manager confirmed that visits to monitor quality assurance were conducted by a representative of the provider on a regular basis. We saw that the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded, action plans were put in place with realistic timescales for completion. The service had learnt lessons from the last inspection and had taken steps to make improvements to the service delivery.