

Bedford Borough Council

Parkside

Inspection report

21 Bedford Road
Kempston
Bedford
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 26 November 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staffing levels and the deployment of staff within the service. They also informed us what they would do to address the issues we found within the complaints handling procedures at the service.

We undertook this focused inspection on 15 March 2016 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkside on our website at www.cqc.org.uk.

During our previous inspection on 26 November 2016, we found that people did not feel that staff were readily available when they needed them and there were not established systems in place to manage the allocation of staff around the service, particularly at busy periods. The service also had to regularly rely on agency staff members, whom people were not always familiar with.

During that inspection we also found that the provider had failed to operate an effective complaints and feedback procedure. People did not feel comfortable raising complaints about the care that they received and were not confident that their concerns would be taken seriously.

We asked the provider to submit an action plan to tell us how they would meet these regulations in the future; they stated that they would be meeting them by 29 February 2016. During this inspection we returned to see if the service had made the improvements they stated in their action plan. We found that the provider was now meeting these regulations.

Parkside is registered to provide accommodation to people who require personal care for up to 31 older people, who may also be living with dementia. It is situated in a residential area of Kempston, which is close to Bedford. On the day of our inspection there were 27 people receiving care from the service.

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.

Improvements had been made to staffing at the service. The registered manager had analysed where and when staff were most needed, and re-distributed staff members accordingly. In addition, recruitment had taken place to reduce the amount of agency staff required by the service.

There had also been improvements to the feedback systems in place at the service. People were

encouraged to raise comments or complaints and felt they would be taken seriously. Meetings were regularly held with people to encourage them to provide feedback and staff had been re-trained so that they encouraged and acted upon feedback when received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Improvements had been made to the distribution and allocation of staff members, to help ensure that people's needs were responded to more promptly and that staff were available when needed.

We could not improve the rating for safe from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Improvements had been made to the complaints system at the service. Emphasis had been placed on the importance of receiving feedback from people and their family and they were encouraged to raise any concerns they may have about the service.

We could not improve the rating for responsive from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

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.

We undertook an unannounced focused inspection of Parkside on 15 March 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 26 November 2015 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and responsive. This is because the service was not meeting some legal requirements.

The inspection team comprised of one inspector.

Before this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received. We also reviewed the report from our previous inspection.

During the inspection we observed how staff interacted with people, and how they supported them with food and drink. We spoke with four people living at the service, two relatives and three members of care staff. We also spoke to the registered manager and area manager.

We reviewed recruitment records for four members of staff as well as information regarding staffing levels and distribution. We also looked at systems for dealing with complaints or feedback raised by people and their relatives.

Is the service safe?

Our findings

During our inspection on 26 November 2015, we found that staffing levels at the service were consistent, however were not always sufficient to meet people's needs. People told us that they didn't always see regular members of staff, and that the service regularly relied on the support of agency staff. In addition, people told us that they regularly had to wait to receive care or support, and that there was not always a constant staff presence around the service. We found that this was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found that improvements had been made in this area. People told us that there was now more regular staff at the service, so they were able to get to know them and regularly saw a familiar face. They also told us that there had been changes to the way staff were distributed, so they were more visible and able to respond to their needs more quickly. One person said, "There are more of them about now." Another person said, "There are enough carers as far as I am concerned." People's relatives also felt that there were sufficient numbers of staff to meet their loved ones needs, and that staff were readily available when needed. One relative said, "Mum doesn't need to wait for staff, staff are visible."

Staff members told us the registered manager had changed the way staff were distributed around the service, to ensure that there were the right numbers of staff available in each area. One staff member told us, "Staff are more visible now." Another said, "Residents are seen to more promptly now; changes to staff allocation has helped to ensure people are seen to more quickly."

The registered manager told us that they had spent time working alongside members of staff, to identify busier periods of the day. From this they were able to change the way that staff and tasks were allocated, which had helped to ensure that staff were available for people at these busy times. They showed us that new allocation sheets had been created, which gave a detailed account of where staff should be throughout their shift, to help ensure they were on-hand to provide people with the support that they needed. We saw that these allocation sheets were used on a daily basis, and as a result staff were not only able to respond to people more quickly, but they were also more visible and available in communal rooms such as the dining rooms and lounges, when people needed them.

Staff members also told us that there had been recent recruitment to the team, to reduce the service's reliance on agency staffing. They told us that new staff had settled in well, and were getting to know the service and the people they were caring for. The registered manager explained to us that there were still some vacancies in the workforce; however these were in the process of being recruited to. They told us, and rotas confirmed that the service was no longer reliant on agency staff to cover shifts. Where agency staff was required, they used regular agency that were known to people and had an understanding of the running of the service. Records confirmed that new staff members had been recruited to the service following safe and robust procedures, including obtaining references and a Disclosure and Barring Service (DBS) criminal records check.

Is the service responsive?

Our findings

During our 26 November 2015 inspection, we found that complaints received by staff or the service were not always investigated fully and proportionate action was not always taken. There were not effective systems to ensure people were confident in making complaints, without fear of repercussion on the care they received. This was a breach of regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made in this area. People told us that they had been made to feel that comments or complaints were welcomed by the service, and they were confident that they were able to provide feedback about the care that they received. One person told us, "I can tell them what I like to be done, I tell them and they do something about it." Another person told us, "If I wasn't happy I'd complain but I haven't had to." People's relatives were also positive about being able to raise complaints about the service, and told us that they felt they would be listened to if complaints were raised. One family member said, "I think that they would take notice."

Staff members told us that there had been a lot of work done regarding gaining feedback from people, and making sure they were comfortable and willing to raise any concerns with them. They told us that they felt people were more likely to raise concerns now. One staff member said, "I think the residents speak more freely. They put comments through about what they like and dislike and what they'd like to see."

The registered manager told us that they had implemented a number of changes, to help people feel comfortable providing the service with feedback. For example, they told us that staff members had received dignity training, as well as specific supervisions where the importance of feedback was emphasised. They also told us that monthly residents meetings and quarterly resident and relatives meetings had been arranged. These were used to discuss areas for improvement in a group setting, as well as to impress upon people that feedback was welcomed by the service, and would be taken seriously. Records confirmed that staff supervisions had taken place, as well as resident and relative meetings. In addition, a comments box had been implemented and we saw that the comments and feedback which had been raised had been acted on. The systems for dealing with complaints were effective and people now felt comfortable in raising complaints with the service. This meant that people could easily raise concerns about their care and they felt that the service would take them seriously and make any improvements necessary.