

Romford Baptist Church Housing Association Limited

Parkside

Inspection report

65 Main Road
Romford
Essex
RM2 5EH

Tel: 01708743110
Website: www.parksidehome.co.uk

Date of inspection visit:
26 May 2021
01 June 2021

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03 November 2021

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Parkside is a residential care home providing personal care to people aged 65 and over. The home can support up to 32 people and at the time of the inspection, 31 people were living in the home.

The home is an adapted building over three levels with separate facilities, including en-suite bathrooms.

People's experience of using this service and what we found

We found improvements had been made to the home since our last inspection on 26 March 2019. At our last inspection, we found shortfalls in medicine management, staff training and in the management of the service. During this inspection, we found improvements had been made in these areas.

At this inspection we saw medicines were now being managed safely and there were robust procedures in place for the administration, recording and storing of all medicines. Staff were trained in medicines and their competency was checked.

Staff received mandatory training to perform their roles effectively. Risks to people's health were assessed and managed. There were appropriate numbers of staff at all times of the day and safe recruitment procedures were in place. Premises and equipment were maintained to ensure the home environment was safe.

The provider ensured infection control procedures were in place and there was guidance for people, staff and visitors during the COVID-19 pandemic to keep them safe. The provider welcomed relatives and visitors to the home in accordance with the latest government guidance.

Quality assurance systems were in place to identify shortfalls and take prompt action to ensure people always received safe care. The quality and standard of the home was checked by the registered manager and other members of the management team. The provider was meeting regulatory requirements and notifications of incidents were submitted to us.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and respectful towards people. There was an open door culture and a community atmosphere in the home. Meetings with staff were held with the management team to discuss important topics and go through concerns.

People and relatives felt engaged and involved in how the service was run. The service worked well with health professionals and other agencies to ensure people's health and wellbeing were maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The previous rating for this service was requires improvement (report published 8 May 2019) because there were breaches of regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

Why we inspected

We undertook a focused inspection to review the key questions of safe, effective and well-led to check if the provider had completed actions we asked them to take in response to the breaches of regulations found at our last comprehensive inspection. We checked whether the Warning Notice we previously served in relation to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Parkside

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 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.

Service and service type

This service is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We inspected the service on 26 May 2021 and 1 June 2021. The inspection was unannounced on the first day of the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with 12 people who used the service about their experience of the care provided and two relatives. On the first day of the inspection, we spoke with the registered manager, the deputy manager, an operations manager and the nominated individual, who was responsible for supervising the management of the service. We also spoke with a care coordinator, a chaplain and a maintenance manager. On the second day of the inspection, we spoke with three care staff, an activities coordinator, one domestic staff member, the head chef and one other chef, as well as members of the management team.

We reviewed a range of records. This included four people's care records and four staff recruitment files. A variety of records relating to the management of the service, including audits, surveys, internal reports, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted and spoke with health and social care professionals for their feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider was not managing people's medicines in a safe way. We found shortfalls in how medicines were being managed and administered, which could put people at risk of harm. Systems to ensure people's medicines were safely stored and recorded were ineffective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were being managed safely. People received their medicines as prescribed. People told us they were happy with how staff gave them their medicines. They said they received them on time and staff observed them to make sure they took medicines safely. Following our last inspection, the provider had set up a new medicine room, refrigerator and cabinets. There were more robust systems in place for organising people's medicines.
- Medicines were kept in locked trolleys in a secure medicine room at a suitable temperature.
- An electronic system was purchased for staff to be able to record when they administered medicines. Medicine Administration Records (MAR) had moved from a paper format to a digital format. The system could also identify discrepancies or errors so that action could be taken immediately to remedy these. Staff told us the system was easy to use and was an improvement. A staff member said, "It is much better, as it gives us warnings and alerts to let us know if we have not given enough time between medicine doses or if we have already given medicines. It cuts out errors."
- MAR records we viewed were accurate and up to date. MAR records contained sufficient information about each person including a photograph.
- We looked at controlled drugs, which are medicines subject to legislative controls because there is a potential for them to be abused or cause harm. These were managed and were stored in a secure box. Records of their administration within a controlled drugs register were accurate.
- There was guidance for PRN medicines, which are medicines to be taken when required and these were administered appropriately and safely. Medicines were managed by staff who had received the relevant training. Their competency was assessed by senior staff.
- The care coordinator carried out weekly balance and stock checks. We noted that the system did not record the result of weekly stock checks and paper records were not being kept. The care coordinator said there had not been any stock errors so it had not been recorded. This meant there was not a clear audit trail of weekly stock checks to show this. We discussed this with the care coordinator and registered manager

and they agreed to look into this.

Staffing and recruitment

- There were suitable numbers of staff in the home. At our last inspection we received mixed feedback about staffing levels because some people did not feel there were enough staff.
- Following our last inspection, the provider had reviewed and assessed the number of staff needed in the home both during the day and at night. We looked at staffing rotas which showed an increase in staffing levels since our last inspection and we saw the correct numbers of staff according to the duty rota, with support from the registered manager, deputy manager and a care coordinator.
- The provider told us they had reduced the use of agency staff to maintain the consistency and familiarity of staff.
- People told us they were happy with the staffing numbers and said there were enough staff. One person said, "Evenings are no problems with staffing levels, as far as I can see. There's always staff about. It's quiet at weekends but I still think there's enough staff about." A relative told us, "I think [family member] is safe here. The staff ratios are good and [family member] gets plenty of attention. The staff try so hard."
- Staff told us they did not have concerns about staffing levels and felt they had enough support to be able carry out their duties and tasks. During our inspection we saw staff attended to people promptly when they called for assistance.
- New staff were recruited by following safe recruitment procedures. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided two references and proof of their identity. This ensured the provider could determine if staff were suitable to provide care and support to people.

Safeguarding from abuse

- People were protected from the risk of abuse. People and relatives told us the home was safe. One person said, "I feel safe here because I can call on anyone at any time day or night, which I couldn't do at home."
- There was a policy for safeguarding people to protect them from the risk of harm. The provider knew of their responsibility to ensure allegations of abuse were reported to the local authority and the Care Quality Commission.
- We spoke with staff about their understanding of safeguarding people from abuse and how to respond to and report it. Records showed they received safeguarding training and knew how to identify different types of abuse, such as neglect or physical abuse. They also understood whistleblowing, meaning they could report concerns about the service to external organisations such as the CQC or local authority. One member of staff said, "I have had good training and know how to report concerns. I have done so in the past. We have to report it; our priority is the person."

Assessing risk, safety monitoring and management

- Risks to people were assessed. There were risk assessments in place to meet people's needs and minimise risks to them. Assessments included risks around people's mobility, fluid and nutrition, behaviour that could challenge and skin integrity. Risk assessments contained actions for staff to help them reduce identified risks, such as falls, from occurring.
- Risks were reviewed as and when people's needs changed. One staff member said, "Risk assessments help us to support people safely. They have the information we need."
- The provider carried out annual or monthly checks on systems such as water, gas, electrics and equipment used to assist people. People had personal evacuation plans in the event of a fire or other emergency. A fire risk assessment had been carried out by an external professional. Actions the provider needed to take were being completed to ensure the home and premises were suitably protected.

Learning lessons when things go wrong

- The registered manager ensured lessons were learned following accidents or incidents that took place in the home. Trends or patterns with incidents were analysed.
- Incidents, including safeguarding concerns, were reviewed and action was taken to ensure people remained safe. Records showed the management team and staff learned lessons from specific incidents to prevent reoccurrence. For example, where people's needs deteriorated or they had persistent falls the management team monitored them and carried out reviews of their care.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant that people's outcomes were consistently good and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection, we were not assured staff always received the training or support they required to meet people's needs effectively. This included up to date training in medicines for some staff. During this inspection, we found improvements had been made.
- Staff had received the training necessary to perform in their roles. People felt staff were trained well and were professional in their approach. Senior staff responsible for handling medicines had been trained. Other training topics for all staff included safeguarding adults, infection control, the Mental Capacity Act (2005), nutrition and hydration and dementia awareness. New staff that had been recruited had received an induction, to help them learn about the service and the people they supported.
- The management team used a training schedule to identify which staff required their training to be updated or refreshed and we saw a plan was in place for them to be re-trained. Staff told us they were happy with their training. One staff member said, "Yes, the training is good and very helpful."
- Staff received supervision with their line managers at least once every three months. This helped to ensure staff were supported and their development could be monitored. An appraisal was carried out for staff that had been working for more than 12 months, to review targets and objectives. Staff told us they felt supported and were comfortable approaching the registered manager and other senior staff with concerns. A staff member said, "I feel very supported. The team work very well together."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs and choices prior to their admission into the home to achieve effective outcomes for their care. Pre-admission assessments identified people's health conditions, risks, support needs and preferences to determine if the home was a suitable environment and staff were able to support them.
- Reviews were carried out regularly to ensure people received support in accordance with their current circumstances. If people's needs increased or they required more nursing intervention, records showed arrangements were made for a more suitable placement to be found.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- An MCA policy was in place which enabled people to consent to their care. Records showed that people's capacity and ability to make certain decisions had been assessed.
- Capacity and best interest assessments were carried out where applicable. If people were unable to consent to their care, records showed their relatives or representatives were consulted and that they could make decisions where they were legally authorised to do so on the person's behalf.
- Staff told us they always sought people's consent before carrying out any personal care related tasks.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals and there was plenty of choice available to them. They were supported with food and drink they enjoyed, which helped them maintain a balanced diet. Records showed people's fluid and nutrition was monitored to ensure their dietary needs were met. One person said, "The food is good. At teatime we usually have sandwiches. At breakfast, we can have pretty much what we like; a full English with toast and so on but they always say if there's anything you fancy we'll do it for you." Another person told us, "We choose lunch the day beforehand. I always have plenty to drink."
- At our last inspection we noted staff did not always engage with people and ask if they wanted more to eat. At this inspection, we observed a lunchtime and teatime service and saw staff were more involved in the service, spoke with people and supported them more frequently. Members of the kitchen staff often came out to check if people enjoyed the service and their meal.
- We spoke with the kitchen manager, who was very knowledgeable about people's preferences and tastes. They were aware of people's allergies and dietary requirements and ensured they kept the menu as varied as possible. The kitchen manager said, "We can cater for all tastes and we check the day before what people want to eat for lunch. I also like to make sure I have everyday essentials, such as snacks and appetisers so people can feel at home."
- People contributed to menu ideas and we saw that there were always options available should people prefer something different to eat or drink. For example, people enjoyed a 1970s themed afternoon tea which contained snack items from their past. A relative told us, "The cook is great. People get treats and the kitchen know what each person likes. [Family member] loves pancakes so they get them. The food is generally very good indeed. Plus I know they have fluid charts."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed so they could remain in good health. The management team maintained a good working relationship with the local doctor's surgery who carried out regular health check-ups for people. Care plans and records showed there was input from relevant health care professionals such as doctors, occupational therapists and district nurses. People attended their appointments and their health was regularly assessed.
- Care records included the contact details of health professionals, so staff could contact them if they had concerns about a person's health.
- Staff were able to identify if people were unwell, such as by looking for changes in their mood or appetite. They were able to tell us what actions they would take to report an emergency.
- We spoke with a health professional who told us the management team and staff always took appropriate action and followed up on recommendations they made to ensure people were in the best possible health.

Adapting service, design, decoration to meet people's needs

- The home was designed and decorated to meet the needs of people. There were large communal spaces

for people to sit, socialise and have their meals.

- The provider had made adaptations during the COVID-19 pandemic and national lockdown in order to facilitate as much social distancing as possible. For example, they spaced out furniture such as dining tables and chairs. People could move around freely and independently and were assisted by staff when needed.
- Some decoration works were completed after our last inspection to make the home more dementia friendly. This included more bold and bright markings to help people find their way around the home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we found there was not an effective quality assurance system in place to identify shortfalls in the home, such as issues with how the service managed people's medicines. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found the provider had made sufficient improvements to the home including the areas that we identified at the last inspection.
- There were robust and effective governance and quality assurance systems to help identify shortfalls and make improvements where necessary. For example the registered manager carried out monthly checks on infection control measures, care plans, medicines and daily care records, such as food and fluid charts. The registered manager also monitored staff performance.
- Managers and staff were clear about their roles and understood their roles and responsibilities and knew how to keep people safe. This helped to maintain the safety of the home. Staff told us the registered manager was supportive and approachable. A staff member said, "[Registered manager] is nice and friendly and listens to the staff and any concerns. All the other managers are nice too."
- The provider continued to make use of technology. For example, all care plans and care records were digital which made it easier for staff to access and update them. Staff used smartphones to log tasks and write notes which were then submitted instantly to the system for all staff and managers to view. This meant there were effective systems in place to keep accurate records and monitor risks.
- The registered manager was well supported by the provider and management team, which included the nominated individual, the deputy manager, care coordinator and the operations manager. The registered manager said, "We have all worked very hard since the last inspection to improve the home. The pandemic was a challenging time as well but I have a very supportive team around me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team operated an inclusive and open culture for staff, people and relatives. People told us the home helped them with their health and wellbeing. One person said the service was supportive of

them when they felt lonely. They said, "I've been here a few years now. I found I was so lonely at home. I don't like being on my own. I was in a bad way so I started visiting Parkside. They helped me and I had lunch there a few times before moving in. It didn't smell and the carers are lovely. They encouraged me to be independent and they've never been rude to me or anyone else."

- Staff told us they enjoyed working in the home. A staff member said, "I enjoy working here. The environment, the residents, the staff. It is lovely."
- During our inspection we noted how the home had a vibrant and lively atmosphere. The management team ensured social distancing rules were followed but checked it did not restrict or impose on people's ability to speak with another or take part in activities. A relative said, "Yes the staff work really hard for [family member]. I love the thing about the home being a community, which it is."
- People thought well of the staff and told us they were respectful and caring. We observed staff being kind and friendly towards people during our inspection. They supported people to achieve good outcomes from their care such as improved health and nutrition. One person said, "Caring attitudes comes from the top down. It is the closest you can be to being like a family here. You only have to ask and they will help you."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider acknowledged when things went wrong or mistakes had been made. They responded to complaints according to the home's complaints procedures. They apologised for mistakes the service made and the registered manager spoke with people and relatives to explain what could have been done better.
- The registered manager notified the CQC of serious incidents and safeguarding concerns that took place in the home as is their legal responsibility to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider ensured people were engaged and involved in the home. Newsletters and other information was distributed with updates about developments in the home. People told us and records showed they had meetings with the management team to discuss activities, menus, visiting arrangements and any concerns. People said the meetings were useful, they were listened to and their feedback was taken on board.
- Relatives were able to visit people in the home. The provider had introduced a visitor's pod for relatives and people to use where they could have more privacy. PPE was readily available for use.
- Relatives were kept informed of developments in the service. The registered manager sent e-mails and newsletters to relatives and also arranged online virtual meetings. The provider had also set up a social media page to share photos of activities in the service with relatives. Records showed these were well attended. A relative said, "For [family member's] birthday they set up a [online] meeting so we could see all the balloons and cards in their room and they arranged for everyone to see [family member] for a few minutes. Plus they do the [social media] pages so there's always loads of stuff we can see like the parties."
- At the time of our inspection, the provider was planning activities and events for people to celebrate 50 years since the home first opened. The service was run by the local church and had a Christian ethos. However, the service was open to people of all faiths and backgrounds. The management team and staff understood the importance of equality and diversity awareness and we saw they had been trained in this area. The registered manager said, "Our prayer services are offered to people and they choose to take part. We do not force anyone to take part or talk about anything they don't wish to."
- Staff attended meetings with the management team to go through updates and information that needed to be shared. Managers also met regularly to identify actions that needed to be completed and areas of concern.

Continuous learning and improving care

- Systems were in place for continuous learning and improving the service people received.
- Results from surveys and questionnaires of staff, people and relatives were analysed so that further improvements could be made in the home. For example, a food survey was carried out in May 2021 to obtain people's feedback and suggestions.
- The registered manager was consulting with the kitchen manager to review the results and further improve the food service.

Working in partnership with others:

- Staff told us they worked in partnership with other agencies such as health professionals if people were not well.
- The provider had established links in the local community such as with schools, local services such as garden centres and other faith groups so people could enjoy meaningful activities.