

Romford Baptist Church Housing Association Limited

Parkside

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 August 2016 at which the service was rated as Good. After that inspection, we received concerns in relation to safeguarding people and to the management of the service. As a result, we undertook an unannounced focused inspection on 21 September 2017 to look into those concerns. This report only covers our findings in relation to those topics. 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.

Parkside is registered to provide accommodation and personal care for up to 32 people. At the time of the inspection there were 30 people using 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. However, since July 2016, the registered manager had been absent from the service for approximately eight months and for the remainder of the time worked on a part-time basis. The registered manager was absent from the service at the time of this inspection and had not been there since June 2017.

Management arrangements had not been consistent or robust since our last inspection and had not ensured people continued to receive a good service. Shortfalls in the service had been acknowledged by the provider and action had been and was still being, taken to address these. Management arrangements had been reviewed and were changing. This included the appointment of a deputy manager and the pending recruitment of a temporary manager. Further time was needed to ensure these changes were embedded and that the service was effectively managed.

In response to the findings of a safeguarding investigation, all staff had received further safeguarding training. People and their relatives had been advised about safeguarding and what to do if they had concerns. Systems had been put in place, and were being used, to ensure that incidents and concerns were reported and dealt with appropriately and that people were safeguarded from abuse as far as possible.

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. Systems were in place to safeguard people from abuse.

Staff and management were aware of how to identify and report any concerns about people's safety and welfare.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. The service had not been consistently or robustly managed since June 2016. An action plan was in place to address this and improvements made. Further time was needed for this to be fully operational.

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 checked 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 unannounced focussed inspection took place on 21 September 2017. 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 service.

We inspected the service against two of the five questions we ask about services: Is the service safe and is it well led? Before our inspection, we received feedback from the local authority quality monitoring and safeguarding teams. We also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection, we spent time observing care and support provided to people in the communal areas of the service. We spoke with five people who used the service, the acting deputy manager, the chief executive, four members of staff and three relatives and visitors. We looked at records relating to the management of the service. This included staff training records, accident and incidents, safeguarding and quality monitoring.

Is the service safe?

Our findings

People told us they felt safe at Parkside. One person said, "Yes, very safe, I love it here." Another told us, "The people around me make me feel safe. They take care of me very well, everything is alright". A relative had written, "Our [family member] had a very happy six months at Parkside. They felt safe and received very good care." However, following safeguarding concerns raised by an anonymous whistleblower about the way in which a member of staff had treated people, the local authority safeguarding team carried out an investigation. They found that the registered manager and provider were already aware of these concerns and were dealing with them as employment or practice related issues. They had not raised the necessary safeguarding alerts with the local authority and had not reported the issues to the police. The safeguarding report concluded that the service had a poor incident recording culture and a poor culture of not raising safeguarding alerts.

We found that since then the provider had taken action to ensure people were safe at Parkside. They had cooperated with the safeguarding investigation and put an action plan in place to address the shortfalls identified. This included safeguarding training for all staff and additional training for the senior team about their responsibilities with regards to safeguarding. The chief executive and the acting deputy manager had been meeting staff individually to talk about whistleblowing and safeguarding and to check their understanding of what was required.

We saw that reporting safeguarding information was displayed around the service and had been discussed at residents and relatives meetings. In addition, one of the trustees was identified as a safeguarding lead and their photograph and contact details were displayed. A new incident folder was in place for staff and this included information about safeguarding, whistleblowing, the safeguarding alert procedure and guidance. We saw that all types of incidents, were being recorded and action taken as a result of these. When necessary, safeguarding alerts had been raised with the local authority.

Staff confirmed that safeguarding issues and outcomes had been discussed with them and action taken to improve the situation. Staff were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. One member of staff said, "The staff team have taken the safeguarding on board and we are learning from the safeguarding that happened. I know what to report and how and there is a number for advice from Havering safeguarding." Another said, "Things have changed. Extra training and one-to-one meetings with [acting deputy manager] about safeguarding. We had meetings to discuss if we were comfortable and confident to deal with issues. There is more awareness of signs about safeguarding. We are looking at it from a different perspective. I've been shown how to do incident reports and feel more confident. I have talked to some of the people involved in the safeguarding and they say they're okay now." A third commented, "I have not had to report anything but have more confidence that if I did, it wouldn't be overlooked. Staff have been made aware about reporting little incidents. There's been a lot of training lately and we have been tested to make sure we know what we're doing about safeguarding. It's made a difference." This assured us that systems were in place to safeguard people from abuse.

Is the service well-led?

Our findings

The service had not been consistently or well managed for a long period. Although there was a registered manager in post they had not been working at the service full time since July 2016 and during this period, had been absent for approximately eight months. Their current absence had started in June 2017 and it was not known when they would be able to return to work. However, people and their relatives were satisfied with the way the service was managed. About the management of the home people said, "I don't always see them but when I do, they are very good" and "There is always management here." One relative told us, "In the limited experience we have had, it is rather good". Another relative said, "They have regular 'resident' meetings. I attended one and had the chance of feedback, it impressed me. No subject out of bounds."

The service had not been robustly managed. We found that until July 2017, the registered manager's absence was covered on a rota basis by care leads and acting care leaders. The safeguarding investigation highlighted the fact that without a registered manager consistently in place, no one held the safeguarding and risk management responsibility for the service. The registered person (provider or manager) must send notifications about incidents that affect people who use services to CQC without delay. This includes safeguarding issues. Although we have received other relevant notifications, we found that registered person had not sent notifications of safeguarding incidents to CQC as required. However, since the inspection, we have received relevant notifications.

The chief executive had identified that the continued absence of the registered manager made the management of the service difficult and in July 2017, the board of trustees agreed a new management structure and the post of deputy manager was created. This post was filled on an acting basis by one of the care leaders. In addition, the chief executive was also providing operational support. These changes provided a clear management structure and a designated person to manage the service and implement the actions to address the shortfalls identified during the recent safeguarding issues.

The chief executive had also identified the need for a manager to be overseeing the service. They were in the process of recruiting a temporary agency manager to manage the service in the absence of the registered manager. They have since informed us that a person has been appointed to the post and is due to commence work during October 2017.

The acting deputy manager monitored the quality of service provided. This was by observation, discussions with people, relatives and staff and by checks and monthly audits. They completed a monthly manager's check, which included checking files, medicines, records and audits. They recorded any required action and followed up that this had been completed.

Staff were positive about the recent management changes. One member of staff said, "[Acting deputy manager] is covering the management, we get support from the [chief executive] and we support each other. [Acting deputy manager] is doing very well. Service is well managed. They follow things up and always investigate and call meetings if there's a problem." Another told us, "It's a good thing having [acting deputy manager]. Things are more organised and they deal with things. There are regular meetings and

communication is good. The overall governance is much better and has tightened up." A third commented, "Management are doing a good job. It's been difficult with [registered manager] off but now we have someone to go to and they get things sorted out. Yes, the service is definitely in a better place than three or four months ago. It's better for residents and getting better for staff. We see the chief executive a lot more too."

The changes made to the management of the service had led to improvements. However, these improvements were still being embedded and further time was needed to ensure all the planned changes were operational and that there was a full permanent management team in place.