

# Bedford Borough Council Brookside

## 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 

### Overall summary

This inspection took place on 14 May 2015.

Brookside is a residential care home which provides care and support for older people with learning disabilities. The service is registered for up to 22 people and at the time of our visit there were 15 people living there.

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.

People were protected from harm or abuse by staff that were aware of the principles of safeguarding and reporting.

Risks had been assessed and managed appropriately. Accidents and incidents were also managed effectively.

# Summary of findings

Staffing levels were sufficient to meet people's needs and keep them safe. Safe recruitment processes were in place and current vacancies were being recruited to.

Medicines were managed safely.

Staff received an induction, regular training and supervision to help them perform their roles.

People's consent was sought and they were encouraged to make decisions for themselves. The principles of the Mental Capacity Act 2005 were followed when supporting people to make decisions.

People were supported and encouraged to have a healthy and balanced diet and had choices of what they wanted to eat or drink.

People were supported to see health professionals both in the service and local community.

People were valued by staff and there was a positive relationship between them. Staff treated people with kindness and compassion.

People were able to express their own opinions about their care and were encouraged to do so.

The privacy and dignity of people was important and staff worked to ensure that this was respected.

People had been involved in the development of their care plans.

There were systems in place to obtain feedback from people regarding their care. The views and opinions of people were used to drive improvements in the service.

There was a positive and open culture in the service. There was a clear set of values which people and staff worked towards together.

There were systems in place to support people, the staff and management, to ensure the service worked effectively.

There were quality control systems in place to maintain high standards and identify areas for development.

# Summary of findings

## 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 safe.

Staff knew about the principles of safeguarding and were able to protect people from harm and abuse.

Risks were managed effectively to keep people safe. Accidents and incidents were reported in a timely fashion and investigated appropriately.

Staffing levels were sufficient to meet people's needs. Regular agency staff were used to provide continuity and recruitment was underway for full time staff. Safe recruitment procedures were in place.

Medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge they needed to perform their roles.

Consent to care was sought out by staff and the principles of the Mental Capacity Act 2005 had been followed to support people.

People had a balanced and healthy diet.

People were supported to see health professionals both in the service and local community.

Good



### Is the service caring?

The service was caring.

People had positive relationships with members of staff and were happy with the care they received. Staff treated people with kindness and compassion.

People were supported to express their views.

People's privacy and dignity were promoted and respected.

Good



### Is the service responsive?

The service was responsive.

People received personalised care which met their individual needs.

People contributed to planning their care and were encouraged to follow their own interests and activities.

The service had systems in place to obtain feedback from people and took action to address concerns or issues people raised.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There was a positive and open culture at the service. People worked alongside staff for the development of the service.

There service had a clear set of values which were exhibited by people, staff and management.

The registered manager supported staff and people well. Systems were also in place to provide them with the support they needed.

Quality audit and control systems were in place to ensure high standards were maintained.

Good



# Brookside

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 May 2015 and was unannounced. It was carried out by an 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. The expert used for this inspection had expertise in learning disability care.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include

information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and during individual tasks and activities and spoke with people and staff about their experience.

We spoke with four people who used the service in order to gain their views about the quality of the service provided. We also spoke with four care staff, the assistant cook and the registered manager.

We reviewed care records for five people who used the service and six staff files which contained information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and were confident that the staff were able to keep them safe from harm or abuse. We observed in people's behaviour that they clearly felt at ease in the company of staff and their peers.

Staff were able to describe different types of abuse and potential indicators. They were also able to tell us the action they would take if they suspected that somebody was being abused. One staff member told us that they would report any abuse to senior staff immediately and that they were prepared to whistle blow against a colleague if it was necessary. Staff told us they had received safeguarding training and were aware of the provider's policy as well as guidance from external bodies, such as the local authority safeguarding team. We saw that information regarding the local authority reporting procedures were available to staff and that incidents were reported in accordance with that policy.

Incidents and accidents were reported and managed appropriately. The registered manager told us that incident forms were completed and reviewed following an incident to ensure care plans were updated as needed. Records we looked at confirmed that this took place and that incidents were referred to outside organisations, such as the local authority or Care Quality Commission (CQC) as required.

People told us that they were involved in emergency planning and were aware of what they should do if there was an emergency in the service. One person told us they felt safe as they knew what to do if there was ever a fire and that drills were carried out regularly so that people knew where to go.

Risks to people were managed effectively. Staff told us that general risk assessments were in place for the whole service, as well as individual ones which were specific to each person. They were able to tell us where to look for this information and had a working knowledge of the content of risk assessments. We saw evidence that risk assessments had been completed and updated regularly to ensure changes to people's situation were taken into account.

People told us that there was enough staff on shift to meet their needs and provide them with person-centred care. They told us they could do the things they wanted to do because there was enough staff to support them. The

registered manager told us that staffing levels were assessed according to people's needs. They also told us that whilst a rota was set, staffing was flexible to cater for changing needs, such as going out for appointments or trips into the local community. Additional staffing would be arranged to ensure that people were kept safe whilst being able to take part in all the activities they wanted to do. During our visit we observed that staffing levels were sufficient to meet people's needs and the planned staff rota showed us that these levels were maintained on a regular basis.

The registered manager told us that many of the staff had been working at the service for a number of years. There were, however, several vacancies which were being filled by agency staff whilst recruitment proceeded. We saw evidence that active recruitment was under way for these positions. The registered manager also told us that, where agency staff was used, they used the same few agency staff members, to provide continuity for people. We saw that full time staff had been recruited safely and that appropriate checks, such as references and Disclosure and Barring Service (DBS) checks had been carried out. A profile sheet was also available for agency staff, showing evidence of their recruitment checks and relevant training completed.

People's medicines were managed safely. People had been consulted regarding their medication and their consent for staff to support them with administration had been obtained and recorded. Staff told us that they had received training in medication administration, as well as competency assessments, to ensure this was done appropriately. We observed medication being given and saw that staff gave people plenty of time to take their medication, as well as a choice of drinks to take it with. They also provided the person with information regarding their medicines if they asked for them. We checked medication records, including Medication Administration Record (MAR) charts. We saw that they were signed following administration and that there were no gaps in the records. Symbols were used to record missed dosages and an explanation was written on the reverse of the sheet.

Staff told us that they consulted people's care plans, as well as the MAR charts to get more information regarding people's medication needs. We looked at care plans and saw that information regarding each person's medication, including how they wanted to take it, why it was prescribed

## Is the service safe?

and possible side effects was available and up-to-date. Medication to be given 'as required' (PRN) had clear protocols regarding why it was prescribed and how and when it should be offered to people.

# Is the service effective?

## Our findings

People were happy with the care they were receiving. They felt that staff knew what they were doing and had appropriate training and support to meet their needs.

We spoke with staff members who told us that at the start of their employment they completed induction training and shadowed experienced staff while they got to know their role and the service. Staff members also told us they regularly received the training they needed to perform their roles. They informed us that they attended regular face-to-face and e-learning training sessions to build their skills. One member of staff told us, "Training is fantastic." Another staff member said, "The training is brilliant." Training records showed that staff regularly attended training and updated their skills and knowledge. We saw that the registered manager maintained a training matrix to ensure staff training was up-to-date.

Staff also told us that they received regular supervisions with their line manager. During these sessions they were able to discuss developments in the service, as well as their own development. They explained that if there was a training course or qualification, such as a Qualification Credit Framework (QCF) course, which they wanted to do, they could raise it during their supervision.

People's consent to care and treatment was sought by staff that had knowledge and understanding of relevant legislation and guidance. People were able to choose what they did on a daily basis, for example, if an activity was planned, they could choose to attend or not on the day. Staff told us they always asked people about their care before they supported them to ensure they were complying with the person's wishes. Throughout our inspection we observed staff asking people for consent before carrying out a task. We also saw in people's care records that consent had been sought and documented from each person.

Staff had received training in The Mental Capacity Act 2005 (MCA) and were able to describe the principles of the act. They were also able to tell us that each person had

capacity and assessments had been completed in line with the MCA, to demonstrate that this was the case. We looked in care records and saw detailed mental capacity assessments which showed how information had been shared with people and how they were able to demonstrate that they had mental capacity at the time of the assessment. There was also information available to help guide people and staff with the principles of the MCA.

People were supported to have a healthy and nutritious diet. One person told us that they really enjoyed the food and had a choice for each meal. They also told us that menu choices were shown on a board in the dining room in the form of pictures, which they found very useful. People said that they could get drinks whenever they wanted them throughout the day. We observed a drinks trolley being taken around the service by staff to ensure that people had regular fluid intake. People could also ask for drinks when the trolley was not doing a round which staff would get for them directly from the kitchen. We saw that the menu board in the dining room was changed each day and had a clear picture of the meal options for that day. The assistant cook also told us that if people wanted to have something different, they only had to ask and an alternative would be prepared. They also explained that, as they had worked there for a long time, they knew each person's dietary needs and wishes but they checked care records regularly to see if anything had changed.

People were supported to have access to health care professionals when they needed to see them. One person told us that if they felt unwell they would tell staff and they would take care of her needs and well-being. We observed a person ask about an appointment with their GP during lunch. A staff member gave a clear, simple answer about the appointment and when they would have to leave to ensure they would be there on time. We looked at people's care records and saw that people were supported to access health appointments when they needed them. In addition, a hospital passport was in place, giving staff and health professional's specific details about how to support each person with health appointments.



# Is the service caring?

## Our findings

People told us that they were very happy with the care they received from the staff and they had built up strong relationships with them. Staff were enthusiastic about their role and worked hard to make a difference in people's lives. One staff member told us, "I love going to work." Another member of staff said, "It's like a big family."

We observed people and staff interacting with each other throughout our visit. Staff were kind and polite in all their interactions and were happy to accommodate people's wishes and requests. There was a clear mutually valued relationship between both staff and people. We saw staff members chatting and joking with people throughout our visit and staff consistently took the time to chat with people about their day. Staff members had a good understanding of people's communication needs and were able to communicate with people on a level which they understood.

People were involved in planning their care. They told us that they had been asked how they would like to be cared for and had been involved in meetings regarding planning their care. Staff told us that people had care plans which they were involved in. These were reviewed with the person on a regular basis to ensure people's most recent wishes were being met. We looked at people's care records and

confirmed that they had been involved in planning and reviewing their care. Where possible, people's families had also been involved and people had access to advocacy support if they needed it.

Information was available throughout the service in formats which were easy to understand. For example, large displays regarding healthy eating and good oral hygiene had been made to encourage people to keep healthy. The registered manager informed us that people and staff had worked together on these to help share information, as well as make the service appear more welcoming. There was also a lot of artwork produced by people adorning the walls of the service.

Staff treated people with dignity and respect. We observed staff talking to people in a respectful manner, using their preferred name or nickname, as was documented in their care plan. When people were supported with personal care tasks, staff did so discretely and behind closed doors, so that the person's privacy and dignity were maintained. People were also supported to be as independent as possible and were encouraged to perform tasks for themselves. Care records demonstrated which areas people required support with, and which areas they were able to be more independent in.

People were able to have visits from their family or friends whenever they wanted to. The registered manager explained that there were no restrictions on visiting time and that they encouraged people to have visitors in the service.

# Is the service responsive?

## Our findings

People received care which was person-centred and considerate of their individual needs and wishes. People were empowered by staff and clearly felt comfortable living at the service. On arrival, people were happy to greet us and introduce themselves, informing us that this was their home. One person volunteered to show us around the service, describing the communal areas to us and showing us their bedroom. We found that people's bedrooms were decorated according to their own choices and contained pictures and furniture which they had chosen.

We observed that, when supporting people, staff members focussed on the individual needs of the person they were working with. They adapted their approach and communication depending on the individual to ensure they were supported in a way which met their needs and wishes. Staff engaged with people when completing activities and offered them encouragement throughout. For example, we observed one person sitting with a member of staff having their nails painted. They clearly enjoyed the session and were very proud to show off their nails afterwards.

People attended activities which were meaningful and appropriate to their needs. During our visit we saw three people go out to a local day-centre where they took part in different activities. One person told us they were going off to work at the day-centre and staff encouraged them with this. The registered manager told us that people were encouraged to be as independent with their activities as possible. For example, the service had worked with one person to build their confidence and safety awareness to be able to walk to the shop at a local garage without the need for staff support. People also had the option to attend their planned activities or not, giving them choice and ownership of their daily timetable. We looked at people's records and saw that people had regular activities planned which were in line with their expressed wishes. There were also activities available within the service; however during our visit we did not observe anybody using them.

People were involved in care planning, including regular reviews of their care plans to ensure they were up-to-date. One person told us that they had a care plan in place and they were involved in their care and deciding what they needed at the service. Staff told us they used care plans as a guide to how people wanted to be cared for. They stressed that they also spoke directly to people, to ensure the content of the care plan reflected their true wishes. The registered manager told us that, wherever possible, people's family members were also involved in the planning process.

In addition to document based care plans, people also had picture files which were also person-centred. The registered manager explained that people had the opportunity to sit with staff and put any pictures or photographs that they wanted to into the file. This was used to demonstrate what was important to people and served as a record of trips and activities which they had taken part in. We looked at these files and saw that they were clearly well used by people. We observed that the format and layout of the file was set by the person, rather than the staff team and the file gave an indication of what was important to them.

People told us that they were able to complain if they needed to, but hadn't raised any complaints at the time of our visit. The service had a complaints policy; however records confirmed that they had not received any complaints for a considerable length of time. The registered manager explained that they dealt with issues quickly so people did not feel the need to complain. Staff members told us that they would support people to complain if they were not happy with any aspect of their care. They would strive to reconcile people's concerns and give them a choice of different outcomes if possible. The registered manager told us that they took action based on people's feedback. They encouraged people and their families to share their thoughts and feelings regarding the service and took action to address any issues which were raised. We saw that the registered manager had created a "you said, we did" board, on which they displayed feedback from people alongside the actions that the service had carried out as a result.

# Is the service well-led?

## Our findings

There was a positive and open culture at the service. People were clearly happy with the care they received and many had lived there for a number of years. Staff had also worked at the service for a considerable length of time, which resulted in close relationships and understanding between everybody within the service. On arrival we found there was a very positive atmosphere in the service. People were coming and going and clearly taking part in chosen activities which they enjoyed. They spoke with staff in a relaxed manner and felt confident in their interactions. Staff reciprocated this approach which helped to fuel the positive, energetic environment we found.

The registered manager explained to us that, as the service had been there for a considerable length of time, there were close links with the local community. Local people knew many of the people from the service and engaged with them in the street and local shops and pubs. The registered manager also told us that the service hosted regular fetes and events which they invited the local community to. They gave one example where the local GP came to the service every summer to cook their barbeque at the summer fete.

The staff we spoke with were positive about the service and their roles within it. They enjoyed their job and displayed commitment to a set of values which they shared with people and other members of staff. One staff member told us, "I would like to retire here." The registered manager spoke with pride about the qualities of the staff team at the service. They explained that many of the staff had been there for a number of years and were committed to developing the service and the care that people received.

Staff were also positive about the registered manager and the support they received from them. They explained that the registered manager was always available and knew what they were doing. One staff member told us, "The manager is visible all the time." Another said, "I have been well supported, it's why I am still here." During our inspection we observed that the registered manager kept their office door open whenever they could. This allowed people and staff to come and go as they pleased. We observed the registered manager gave both people and

staff time and patience, regardless of the task which they were already doing or were on their way to. The registered manager displayed clear passion for their role and the people receiving care at the service.

The registered manager told us that were well supported by the provider. They explained that the operations manager provided them with the guidance and support they needed and visited the service regularly. Staff confirmed that the operations manager visited frequently and provided everybody with support, not just the registered manager. Staff members said that the operations manager often stopped for a chat with people and staff and knew them all by name. They also provided training and opportunities to share their knowledge and experience with the staff team.

The registered manager told us that they carried out a number of checks and audits each month to maintain the quality of service delivery. We checked the records and saw that audits had been completed on a regular basis and that action plans had been produced as a result to drive areas of improvement and development. We also saw that external audits had been conducted to give an independent check on the quality of service delivery.

The registered manager told us that people were encouraged to give feedback regarding their care whenever they wanted to. In addition, regular residents and families meetings were held to give a group forum where people could meet with staff and discuss any concerns or areas where the service was developing. We looked at the minutes for these meetings and found that they were held regularly and had a clear person-centred theme. For example, we observed that recruitment was discussed with people and the possibility of being involved in the interview process for new staff was aired. We spoke to the registered manager about this who told us that people had been very keen to take part in this process and had been involved in the interview process for recently recruited staff. They assured us that this practice would continue in the future.

The registered manager also told us that they conducted annual surveys which were given to each person to complete. The results of these surveys were used to identify areas which were working well and those which needed to

## Is the service well-led?

be developed. We saw that the registered manager had displayed a breakdown of the results of this survey, so that people and their visitors could see what the overall impression of the service was.