

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

About the service:

Parkside is a residential care home, providing care and support to older people living with a variety of health conditions. At the time of the inspection, 29 people were living at the service.

People's experience of using this service:

People, relatives and staff said people's needs were met by the service in a caring and person-centred way. Everyone shared many positive comments about the service. People were happy to live there, and relatives always felt welcomed and included. One relative who continued to visit regularly when their relative was no longer there summed it up when they said, "I visit most days and it's nice to have that in my life. I can still see and talk to people I used to when I visited [person]. They looked after [person] well and they still look after me. I'm still part of the family here."

People were protected from harm by staff who were confident in recognising and reporting concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. People were supported well to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

Staff were trained well to have the right skills and knowledge to meet people's needs effectively. Staff had the information they required to meet people's assessed needs. People had been supported to have enough to eat and drink. People had access to healthcare services when required. This helped them to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Staff supported people in a way that respected and promoted their privacy and dignity. They encouraged people to be as independent as possible.

Staff were responsive to people's changing needs. Complaints were managed well and there was learning from these to improve the quality of care. The service provided good end of life care when required. Further work was necessary to ensure where possible, people's end of life care wishes were included in their care plans.

The provider had effective quality monitoring processes to continually assess the quality of the service. They used feedback from people, staff, relatives and other stakeholders to improve the service. The registered manager and staff were proud of the work they did to help people to live happy and fulfilled lives.

Rating at last inspection:

The last rating for this service was Good (published 10 December 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

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.

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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This 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. Their area of expertise was in the care of older people.

Service and service type

Parkside 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, both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, information shared with us by the local authority and that sent to us by the provider. We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people, three relatives, two care staff, two team leaders, the deputy manager, the registered manager, and the provider's area manager. We also spoke with a person who visits the service regularly, but their relative no longer lives there.

We reviewed a range of records. This included care and medicines records for three people. We looked at records of accidents and incidents; compliments and complaints; audits; surveys. We also looked at three staff files to check the provider's staff recruitment, training and supervision processes.

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 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I do feel safe because of the staff and the team leaders, who are particularly knowledgeable and caring." One relative said, "We do think [person] is safe definitely. We wouldn't leave [person] if we thought [person] wasn't."
- Staff knew how to report when they were concerned that people might be at risk of abuse or harm.
- Records showed the registered manager reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured quick action could be taken to safeguard people.

Assessing risk, safety monitoring and management

- People had individual risk assessments that guided staff on how to safely manage risks to people's health and wellbeing. These were reviewed regularly to ensure this information was always up to date.
- Staff told us risks were managed well at the service. One staff member said, "We've been trained to manage specific risks. For example, I know how to check blood sugar levels for people with diabetes."
- Staff completed regular health and safety checks to ensure the premises had no hazards that could put people, staff and visitors at risk of harm. Where issues were identified, these were corrected quickly by the maintenance staff employed by the provider or external contractors.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service. We saw the provider completed appropriate checks before staff started working at the service.
- Some people said there were not always enough staff, particularly at weekends. However, records we saw showed that there were always enough staff planned to support people safely. Staff confirmed this. One staff member said, "It's busy sometimes but we have enough staff. We've got a good staff team and we rarely have agency staff here."
- Another staff member told us they always managed to support everyone, even during busy times of the day. They said, "Mornings are quite busy, but with a steady team, things work well. Team leaders will always help out if we are struggling."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had been trained, and their competence was regularly checked.
- People told us they were supported well with their medicines and they had no concerns about this. One person said, "Staff do the medication. They come around three times a day to make sure I've taken them (tablets) and had a drink with it."

Preventing and controlling infection

- The service was clean. There was a cleaning schedule that meant all areas of the service were thoroughly cleaned on a regular basis. People told us the service was a pleasant place to live in. One person said, "I am very pleased with this place. It always looks clean and well presented."
- Staff had been trained in infection prevention and control and they knew what to do to minimise the spread of infections. This included them regularly washing their hands.
- There were enough personal protective equipment (PPE), such as disposable gloves and aprons. Where required, staff used these when supporting people to ensure they protected everyone against acquired infections.

Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service. Staff told us they always reported to the registered manager as soon as incidents happened so that they could be dealt with quickly.
- Records showed the registered manager reviewed incidents and they put appropriate measures to reduce the risk of recurrence.

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 'good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care was planned and managed in line with good practice guidance. People told us they received good care and their needs were met. One person said, "I'm quite content, they look after me well."
- People's care plans gave staff information about their various needs and what support they needed. Staff told us they found these informative and helped them to provide appropriate care to people. One person told us their care plan was normally updated quickly when their care needs changed. They said, "I have a very good and clear care plan. It is always changed quickly and accordingly too."
- People said staff supported them in a way that promoted good outcomes for them. One relative agreed with this. They said, "It is fantastic, [person] is so well looked after. I have peace of mind, which is such a big relief."

Staff support: induction, training, skills and experience

- People said staff had the right skills and knowledge to support them effectively. One person said, "If you ask staff for anything, they are excellent and just do it."
- Staff had been trained in various subjects relevant to their role. Staff were complimentary about the quality of their training. One staff member said, "Training is okay. We do intense training at the beginning and then follow ups. If you are not sure about something, someone will show you what to do."
- Staff said they received regular supervision and worked well as a team to support each other. They found the managers and other senior staff very supportive, and they provided good guidance.

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

- People told us there was always enough food and drinks. We saw people were given enough food, snacks and drinks throughout the day. People contributed to the development of the menus and they chose the food they liked most.
- Most people told us they enjoyed the food, but others said they would like more vegetables and fruits on the menu. One person said, "Perhaps instead of biscuits and tea, we could sometimes have some fresh fruit and fruit juice." We discussed this with the registered manager and they said they would talk to people about it.
- Records showed people ate and drank enough to maintain their health and wellbeing. People who needed support to eat were supported well. Where there were concerns that people were not eating or drinking enough, staff had sent referrals to appropriate health services.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to access health services such as GPs, chiropodist, dietitians, opticians, and community nurses. A GP service held a clinic at the service every Thursday, and they came to see people at other times when needed. A person who was feeling a bit unwell said, "I've got an appointment on Thursday, so I think I can see how I go till then." We saw staff checked on them regularly to make sure they were not feeling any worse.
- It was evident in the records we looked at and from people's comments that staff worked closely with other professionals to make sure people received effective care. People appreciated this support.

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

- Where required, adaptations had been made to the service to ensure people were supported safely. Equipment had been provided when needed to enable staff to provide safe and effective care, or to help people to be more independent. For example, ceiling hoists had been fitted in some bedrooms to make it easier for staff to support people to move.
- There was an ongoing refurbishment programme of communal areas and people's bedrooms. We saw some of the bedrooms that had been recently redecorated and they looked nice. People had chosen the wallpapers, paint colour and blinds for their bedrooms. One person said, "It's quite a pretty place really."

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).

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 had the appropriate legal authority. We found these were met.

- Most people had capacity to make decisions about their care and support. Some people had variable mental capacity and they needed support to make some decisions. Where required, the registered manager had consulted people's relatives, professionals or independent advocates to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff asked people for their consent before they provided care and support, and people confirmed this. This protected people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and friendly. One person said, "I'm more than happy living here. The staff are more than kind." One relative said, "Staff here are always very good, caring, and very respectful. [Person] would soon tell us if staff were anything other than respectful."
- Throughout our time at the service, we observed friendly and respectful interactions between people and staff. Everyone seemed to chat freely. There was laughter and humour at times, and everyone seemed content. One person said, "Everyone gets on with everyone really."
- People and relatives said people's diverse needs were met by staff. They said staff respected people's individuality and they provided care in the most appropriate way for each person. People's religious and spiritual needs were considered. One relative said, "The priest comes regularly, and they always make sure [person] is ready to meet with him."
- Relatives told us they could visit their family members as often as they wanted, and they always felt welcomed. One relative said, "They said to [person] to regard this as their home and to me, to come and go as I pleased because I'll be part of the family too and I do feel like that. They're always asking how I am and if I would like a drink."

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions and choices about their care, and their views were listened to. One person said, "I felt unwell the other day and said I'd stay in bed. They kept coming to check on me, asking how I was. They were looking out for me."
- We observed that staff always asked people what they wanted them to do for them and they followed people's instructions.
- Relatives told us they felt properly involved in discussions about their relative's care. They said staff valued their contribution, particularly if they needed information about a person who was not always able to tell them. One relative said, "They keep in touch with me. It's not out of sight, out of mind."

Respecting and promoting people's privacy, dignity and independence

- People said staff always promoted their privacy and dignity by providing personal care in private and knocking before they entered their bedrooms. We observed this during the inspection.
- People said staff promoted their independence by letting them do as much as they could for themselves. One person said, "Now I have my new chair I am mostly independent. I can easily find the call bells to ask for help if I need it." Others told us they appreciated the support they received to help them improve their independent living skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us staff supported people in a way that met their individual needs and preferences. People said staff normally supported them quickly when they needed help, but accepted they might wait at times, if staff are supporting other people. One person said, "I just use the bell if I need them and they come. They're very good and I don't wait longer than five minutes usually."
- People's care plans were planned and updated to meet their changing needs. One relative told us they had been impressed by how good the service was at providing person-centred care. They said, "I have told my daughter if I need to go into a home, to make sure it is this one."
- The registered had guidance about supporting people from the LGBTQ community. They said this would be useful information if they had a person who needed this support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to form friendships and to maintain contact with their relatives and friends. Some people chatted lively amongst themselves in the communal areas. There were enough communal spaces for people to use if they wanted some quiet time too.
- People took part in various activities facilitated by staff. There was a planned meeting on the day of the inspection, which 15 people attended and contributed to. They were given the minutes of the meeting by the afternoon. One person told us, "Oh, they usually are quick with things like this. Management are good really, very approachable and get things done." They also told us the garden, the gazebo, and the seats had been set up in response to people's suggestions and they were happy about this. We heard that a summer fete was planned for August this year. One person said they always enjoyed it.
- People also took part in armchair exercises, which they appeared to enjoy. Some people said they would like to do more to occupy their time, while others enjoyed reading, watching tv or just relaxing. The registered manager told us they had advertised for an activity coordinator to help people to do more.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- Most people using the service could communicate verbally with staff. They could also read and understand information given to them by the service, including their care plans.

- The registered manager told us they would provide information in other formats if this was required to support people to understand it. This included providing information in easy read formats or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints, and people knew how to raise concerns. The registered manager dealt appropriately with complaints received by the service.
- People and relatives were happy with the quality of the service provided to them. They said they were confident the registered manager would deal quickly with concerns they raise.
- The registered manager told us they used learning from complaints to improve the service. They shared this with staff so that they learned from issues raised and did things differently to prevent further concerns.

End of life care and support

- The service supported people at the end of their lives, and the support required was included in people's care plans.
- We discussed with the registered manager about the importance of having information about everyone's end of life care wishes. This would help staff to support people according to their wishes. They told us they would continue to work with people and their relatives to add this information in everyone's care plans, where possible. They also had plans to train staff to understand how to better care for people who needed this support.

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 'good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff were committed to providing high-quality and person-centred care to everyone living at the service. This was reflected in the positive comments we received about the service. It was evident that the registered manager led by example to create a positive, caring and inclusive culture.
- Staff told us they really enjoyed working at the service and they got fulfilment from helping people to live their best lives. One staff member said, "I've always loved it and I wouldn't change it for the world. I get job satisfaction from knowing that I help residents to be as happy as they could be, settled and living how they would want to."
- People and relatives told us staff provided good care. One person said they received good care because of the quality of the staff and the leadership by the registered manager. They said, "It's a very nice place and very safe with all the staff, especially the boss [registered manager]. She does so much and helps whoever needs it too."

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; Continuous learning and improving care

- The registered manager understood their regulatory role and responsibility. They worked closely with the provider's senior manager to ensure the service met people's needs and they met their legal requirements.
- The registered manager and the provider knew their responsibility to be open and honest when things go wrong. We saw evidence of learning from this and improvements had been made where required.
- The registered manager appropriately reported relevant issues to CQC and the local authority that commissioned the service.

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

- The registered manager and staff had clearly defined roles and responsibilities which they understood.
- The provider had a robust governance system which enabled them to regularly assess all aspects of the service.
- Various audits carried out by the registered manager and other senior staff ensured that risks to people's health, safety and wellbeing were effectively managed. There were no concerns about the safety and effectiveness of the service.

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

characteristics

- People had opportunities to regularly give feedback about their care and support. They were asked for feedback about the food, activities and developments to the service during regular meetings, and their suggestions were always considered.
- An annual survey ensured people, relatives, staff and professionals who worked closely with the service had opportunities to contribute to the development of the service. The results of the 2018 survey showed positive comments about the service. The provider had acted on suggestions for improvement.
- Staff also benefitted from regular meetings. They told us they felt valued and encouraged to contribute to the development of the service.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- The local authority that commissioned the service also checked regularly that the service was providing good care. This ensured people consistently received the support they required and expected.