Romford Baptist Church Housing Association Limited

Parkside

Inspection report

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Essex
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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

This inspection was unannounced and took place on 24 August 2016. At our last inspection in May 2014 we found the provider was meeting the regulations we inspected.

Parkside is registered to provide accommodation for up to 32 people requiring personal care. At the time of inspection there were 30 people living at the service, 29 were permanent and one person was having respite care.

There was a registered manager in place. 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 happy with the care and support they received. Relatives were complimentary about the service. Some people had chosen the service because of the Christian ethos and values although people did not have to be practising the Christian faith to use the service.

Staff knew how to keep people safe from abuse and risks to their health and wellbeing. People's medicines were managed safely and there were robust arrangements to keep people safe in the event of an emergency. Risks had been assessed and there were strategies to minimise these.

There were enough staff to support people throughout the day and night and there were activities both inside and outside the service. People were invited to join in Christian fellowship twice a week at the service and were invited to attend the Baptist church each Sunday.

Staff were friendly and caring. We saw people were relaxed and chatting to each other and the staff throughout our visit. People told us they were treated with dignity and respect and that staff obtained their consent before carrying out any tasks.

People's care plans were kept up to date and people were fully involved with this. The care plans were individualised and contained evidence people had agreed with the contents. There were also comprehensive plans for end of life care.

Staff were supported with supervision and training and through meetings. They kept their skills and knowledge up to date to provide effective care and were motivated to continually find ways to improve the service.

Staff ensured people had good nutrition and hydration that met their dietary requirements. Staff made sure that people had prompt access to health care as required and there were good transition arrangements in place if people had to go into hospital.

People, their relatives and staff told us they found the management team approachable and supportive.

There were systems in place for people, their relatives and visiting professionals to make comments, complaints, suggestions and compliments and these were responded to appropriately.

There were regular health and safety checks and audits to ensure that the premises and the care were continuously improved.

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.

People were protected from harm and abuse by staff who understood safeguarding procedures and were able to recognise and report any abuse.

Risks were identified and systems were in place to minimise these risks.

There were effective recruitment and induction procedures which ensured that staff were suitable to work with people who needed support.

Systems were in place to ensure people received their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the necessary skills and knowledge to meet their needs. Staff were supported by regular supervision and received training they needed to support people.

Systems were in place to ensure people's human rights were protected and they were not unlawfully deprived of their liberty.

People were supported to eat and drink sufficient amounts according to their dietary needs and preferences.

People's healthcare needs were identified and monitored. Action was taken to ensure that people received the healthcare they needed promptly.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their privacy and dignity were respected.

People received support from staff who knew their likes and preferences.

Staff provided caring support to help people plan for their end of life care.

Is the service responsive?

Good

The service was responsive.

People and their relatives told us they were involved in planning their care. Care plans were detailed and people's wishes and preferences were carefully documented to ensure that people's needs were met.

People and their relatives were encouraged to give feedback about the service and there was an effective complaints system in place.

A range of activities were available for people including faith based activities for those people who had chosen the service because of its faith based principles and values.

Is the service well-led?

Good

The service was well-led.

People and their relatives told us they were happy with the way the service was managed and had confidence that any issues raised would be dealt with promptly.

There was a clear staffing structure and staff understood their responsibility and accountability. Staff told us they were supported by managers and trustees.

There were regular quality audits and the service took action when any shortfalls were identified.

Parkside

Detailed findings

Background to this inspection

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

This inspection took place on 24 August 2016 and was unannounced.

The inspection team comprised of two inspectors 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.

Before the inspection we gathered information from notifications and previous inspections. We also contacted the Local Authority and local Healthwatch to find out information about the service. We reviewed information within the Provider Information Return (PIR). A PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

We spoke with twenty people and four relatives. We observed people during lunch. We spoke with six staff including the chief executive, the shift leader who was covering for the registered manager on the day, the chef, care staff and one domestic staff. We also spoke with one of the trustees and the Baptist minister of the affiliated church. We observed care interactions in the communal lounge, the dining room and the garden. We looked at five staff files and five care plans. We also looked at records relating to the safe maintenance of the premises and quality assurance checks.

Good

Is the service safe?

Our findings

People told us they felt safe, one person said, "We are as safe as houses here." One relative told us, "It is safe, there are plenty of carers about."

Staff knew how to recognise and report any concerns about people's safety and wellbeing. The service had procedures to ensure that any concerns about people's safety were dealt with appropriately and promptly. We saw that safeguarding referrals had been made to the Local Authority safeguarding team and notifications had been sent to the Care Quality Commission (CQC).

Risks to people were assessed and plans were in place to mitigate those risks. These were reviewed regularly and when people's needs changed. People had individual risk assessments relating to their life choices. For example, one person who liked to go out had a plan for staff to help them check their mobile phone was charged and ready for use should they experience any problems whilst out. Where risks had been identified the plans balanced actions needed by staff to mitigate those risks with encouraging people's independence and right to make their own choices. One care worker told us, "We are good at communicating to make sure people are safe, we complete records every day such as daily notes, body charts and any accidents or incidents."

Health and safety checks were completed regularly. The fire alarm system and fire extinguishers were checked regularly as were emergency lighting, alarm call systems, stair lifts and hoists. Fire exits were kept clear to ensure ease of evacuation in the event of a fire. The service kept an emergency book by the main fire exit for staff to take with them in the event of an emergency. Everyone had a personal emergency evacuation plan (PEEP) which meant that staff knew what support they would need in an emergency situation. There was a fire drill every three months in the service which involved an unannounced evacuation practice to make sure people would know what to do in the event of a real fire. People told us that call buzzers were close to their beds in people's rooms and in the lift. One person told us, "The carers come very quickly." We opened one door which led into the garden which was alarmed and a care worker came immediately to see we were alright. The electronic call system was linked to a central screen and to individual pagers which staff carried with them which enabled them to respond promptly.

People told us there were sufficient staff and one person told us, "What is more the carers all seem to like each other and help each other out, it makes it more homely." Staffing ratios and rotas showed us there were sufficient numbers of staff on duty day and night.

There were effective recruitment procedures to ensure staff were employed only when they were qualified and safe to work with people who used the service. We looked at staff files and saw evidence the provider made the necessary checks such as taking up references and checking with the Disclosure and Barring service (DBS) to prevent unsuitable applicants from working at the service. The Disclosure and Barring service helps employers make safer recruitment decisions.

The service had a whistleblowing policy and staff had received training about this. Staff told us they were

encouraged to raise any concern with the registered manager or chief executive. One care worker told us, "If I had concerns about the service I would go to the CQC."

People told us if they were in pain they would tell a member of staff and they would respond. One person told us, "The home looks after our medication and we are reminded when it is time to take it." Medicines were stored, administered and disposed of safely. We looked at five medicine administration records (MAR) and found they had been completed appropriately. Each MAR had a photograph of the person and a pen picture of their individual needs such as if they were able to say verbally if they were in pain or if staff needed to look for non verbal cues and what signs of discomfort they should look for. Staff who were trained and competent to administer medicines wore a green tabard whilst carrying out their task as a reminder for others not to interrupt them. They had initially worn red tabards but we were told that people who used the service didn't like these as they felt they were too clinical so the provider agreed to use the green colour instead. Controlled drugs were kept securely locked in a medicines room which was protected by a pin code lock. The pin code was only known by the staff who had been trained and were competent to administer medicines. There were daily checks on the medicines and weekly audits were carried out by the registered manager. Medicines were supplied by a community pharmacy who also carried out regular visits to monitor the storage and safe administration of the medicines. Shift leaders regularly observed staff who were administering medicines to check they were following correct procedures.

Infection prevention and control guidelines were followed in order to protect people from infection. There was a cleaning schedule and infection control action plan and checklist in place. The schedule included regular deep cleaning of rooms, carpets, hoists, wheelchairs and walking frames. Staff had access to protective clothing and used different colour aprons for serving food and for helping people with their personal care. Staff told us there was enough protective clothing in stock at all times. We saw that there were ample clinical waste bins. There was hand gel for staff and visitors to use to help prevent infection. Different washing machines were used for soiled linen and other linen. The shift leaders carried out observations of care staff to check they were washing their hands and wearing the appropriate protective clothing. We saw chemicals that could be hazardous to health (COSHH) were stored safely.

Good

Is the service effective?

Our findings

One person told us, "This is a really good place from top down to the youngest carer they look after us well and are trained to put themselves out to help by doing their work gently and carefully." Another person said, "How lucky we are, the carers are so lovely, we get on so well."

People were supported by staff who had the necessary skills and knowledge to support them well. One member of staff told us that although there was no requirement for staff to practice the Christian faith this was important to them personally as they held Christian values. Staff told us the training offered was of a very high standard and they were paid for the time they spent in training. Recent training had included safeguarding, understanding dementia, first aid, nutrition, health and safety, fire safety, mental capacity, infection control, person centred care and moving and positioning. We saw the training plan for future training. One of the shift leaders who was acting up to cover for the registered manager's absence was studying for a diploma in management and had been encouraged to seek promotion within the service. We saw all staff received opportunities to develop their skills and were given refresher training in a number of key areas to ensure they were competent and equipped to care for people.

The five shift leaders all held lead areas of responsibility. The key areas were auditing accident and incident reports and making referrals to the local falls team, shift management, nutrition, incontinence, infection control and medicines management. One shift leader was shortly to begin training on the gold standard framework for end of life care. This person had recently experienced a period of people dying when they were leading shifts and had been given emotional support with this by the provider.

Staff had regular supervision and we saw that supervision had been used to discuss job role performance, training and development and that staff had been involved in an open exchange with their line managers. One care worker told us, "Our shift leader is very supportive. I have had regular supervision and appraisals." Staff received annual performance and development reviews which gave them the opportunity to discuss their achievements and areas they wanted to develop and improve. Training needs were discussed and staff were given feedback. Staff were supported to improve their performance and the service used disciplinary procedures appropriately where required to address issues such as poor attendance and mistakes made in giving care and support. Care leaders carried out regular observations of care staff and held frequent staff meetings. If the care leaders noticed anything of concern they talked with the care staff about what could be done better informally and then used the formal systems as required such as formal warnings and action plans for improving their work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of the 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. Staff were able to tell us how they made best interests decisions for people when this was necessary.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had taken appropriate steps to deprive people of their liberty where necessary. Staff were aware of the people who had these authorisations in place.

Obtaining people's consent was of great importance in the service and people were given independence and control. Where people had bed rails to keep them safe in bed their consent had been sought and gained before these could be used. We saw staff offered people choices and respected their decisions. We saw staff gained people's consent before they carried out any actions. Where people had refused treatment, such as having an x-ray, this had been checked with the GP and the decision respected. Where people made the choice to stay in bed for long periods of time this was respected and an action plan was put in place for staff to encourage the person to move around every few hours and to make use of pressure relieving equipment.

People told us they liked the food, one person said, "The food here is lovely, I will introduce you to the chef." The chef was friendly and had a good rapport with the people using the service and had put effective systems in place to support people's individual needs and preferences. One relative told us, "We have a very friendly chef, I think the food and drink here is very good. When [my relative] wasn't well and not eating much staff used to bring meals into their room and minced the food to encourage them to eat." People were given ample food and drink and we saw people were offered cold drinks throughout the day. One person told us, "The food is better than okay." Another person told us, "I have no gripes at all, I can have cereal plus egg and bacon or sausage and as much toast as I can eat for breakfast, very nice." Bowls of fruit were kept out for people to help themselves and twice a week people were encouraged to take what fruit they wanted to their rooms. Food was served in a communal dining room or in people's rooms. The dining room environment was pleasant with table cloths and meals were not rushed. Food was served individually according to dietary requirements and taste with vegetables served in tureens for people to choose. We saw most people cleared their plates and were offered seconds. One person told us they were on a gluten free diet and said this was taken very seriously and carefully managed. Staff were aware of people's individual dietary needs and the chef checked regularly with care staff if there were any changes to people's nutritional needs. Food storage was well managed and there was a daily check of cleanliness, food stocks, kitchen equipment and fridge and freezer temperatures. The chef kept a safe food, better business diary where detailed records of any problems were recorded with actions taken. There was a regular deep clean of the kitchen by an external company.

People were involved in making decisions about the food they ate and had been asked to complete a winter dinners questionnaire earlier in the year about the food they would like to have served at lunchtime and the chef had used this to plan menus. We saw that twenty five people had said they were happy with the food and portion sizes. Menus were available and easy to read and we could see people were given options each day and their choices had been recorded. Some people chose to have their breakfast in their rooms and individual preferences as to what they wanted on their breakfast trays were observed.

People were able to visit the GP when they needed or could be seen at the service. One person told us, "The GP comes every Wednesday, but much sooner if there is an emergency." Another person said, "If I feel ill the GP comes almost immediately so no worries there." We saw that visits by the GP had been recorded in people's care files and the GP sent a written record of the visit. One person told us, "If a resident has to make a hospital visit a carer will always accompany them and take notes." We saw that people were visited by specialist health professionals as required, an example being visits by a stoma care nurse.

Good

Is the service caring?

Our findings

One person told us, "I can't fault the staff, they are so watchful and caring of us all. I like being looked after and cared for, I like being a bit lazy at last." One relative told us, "I would recommend it here, everyone knows us and [my relative] has their favourites among the staff and the residents." Another person told us, "It is very civilised here. The carers seem to like each other and that creates a good atmosphere."

The service had a key worker system whereby staff could get to know individuals very well. One keyworker explained, "I know [person] well, they are unable to talk now but I have known them for a long time and know their facial expressions, if they are in pain I would definitely know and I spend time with them to watch their expressions." One care worker told us, "Being a key worker means we update care plans, write notes in communication books and look after their needs." Key workers would take any concerns they couldn't deal with to the registered manager who also carried out a monthly spot check to make sure that key workers were supporting people well. People had a communication book in their rooms which the key worker checked regularly. People's visitors could use the communication book to leave important information for the staff. People's care plans were detailed and consent had been obtained in writing for each area of the plan. One person had been asked to sit on an interview panel when the service had been recruiting a new maintenance person and although the person had declined, it had been recorded that they were pleased to have been asked.

Whilst the service welcomed people of all faiths it was set up around Christian principles to provide an environment where people could practice their Christian faith and values. A prayer was said before meals. The Baptist minister led fellowship twice a week at the service. A different lounge was used alternately so people who didn't want to take part still had a comfortable communal area to use whilst this was in progress. People were taken to the local Baptist church each Sunday if they wanted to attend and one person explained, "There is a Church service on Sunday mornings and volunteers come and take us to church."

One person told us, "They are very careful about clothes here, everything is washed one a week and is put ironed back in our drawers by the next day." They went on to say, "Every morning the carers help us to dress, they look in our wardrobes and ask what we want to wear. You might even say they take a pride in our appearance."

People were encouraged to be as independent as they were able and some people chose not to join the others in communal rooms. One person explained, "I am very happy here but don't go downstairs much, I am not lonely, I read a great deal. The staff are very careful with me and like to see me content."

We saw staff treating people with kindness and respect. We noted one person was having difficulty picking up a biscuit and the staff were patient and encouraging and did not rush in to pick the biscuit for them. They were smiling and showing positive regard. Staff explained to us how they ensured people had privacy and one care worker explained, "We give people privacy when giving personal care, we make sure doors are closed."

End of life care planning was undertaken with great care and attention to detail. People had been fully involved in discussions about end of life care, funeral planning and any requests to not have medical intervention. The service had recently supported ten people through their end of life journey and people had approached the service for their support with this. Relatives had been complimentary about the end of life care offered and we saw one letter that thanked the service for providing their relative with comfortable and dignified care in their last weeks. The Baptist minister visited the service regularly in order to offer support to the bereaved families.

Good

Is the service responsive?

Our findings

People and their relatives told us that the care provided was focussed on each individual. One person told us, "I have stayed here for respite previously and that is why I chose this home and I have no regrets."

We looked at people's care plans and saw evidence of each person's involvement in the planning of their care. People had been asked to complete a form about their preference of gender of the staff who were going to support them with their personal care. Care plans were explained and people had been asked to sign in agreement. This included advanced care planning to make sure people's individual wishes would be respected. The care plans were reviewed regularly and when there were changes to people's needs. The plans contained a lot of detailed information to enable staff to provide personalised care and support to each person in line with their wishes. An example of this was the detail of how people liked to sleep, with the number of pillows, type of bedding and if they liked their window open or not. For example, we saw one person's sleep routine involved having a milky drink at night with their door left ajar and being woken in the morning with a beaker of coffee. Care plans covered ten key areas of each person's life including personal care, health, nutrition, communication, mobility, continence, activities, emotional, night time and end of life care.

A new electronic person centred software and hand held system had been introduced for staff to make real time recordings of the care and support they had given each day. This provided a real time information exchange for staff so they could be fully up to date with each person's changing needs. Staff had been trained in the use of the new system and one care worker told us, "I have received training on the system, it is very useful". The system contained a photograph of each person which meant new staff or staff covering shifts would know who they were. There was also a verbal handover for staff between shifts and a handover book which the new shift were required to read. These systems meant that it was easy for staff to note quickly the level of support required by each person and to respond to any changes.

People's social and recreational needs were met both in the service and outside. People told us there was enough to do and one person said they never got bored, "There is always something going on and people to chat to." One person told us, "At first I wouldn't go to the residents' lounge but now I do and I find the stimulation helps me sleep better. It's a lovely care home." Another person said, "The activities provide a gentle tonic plus I have many interests." We saw people chatted with each other and were supportive of each other's needs and abilities. There were three staff who concentrated on activities for people. Those people who chose to stay in their rooms were supported by the activities staff during lunchtimes. A fashion outlet was due to visit the service for people who didn't want to go out to buy new clothes. People were taken by mini bus to a variety of places including the theatre, nature reserve, butterfly park, and nearby pubs and cafes. People paid exchange visits with other care homes and met up with people from those care homes at a café in the nearby park. Relatives and visitors were invited to join in with any of the activities. There was a residents' notice board which was used to record information about forthcoming activities and meetings.

People told us they felt able to raise any concerns or complaints. One person told us, "We rarely have

complaints, the staff can't do enough for us, so dedicated." Relatives were confident they would get a prompt response. Whilst we were there one person had told the staff they didn't want one of the new personal safes that were being installed in rooms and this had been removed promptly. We saw complaints had been investigated and the registered manager had written to people with apologies, explanations and information. We noted one relative had thanked the registered manager for their response to their complaint. We saw many compliment and thank you cards. Comments made about the staff included, "staff are kind, caring, considerate, wonderful and very Christian."

We saw staff used documentation to be taken to hospital with people when they needed to be admitted. This enabled the hospital staff to see at a glance the person's medicines and needs and helped with a smoother transition between the service and hospital. People were supported on return home from hospital stays. One person told us, "I was pleased to come back here after two weeks in hospital, I was so welcomed." We saw, for example, one person was observed to have lost a lot of weight when they came out of hospital and a referral had been made to a dietician and the advice given to staff had been followed.

Good

Is the service well-led?

Our findings

One person told us, "They all, from the manager to the newest employee, put their hearts and souls into our care." A relative said, "It is all down to the management who believe in good food, activity, social interaction and good staff." One person said, "The staff are all so dedicated so they must be very well led." A member of staff told us, "Staff feel happier here now because the new chief executive is here most of the time and staff can go and talk with them, they are easy to talk to."

There was a clear management structure in place. The system of shift leaders holding lead responsibilities for aspects of the service worked well and gave staff the opportunity to develop their knowledge and confidence. At the time of our inspection the registered manager was on a planned leave of absence and their duties were covered by three shift leaders. The shift leaders who were acting up to cover the registered manager duties for the interim period were learning and growing from the experience. One relative told us, "[Shift leader] is doing very well covering."

Staff told us they reported all incidents and accidents and relatives were kept informed of these. Relatives confirmed they had been told about anything concerning their family members. One relative told us, "I'm very satisfied, I feel the staff would listen to any suggestions."

The trustees of the service were appointed by the members of the Romford Baptist Church and they reviewed regular reports from the registered manager and the chief executive. The trustees had appointed the chief executive in 2015 to bring about modernisation and improvements in the service. They had recently agreed to a financial investment plan to enable service modernisation. Work had been done on renovating and decorating each room. The future plan was to implement more IT systems to further improve the quality of response times for people needing care. These systems should also lead to better integrated care planning, staffing rotas and medicines management. There were also plans to introduce an apprenticeship scheme to enable young people to develop skill and knowledge in providing good social care support to people in a residential setting. There was a belief that these plans would all have a positive impact on the people who used the service and on staff. The chief executive told us, "We want to make this home a place for future generations." The chief executive and the registered manager met with the trustees to ensure there was a shared Christian vision and ethos underpinning the service and that people using the service felt valued, properly cared for, secure and able to live out their Christian faith. They shared the goal to continuously improve the service. The chief executive had plans to set up more frequent staff and residents meetings to fully involve them in the development of the service.

Staff were asked to complete a survey twice a year and we saw that management had responded to issues raised. An example of this was staff had requested a change to staff breaks and this had been implemented. Staff told us they felt supported by the management team. One care worker told us, "Managers are very approachable, we get good support and guidance. We don't get many complaints, the staff are very caring and work together." Another care worker told us, "[The chief executive and the registered manager] are very supportive, we can ask them questions if we have concerns or need help."

The service had robust quality monitoring systems in place which included monthly management checks of care plans, risk assessments, wheelchair, hoists and walking frames. The registered manager also carried out monthly audits of shift handover records, medicines management, nutrition, complaints, staff rotas, accident and incidents, safety and hospital admissions.

The service met the requirements of their registration with CQC and submitted notifications of events that affected the service as required.

The service sought and received feedback from people who used the service and their relatives and other professionals. We saw that people had completed a residents' questionnaire in April 2016 and action had been taken to address any issues raised. An example had been people were unsettled by one person going into their rooms and staff had put in place an action plan to divert the person from doing this. We saw relatives had been asked to complete a questionnaire also and comments included, "Very friendly and homely", "Very friendly always clean and tidy" and "Staff are lovely and well motivated." One relative told us they received a newsletter to keep them up to date with things happening in the service. Visiting professionals were also asked to complete a questionnaire and we saw action had been taken about any issues raised. An example of this being a visiting professional had noticed that walking stick ferrules hadn't been checked and the registered manager had implemented a regular three monthly check of walking sticks as well as a daily check by staff.