

# Bedford Borough Council Parkside

## Inspection report

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Date of inspection visit: 26/11/2015  
Date of publication: 08/01/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Parkside is a care home providing personal care and support for up to 31 older people, who may also be living with dementia. It is situated in Kempston, which is close to Bedford. On the day of our inspection there were 30 people living at the service, with one bedroom being used for respite services.

The inspection took place 26 November 2015.

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 did not always feel safe at the service. Staffing levels at the service were not always sufficient to meet people's needs and the service regularly relied on agency staffing. This meant that people often had to wait to have call bells answered and weren't always comfortable with the staff caring for them.

# Summary of findings

People were not always treated with dignity and respect by staff. There were not always positive relationships between people and members of staff, and people reported that they were not always treated in a caring way.

Complaints and feedback from people was not always managed appropriately. People were not always comfortable raising issues with the care that they received and didn't have confidence that they would be addressed if they did. This meant that there was not an open environment at the service.

People did not feel that all staff members demonstrated that they had the skills and knowledge they needed, to provide them with the care they required. Feedback from staff and their records showed that they did receive regular training and support from management and the provider.

There had been concerns raised regarding the food at the service from people and their family members. The service was aware of these concerns and was taking action to address them.

Staff had received training on abuse, and were aware of how to protect people from it. If they suspected abuse, they had an understanding of reporting procedures and were confident to report to the registered manager, or higher if necessary.

Risk assessments had been completed for people to identify areas of risk, and to put controls in place to minimise the impact of those risks. General risks to staff, visitors and the service were also carried out.

People's medication was administered safely by trained staff. There were systems in place to ensure medication was accurately recorded and monitored.

People were supported to book and attend healthcare appointments where necessary. Healthcare professionals visited the service on a regular basis, including a weekly GP's surgery held at the service.

Care plans were written with input from people and their family members, to ensure they were an accurate reflection of people's care needs and wishes. People's consent to care was sought, and the Mental Capacity Act 2005 was used appropriately where necessary.

Care was personalised to meet people's specific needs and was regularly reviewed, with their input, to ensure care plans were accurate.

Staff were positive about their roles and were well supported by the registered manager.

The provider and registered manager carried out a number of quality assurance processes, to monitor the care that was being delivered and to highlight areas for improvement.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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 not always safe.

People did not always feel safe at the service and staffing levels were not always sufficient to meet people's needs in a timely fashion.

Staff had an understanding of abuse, as well as how to protect people from it and the steps to take, including reporting it, if they suspected abuse.

There were systems in place to assess risks to people and the service, and to put steps in place to minimise the impact of those risks.

People's medication was given safely, and there were processes in place to manage it appropriately.

**Requires improvement**



### Is the service effective?

The service was not always effective.

People did not always feel that staff had the necessary skills and knowledge to perform their roles.

People were not always happy with the food that they received. The provider was working to address this issue.

People's consent to care, treatment and support was sought and the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed, for people who were unable to consent.

Healthcare appointments and visits were facilitated by the service, to ensure people's good health was promoted.

**Requires improvement**



### Is the service caring?

The service was not always caring.

There was not always a positive relationship between people and the service.

People were not always treated with dignity and respect by staff at the service.

Care plans had been produced in collaboration with people and their family members.

**Requires improvement**



### Is the service responsive?

The service was not always responsive.

Feedback from people was not always gained by the service. People were uncomfortable, unable or unwilling to make complaints.

People's care was personalised to meet their needs and was regularly reviewed, with input from them and their families.

**Requires improvement**



# Summary of findings

There were activities in the service, in line with people's wishes.

## Is the service well-led?

The service was not always well-led.

There was not a positive and open atmosphere at the service.

The registered manager was known to people and their families and they provided staff with the support that they needed.

There were systems in place to monitor the quality and safety of the care provided and actions were taken to improve these where necessary.

**Requires improvement**



# 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 26 November 2015 and was unannounced.

The inspection was undertaken 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. The expert used for this inspection had expertise in learning disability care.

The provider completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document before our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are

submitted to the Care Quality Commission and tell us about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our visit we spoke with nine people who used the service and four of their relatives, who were visiting. We also spoke with the operations manager, registered manager, deputy manager and one team leaders. In addition, we spoke with three carers, the activities co-ordinator, the maintenance person and a member of the domestic team. We also spoke with a GP and a district nurse who were visiting the service.

We looked at seven people's care records to ensure they reflected their needs and were up-to-date. We also reviewed five staff recruitment files including supervision and training records. We looked at records for the maintenance of facilities and equipment that people used. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

People's views on their safety within the service were mixed. Some people told us they felt that staff did make sure they were kept safe; however a number of the people we spoke with, reported that they didn't always feel safe. One person told us, "I am not really sure if I feel safe here." Another said, "I feel generally looked after here – not sure I would say safe." Of the nine people we spoke with four reported that, at times, they did not feel safe. They told us that there were some members of staff that they didn't like and made them feel uncomfortable. Regular use of agency staff also contributed to this feeling. People's relatives also gave us mixed feedback; with some feeling their family members were safe, whilst others had some concerns about their loved ones safety.

People did not always feel that staffing levels at the service were sufficient to meet their needs. They explained to us that they saw a number of different members of staff, including regular agency staff. People told us that, as a result, they often had to wait to receive care, including when they had pulled call bells. One person said, "The response to my buzzer is poor." Another said, "At night it can be half an hour before they come." A third person told us, "I keep asking for a shower but I am told that there is not any staff available." Staff members also felt that there weren't always enough staff on shift to meet people's needs. One staff member said, "The bells sometimes go for a very long time. Lots of times we seem to be very short staffed. For example, if agency staff don't come in – this happens a lot." Another staff member said, "We are rarely able to give residents showers or baths when they would like one because we never know how many staff will be on duty. We don't feel agency staff can do this because they don't know the residents." During our inspection we observed that there weren't always members of staff available in communal areas, to provide people with care and support when they needed it. At one point a member of staff pushing a person in a wheelchair had to leave them to attend to another person, who required immediate support from staff.

We discussed staffing levels with the registered manager and operations manager. They told us that staffing levels were based on people's assessed needs and were able to be adapted, if those needs changed. They also told us that the service did use agency staff and, wherever possible,

used regular members of agency staff, as they were familiar with people and the service. They also told us that they were currently recruiting staff, including to 'bank' positions, which would replace the reliance on agency staffing. Records showed us that staffing levels were consistent throughout the week, and that agency staff were being used to cover shifts. The assessed levels of staff on shift, and their deployment were not effectively meeting people's needs

Staffing levels at the service were consistent, however were not sufficient to meet the requirements of people living at the service. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff members told us that they felt that people at the service were safe from harm or abuse. One staff member told us, "I think they are all safe." They explained that they received safeguarding training, and were aware of recording and reporting procedures. One staff member told us, "I'd be confident to report any abuse." Staff went on to tell us that if they had any concerns about people's safety or about abuse, they would report it to the registered manager and were prepared to take their reporting to a higher level if they felt the concern was not dealt with. None of the staff we spoke to had seen or heard any abusive or unsafe practices from staff, towards people. They all confirmed that if they did they would immediately report the matter.

The registered manager and operations manager told us that safeguarding concerns were always reported to the local authority. They also told us that the service worked with the local authority, to investigate any concerns and take action if required. We looked at safeguarding records and saw that incidents had been reported appropriately and organisations, such as the Care Quality Commission (CQC), had been contacted where necessary.

Staff told us that before starting work at the service, the provider carried out background checks to ensure they were suitable for the role. They explained that they had to be interviewed for the role and provide two references for previous employment to ensure they were safe to work at the service. The registered manager confirmed that they carried out background checks for members of staff, including references, full employment histories and

## Is the service safe?

Disclosure and Barring Service (DBS) criminal record checks. Staff recruitment files confirmed that suitable background checks were carried out to ensure that staff were of suitable character to work at the service.

Risks to people's safety had been assessed and, where relevant, management plans put in place to guide staff in how to help reduce the level of risk to people. Staff told us that risk assessments were in place for people to help identify risks and that they used them to keep people safe, whilst trying to maximise their independence. We looked at people's risk assessments and found that they were specific to each person and their specific risks. They covered areas such as falls, mobility, moving and handling and pressure care. Where necessary, regular screening tools were used to help keep people safe. For example, people had Waterlow assessments carried out regularly, to assess the risks of them developing pressure ulcers. Where risks were identified as being high using the risk assessments, suitable control measures were put in place. We also found that risk assessments were reviewed and updated on a regular basis, to ensure they were relevant and reflected current levels of risk.

We spoke with the maintenance person who showed us that there were a number of systems in place to ensure people's health and safety were preserved. These systems included checks of equipment, fire safety and water temperatures, as well as general maintenance checks of the service. The service also had general risk assessments in place to cover risks posed to staff, visitors and the service in general. These were also updated on a regular basis and included business continuity plans, which provided staff with guidance on the actions to take in the event of an emergency, such as extreme weather or staffing absence.

People felt they were supported to take their medication safely and appropriately. They told us that they were given their medication at the right time and staff did this with care and patience, so that they were made to feel at ease and knew what they were taking. Staff told us that they could only give people their medication if they had received proper training, including competency checks by senior staff, to ensure they could administer medication safely. We observed staff giving people their medication. They made sure they were relaxed and aware of what they were being given, as well as offering people 'as required'

(PRN) medication, such as painkillers, proactively. Staff also completed people's Medication Administration Record (MAR) charts, to document that medication had been given.

We looked at people's MAR charts and saw that staff had completed them in full, to record that people received their medication. We saw that there were no gaps in the recording of people

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People did not always feel that staffing levels at the service were sufficient to meet their needs. They explained to us that they saw a number of different members of staff, including regular agency staff. People told us that, as a result, they often had to wait to receive care, including when they had pulled call bells. One person said, "The response to my buzzer is poor." Another said, "At night it can be half an hour before they come." A third person told us, "I keep asking for a shower but I am told that there is not any staff available." Staff members also felt that there weren't always enough staff on shift to meet people's needs. One staff member said, "The bells sometimes go for a very long time. Lots of times we seem to be very short staffed. For example, if agency staff don't come in – this happens a lot." Another staff member said, "We are rarely able to give residents showers or baths when they would like one because we never know how many staff will be on duty. We don't feel agency staff can do this because they don't know the residents." During our inspection we observed that there weren't always members of staff available in communal areas, to provide people with care



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We looked at people's MAR charts and saw that staff had completed them in full, to record that people received their medication. We saw that there were no gaps in the recording of people's medication and that the back of MAR charts were used to record additional information, such as variable doses of PRN medication or if people refused to take their medication. There were suitable systems in place for the safe storage of medication, as well as checks and audits to ensure stock levels were correct.

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# Is the service effective?

## Our findings

We received mixed feedback from people regarding the food they were given at the service. Some gave us positive feedback, whilst others were more negative. One person said, “I think the food is ok.” Another said, “I have no complaints.” A third person told us, “It used to be ok – we have had trouble recently with the main chef.” People’s family members also gave mixed feedback about the food that was served. We raised the concerns regarding food with the registered manager. They acknowledged that there had been some problems recently, due to having to use agency cooks. They were working on this issue to try to ensure greater continuity and to make sure people were happy with the meals they were being provided with. We observed lunch being served during our visits. Meals prepared for people were appetising and provided a balanced serving, with different choices available. We saw that people were served in the dining room, or in other areas such as the communal lounges or people’s bedroom, depending on their wishes. Staff supported people to eat if needed. Those people who required additional time to eat their meals, were able to do so without rushing. All the people we observed ate well and appeared to enjoy their meals; there was no food sent back to the kitchen.

The registered manager told us that, if necessary, food and fluid monitoring was carried out by the service, to help ensure people were getting the right levels of nutrition. If necessary, they would also refer people to relevant healthcare professionals, such as GP’s or dieticians. People’s records showed that their food preferences were recorded and that monitoring charts were available for those people that needed them.

People were not always positive about the skills and knowledge of the staff that provided their care. One person told us, “No they don’t always know what they are doing.” Another person said, “Some could do with more training. They seem to start with no training and learn on the job.”

Staff members said that they received training on a regular basis. They told us that when they started working at the service, they received induction training. This included an introduction to the service, as well as the people living there. During their induction training, staff received training in mandatory areas, such as safeguarding, manual handling and health and safety. Staff also told us that they initially completed shadowed shifts, where they followed

and observed experienced staff within the service. This allowed them to get to know their role and the people they would be supporting, and helped to give them confidence, before providing care on their own. The duration of time they spent doing shadow shifts, was assessed for each staff member, so if people required more support than others, this was available. We saw in staff records that they completed induction and probationary paperwork with senior staff to ensure they had the basic skills they needed to perform their roles.

Staff also said that they received regular on-going training and refresher sessions, to learn new skills and maintain the ones they had. One staff member said, “They are good with training here.” Another said, “Training is updated all the time, I like to be up-to-date with my training.” They also told us that they had opportunities to complete other courses and qualifications, such as the Qualification Credit Framework (QCF) diploma in health and social care. Records confirmed that staff members received a range of different training courses, along with regular refreshers to help them keep their skills and knowledge current.

Supervision sessions were used by the service to provide staff members with support. Staff told us that they felt that these sessions were useful, as they were able to raise any comments or concerns, as well as identifying areas of their own performance which required development. They were able to use supervisions to talk about training needs they may have, including specific courses which they may have had a particular interest in. Staff also told us that they did not have to wait until their next supervision to talk to the registered manager and raise any concerns. They told us there was an open door policy and they felt confident that, if they required any additional support, it would be available. We looked at staff records and saw that supervisions for each staff member were conducted on a regular basis.

People’s consent to their care and treatment had been sought by the service. Staff told us that they always made sure they asked people if and how they would like to be supported, before providing any care, and our observations confirmed that this took place. However, it was not always clear from people’s records that they, and those important to them, had been involved in the making decisions about their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

## Is the service effective?

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 told us that they received training in the MCA, and were able to apply this training to the people they supported, where necessary. We saw records which confirmed that the MCA had been used appropriately within the service, to help make decisions for people, when they were unable to do so for themselves.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us which people had applications to have their liberty deprived under DoLS, and the actions they took to keep those people safe as a result. We saw in those

people's files that applications to the local authority had been made, ensuring that people were only deprived of their liberty where necessary, and following the legal process set out in DoLS.

People told us that they had regular access to healthcare professionals, such as GP's, dentists or district nurses. One person said, "I see the doctor here on Thursdays." Another said, "They will get the GP for me if I don't feel well." Staff told us that the local GP came to the service every Thursday, to run a surgery for people living at the service. They also told us that other health appointments, both within the service and the local community, were facilitated. During our inspection we saw the GP conduct their surgery, as well as visits from the district nursing team. All the healthcare professionals we spoke to said that they were happy to work with the service and that any treatment suggested or prescribed, was carried out by members of staff. Records showed that people had regular access to healthcare professionals and also showed that specific treatment courses were documented. If necessary, short-term care plans were implemented to ensure people received care and support, as per healthcare professional's suggestions.

# Is the service caring?

## Our findings

People were not positive in their feedback about the staff working at the service. One person told us, “My only complaint with the place is the attitude of some of the staff within it.” Another person said, “They don’t always bother.” A third person said, “Sometimes when I use the buzzer, they are very abrupt.” Another added, “Well I feel well cared for up to a point. There are some carers here who should not be carers.” During our inspection we observed staff speaking to people in a respectful and caring manner. We did not see any evidence of staff using abrupt or impolite language towards people throughout our visit.

People’s privacy and dignity was not always promoted by staff at the service. One person told us, “They don’t change my pads regularly, I have to keep buzzing them to do this.” Another person said, “I keep asking for a shower, but I am told there is not any staff available.” A third person told us, “There are two in particular who I feel don’t like me, one of them says I sleep too much.” During our visit we observed staff treating people with dignity and respect, however people’s feedback indicated that this was not always the case. We saw that staff had received training in dignity and respect, and the provider had a dignity programme in place. We discussed our concerns with the registered manager and operations manager. Both were surprised to receive this feedback, and explained that they had not heard information of this sort in the past. They assured us that they would take this feedback seriously and implement changes at the service.

People were not always treated with dignity and respect. This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s relatives were more positive about the staff providing their family members with care and support. One family member said, “I get on alright with the staff, I’ve got no complaints.” Another said, “I can only praise them.”

Staff told us that they worked to develop positive relationships about the people they cared for. One staff member explained that they spent time talking to people to get to know them and find out what makes them tick.

During our inspection we observed positive interactions between people and members of staff. They appeared to know each other well and staff spoke to people with care, empathy and kindness. We saw people approach staff to talk to them or ask them for support. We also saw that staff ensured people’s needs were met, and often were able to provide care intuitively, as they were aware of people’s needs and wishes.

People were not always aware of their care plans and the specific content of them, but they were able to tell us that they had been asked about how they would like to be cared for, as well as any preferences they may have. People’s relatives told us that, along with their family members, they had been involved in planning people’s care. They explained that they were regularly contacted by the service if there was a need to change any part of their family member’s care, and they felt that their input was taken into account by the service. We looked at people’s care records and saw that people and their family members had been involved in producing them. We also saw regular records of contact with people’s family members, to provide them with feedback and updates about their relatives care.

There was useful information on display around the service for people and their relatives to refer to. We saw that a service guide had been produced and was placed in communal areas of the service, as well as in people’s rooms. This meant they could always refer to the information within the guide if they needed to. The guide contained information such as what people could expect from the service, as well as useful contact information and complaints guidance. People were provided with contact details for the provider, local authority, advocacy groups and Care Quality Commission, to ensure they could raise any concerns appropriately.

People and their family members told us that visitors were welcome at the service, with no restrictions. During our inspection, we saw a number of people receive visits from family members. Staff recognised people’s visitors and spoke to them warmly and respectfully. There were a number of different communal areas, such as lounges, to conduct visits, and people could also use their bedrooms to ensure their visit was carried out in privacy.

# Is the service responsive?

## Our findings

People were not positive about the feedback systems at the service. Most of the people we spoke to, gave some sort of negative comment about their care, however they were not confident in the way the service would handle any complaints that were raised. One person told us, “I go and see the boss, she listens sometimes, but there are always repercussions with the carers.” Another person said, “I have complained about a member of staff but nothing has changed.” People’s family members gave mixed feedback about how complaints were handled. Some told us that they only needed to have a chat with the registered manager to get something sorted, but others felt that action was not always carried out quickly in response to complaints.

Staff and the registered manager told us that they tried to create an open atmosphere, where complaints and feedback from people were welcomed to help develop the service. The registered manager told us that they always acted when they received information from people or their families. The operations manager confirmed that the registered manager had passed on information to them regarding complaints or concerns raised, and had taken action. Both were surprised when we discussed people’s concerns about complaints with them and assured us that they would look into the matter to improve performance in this area. We saw that the service had a complaints policy in place, as well as a logging system for received complaints. The complaints which had been received had been logged, responded to and investigated by the service. We also saw that complainants had been written to and provided with the outcome of the investigation. In addition, further information was provided to people, if they were not happy with the outcome of the complaint.

Complaints received by staff or the service were not always investigated fully and proportionate action was not always taken. There were not effective systems to ensure people

were confident in making complaints, without fear of repercussion on the care they received. This was a breach of regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People usually received personalised care which was tailored to meet their specific needs. They told us that staff knew about their care and support needs and preferences, and that they ensured that these were met. We saw that staff were able to talk to people in line with their own specific communication needs, and about topics that were of interest to them.

The registered manager told us that before people first moved to the service, an assessment of their care and support needs was carried out. This was used to identify the areas where people needed help, and what they were still able to do for themselves. The registered manager and staff used the assessment to ensure they were able to meet people’s needs before they were offered a place at the service. This information was then used to create a temporary care plan, to inform staff of the best way to provide that person with the care that they needed. As staff got to know people, they were able to adapt and update people’s care plans, to ensure they were reflective of people’s changing needs. We looked in people’s care plans and saw that initial needs assessments were carried out, as well as regular reviews of people’s needs, to ensure they were getting the correct care and support. There was evidence that the person and their family members were also involved in the review process.

People told us that there was an activity co-ordinator at the service. People were positive about the impact that they had, and explained that they carried out a number of activities throughout the week. We observed the activities co-ordinator going around talking to people on an individual basis. They went through photographs and interacted with them, using a range of different props to get them involved. We also saw that there was an activity plan on display, so that people were aware of specific planned activities and could choose to take part in them or not.

# Is the service well-led?

## Our findings

There was not a positive and open culture and atmosphere at the service. People and their relatives were not always comfortable with all the staff that provided them with care. They also told us that they did not feel that they could always provide open and honest feedback, or make complaints, as they were not confident that they would be listened to and were afraid of repercussions as a result.

We discussed people's concerns with the registered manager and operations manager. Both were surprised by the feedback that we had received and told us that they had not been made aware of these concerns by staff, people or their family members. They told us that they worked hard to try to create an open atmosphere and wanted to ensure that people were happy within the service. They also told us that, to their knowledge, none of these concerns had been raised with other agencies, such as people's social workers or when the local authority carried out a recent contract monitoring visit.

The registered manager and staff had made efforts to help people to feel comfortable within the service, including when raising any issues or concerns. They told us that they had an open door policy, and encouraged people, their visitors and staff to drop in and have a chat or raise any concerns. They also told us that there were regular meetings held for staff, people and their relatives, to provide a forum to raise any concerns to discuss the development of the service. In addition, the provider sent out satisfaction surveys annually, to obtain people's feedback and identify areas for improvement. We saw minutes from meetings with staff, people and their family members which demonstrated that they were well attended and provided an opportunity to raise any issues. Times and dates for upcoming meetings were clearly displayed, so that everybody was aware they were

scheduled. There were also results from the most recent satisfaction survey on display, including an analysis of the results which showed what the service did well, and what areas needed to be improved. The issues people discussed with us during our inspection did not feature in people's feedback about the service.

Staff were positive about their role in the service and the support that they received. One staff member told us, "This is my home from home, I've always been happy here." Staff members also told us that they felt they could approach the registered manager if they had any problems or concerns. In addition, they told us that the service had a whistleblowing policy in place, and they wouldn't hesitate to use, if they felt it was necessary.

The service had a registered manager in post. They were well supported by the provider and people, their relatives and staff members were aware of who they were. The registered manager had ensured that they had completed their regulatory requirements, such as sending notifications of certain incidents, for example, safeguarding concerns, to the Care Quality Commission (CQC). There were also systems in place to ensure that incidents and accidents were looked into and investigated if necessary.

The registered manager and operations manager explained to us that the service had a range of different checks and audits to monitor the delivery of care. These included internal checks by the registered manager, as well as provider visits, usually carried out by the operations manager. These included checking areas such as medication management, health and safety, care plans and staff recruitment files. We looked at the quality assurance systems in place at the service and found that they were completed regularly and highlighted areas for development. From that, an action plan was produced to drive improvements at the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staffing levels at the service were consistent, however were not sufficient to meet the requirements of people living at the service.

Regulation 18 (1)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Complaints received by staff or the service were not always investigated fully and proportionate action was not always taken. There were not effective systems to ensure people were confident in making complaints, without fear of repercussion on the care they received.

Regulation 16 (1)(2)