Bedford Borough Council

Brookside

Inspection report

99 High Street
Kempston
Bedford
Bedfordshire
MK42 7BS

Tel: 01234852324

Date of inspection visit:
15 October 2019
16 October 2019

Date of publication:
04 November 2019

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:
Brookside is a residential care home providing personal care to 18 older people and younger adults, living with a learning disability or dementia at the time of the inspection. People has their own bedrooms at the service and shared facilities such as the kitchen, dining room, garden and bathrooms. Some people used the service for respite.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them .

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 22 people. 18 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design which allowed people to have their own personal space and maintain their independence. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people. People were supported to be a part of the community and had access to local amenities. People had been living at Brookside for a large part of their lives and were happy being supported at the service.

People's experience of using this service and what we found:
People were positive about their care. One person told us, ''I am very happy living here and the staff are so kind and caring. I feel like this is my home and I cannot fault it.''

People were supported by a kind and compassionate staff team who knew them well. Staff members had a passion for supporting people in a person-centred way and people received personalised care based on their support needs. People were supported to take part in activities and access the community based around their likes, dislikes and preferences. The service was designed and decorated to meet the needs of people using the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to maintain their independence and live their lives in the way that they chose.

People felts safe living at the service and systems and processes were in place to safeguard people from harm and abuse. Risk assessments were in place which enabled them to take positive risks whilst keeping them safe. Medicines were administered safely and good infection control measures were followed at the

service.

People were supported by suitably trained and competent staff and there were enough staff to support people in a timely manner. People had access to a complaints procedure if they wished to make a complaint about the service. People had plans in place for the end of their life and staff members had a good understanding of how to support people at this time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to eat a balanced and health diet and were supported to live healthy lives and see health professionals where this was needed.

The manager promoted a positive culture and was passionate about supporting people using the service. The manager completed audits to monitor the quality of the service and put actions in place if areas for improvement were identified. People, relatives and the staff team were asked for feedback about the service and this was used to continually develop the service. The manager and staff team worked well with other organisations to achieve good outcomes for people.

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

Rating at last inspection:
The last rating for this service was good (published 3 May 2017).

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.

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.

Brookside

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:
One inspector carried out this inspection.

Service and service type:
Brookside is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was going through the process of registering 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. We received feedback from the local authorities who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection:

We spoke with seven people about their experience of the care provided. We observed interactions between staff and people who used the service. We spoke with eight members of staff including care staff, senior care staff, the activities coordinator, the cook, a domestic staff member, a maintenance staff member, the manager and the operations manager.
We reviewed a range of records. This included three people's care records which included all aspects of care and risk. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection:
The registered manager sent us further evidence in relation to training data and quality assurance records.

Good

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 felt safe living at the service. People told us, ''I feel very safe living here.'' and, ''I do feel very safe living here because all of the staff are so good.''
- Staff received training in safeguarding and had good knowledge about keeping people safe and how to report concerns. People, staff and visitors to the service had access to information about safeguarding through posters and policies available at the service.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs such as using mobility equipment or accessing the community. One person said, ''[Staff] all know I need [piece of equipment] to walk with and they make sure I have this all the time. [Staff] are always about to help me as well.''
- People were supported to take positive risks in areas such as managing their health or accessing the community. The manager held discussions with people to ensure that they understood risks and that they were in control of their own safety.
- The manager and the maintenance team completed health and safety checks in all areas of the building and for the equipment that people used. This meant that the premises and equipment was kept safe for people to use.
- On the second day of our inspection we saw that some minor issues that had been identified in a fire risk assessment had not yet been actioned. The operations manager sent us information immediately following the inspection to show that these actions were dealt with.

Staffing and recruitment

- There were enough staff to support people safely. One person told us, ''There are enough staff to help me. There is always someone about.'' We saw that staff members supported people when they needed or requested support and that staff members had time to sit and talk to people throughout our inspection.
- Staff members told us that there were enough staff to support people safely. The operations manager told us that the service was flexible and employed more staff when people's needs changed.
- The manager used agency staff to cover staff vacancies. Regular agency staff members were involved in supervisions and team meetings at the service to ensure that they were up to date with people's support needs.
- The provider completed robust recruitment checks for all staff members. This helped ensure that they were of a good character for the job role.

Using medicines safely

● People were supported safely with their medicines. One person said, ''[Staff] know what they are doing with the medicines. They always do them on time.''
● Staff members received training and competencies assessments to ensure that they administered medicines safely. We observed staff administering medicines and saw that safe practice was followed.
● People who were administered 'as and when required' (PRN medicines) had detailed protocols in place for staff to follow. We checked the stock of some medicines and reviewed the way that medicines were stored at the service and found that these were correct and kept people safe.

Preventing and controlling infection
● People told us that the service was clean. One person said, ''It is really clean here and [maintenance] staff fix anything that is wrong with the building.'' The service appeared clean and was free from malodours during our inspection.
● Staff told us that they had enough equipment such as gloves and aprons to complete cleaning tasks. We observed that domestic staff kept the service clean throughout the inspection.

Learning lessons when things go wrong
● The manager reviewed incidents, accidents, safeguarding concerns and complaints and measures were put in place to help prevent these reoccurring. The manager shared actions put in place with staff if things went wrong to ensure that lessons were learned.

Good

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 needs were assessed before they started using the service. People who accessed the service regularly for respite had these needs reviewed at each visit to ensure that care plans were up to date.
- People's assessment covered their cultural and social preferences as well as their likes and dislikes. This meant that people's support could be tailored around their individual needs.
- The manager stayed up to date with legislations and guidance and used this to inform the support that people received at the service.

Staff support: induction, training, skills and experience

- Staff had training in areas such as safeguarding, fire safety, the administration of medicines and supporting people to communicate. One person said, ''[Staff] are very well trained. They know how to help me, and they know how to use [mobility equipment].'' Staff members used moving and handling equipment confidently and followed good practice.
- Staff members had a thorough induction to the service and received extra support from the manager and senior staff when they started their job roles.
- Staff received supervisions and had their competencies assessed in areas such as administering medicines or using equipment. Staff were encouraged to continue to develop their skills through discussions in supervisions.

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

- People were positive about the food at the service. People told us, ''The food is very good. We get a choice of what to eat and it all tastes great.'' and, ''The food is delicious. We get a good choice and can have something to eat whenever I want.''
- The cook had a good understanding and knowledge of people's dietary requirements, likes and dislikes. The cook was passionate about providing healthy, balanced meals for people. We saw that food prepared and served looked and smelled appetising.
- People who required special diets were supported with these and these were clearly explained in care plans. People's food and fluid intake was recorded if there were concerns and staff members also made referrals to the dietitian if people needed more support.
- The manager and cook worked with people to choose meals and make menu plans.

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

- People were supported to see health professionals such as GP's, dentists and physiotherapists. One

person said, ''[Staff] help me to book appointments and they take me to the appointments as well.''
● Advice from health professionals was recorded and used to update people's care plans to ensure that the advice was followed. Staff members told us how they supported people to stay healthy and how they kept up to date with advice from health professionals.
● People were supported to live healthy lives. One person said, ''[Staff] help us all to keep healthy.'' One staff member was a dedicated 'tooth fairy' which meant that they supported people to maintain good oral care and had regular discussions with people about this. The manager discussed healthy living and healthy eating and drinking with people in meetings.

Adapting service, design, decoration to meet people's needs
● People were happy with the design and decoration of the service. One person told us, ''It's lovely living here with so much space. I have my own bedroom and can decorate it however I want.''
● People had access to a large garden area and a summer house which was being re decorated for use next summer. One area of the service had been converted in to a quiet and sensory room which one person told us they enjoyed using.
● People's rooms were personalised depending on their likes and preferences. Signs and information around the service was available in various formats to help people understand what was happening at the service.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and were being met.
● People told us that staff always asked for their consent. One person said, ''[Staff] are very polite and will always ask me before they help with anything.'' We observed staff asking people to consent to their support during the inspection.
● The manager and staff team completed capacity assessments and best interests' meetings with people who lacked capacity in certain areas. People had DoLS authorisations in place if they needed them and these were in place using the correct procedures.

Good

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 has 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 were positive about the care they received. People told us, ''[Staff] are very kind and very nice. They know what I like and do not like, and they are excellent.'' and, ''[Staff] here are very kind. They look after me and do everything just the way I like it.''
- Staff members knew people well and had a good knowledge of people's individual support needs. People were happy and relaxed in the presence of the staff team and staff took the time to sit and talk with people throughout the inspection.
- People's care plans were written using respectful language and focused on people's likes, dislikes and cultural beliefs as well as their physical support needs. Staff also completed daily records about how people were during the day, however these were not always detailed and did not give a reflection of the support people had received. The operations manager showed us that they were working with the staff team to improve in this area.

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

- People told us they could make choices about their support. People said ''There is lots of choice here. What to eat, what to wear, what activities to take part in. Really good.'' and, ''[Staff] are brilliant and I have lots of choices. I can even eat lunch for breakfast or breakfast for lunch if I want to.''
- Staff members supported people to make choices whilst they were being supported in all areas of their care and support.
- People, and those important to them, were involved in regular reviews of their care plans and their choices were clearly recorded. One person told us, ''We do go through the care plan. [Staff] ask me what I want rather than me asking them what I want which is really good.''

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and we observed staff knocking on people's doors or discreetly supporting people with personal care. One person said, ''[Staff] are very understanding and very polite.''
- People's independence was promoted and encouraged. One person told us, ''The staff members let me do what I can do by myself. This is very important to me.'' We observed people being supported to maintain their independence in areas such as walking, laying tables for meals and taking part in activities.
- Staff members had a good understanding of how to promote people's independence and people's care plans detailed the support people would need in this area.

Good

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 has 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 received personalised care that met their needs and focused on their preferences. One person told us, ''[Staff] really know what is important to me and they respect that.''
- One person followed a specific religion and the manager and staff team had taken the time to research and understand what this meant to the person's life.
- Staff members had a good understanding of people's different needs and supported them in line with their preferences. We observed staff members speaking to people in their preferred communication styles and encouraging people to take part in activities or daily living tasks. Staff members used techniques to encourage people in ways that worked for that person.
- People's care plans were very detailed and focused on people's likes, dislikes and preferences.
- Staff were passionate about supporting people in an individual and person-centred manner. A staff member said, ''People are at the centre of their care. They need to be included in choices and everything that matters to them as a person.''

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.

- People were supported to communicate in their preferred communication methods. Staff members received training and had a good understanding of how to communicate with people in different ways.
- The manager was working with people to make care plans more accessible by including pictures and symbols. People told us that this was a good idea and that they liked the new care plans. The manager had also recently produced pictorial menus to support people to make meal choices more easily.
- Policies and procedures in areas such as safeguarding, and complaints were available for people to read in a variety of formats.

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 told us they could take part in a number of activities both in the community and at the service. One person told us, ''There is always something going on here. I am a very relaxed person and it is nice to be offered the choice rather than having to take part all of the time.''
- Staff supported people who remained in the service to take part in activities which they enjoyed. These depended on the person and included art work, playing board games, decorating the premises for

upcoming events or supporting with administration tasks in the office such as shredding paper.
● People told us that community activities included going to the shops, going to the cinema or going out for meals. People were supported to use public transport and the service location meant that several community opportunities were very close by.
● The activities coordinator and the staff team had a good understanding of what people liked to do throughout the day. The activities coordinator recorded whether people liked activities or not for future reference and to help identify how best to support people.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy in place and this was available in different formats for people to use.
● People told us they had not had to make a complaint recently but that they would talk to the manager or the staff team if something was wrong. Complaints made in the past had been dealt with in a timely manner.

End of life care and support
● The manager had supported people to put end of life plans in place and these included people's preferences. The manager was sourcing end of life training for staff members to help improve their understanding of people's needs at this time.
● Staff members we spoke with had a good understanding of how to support people with dignity and respect at the end of their lives.

Good

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.

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

- The manager and staff team were clear about their roles and the importance of them when it came to supporting people. The manager ensured that they shared information and ideas with the staff team so that everyone was working to support people in the same way. Staff members held daily handovers to share information and ensure that any changes were communicated.
- The manager and operations manager completed audits in areas such as medicines, meal time experiences, people's care plans and staff interactions to monitor the quality of the service. The manager put actions in place if any areas for improvement were found.
- Staff members had detailed plans to follow in case of an emergency such as a fire or extreme staff shortages. Staff members always had access to a senior manager out of hours.
- The manager reported all notifiable incidents to the proper authorities. Information was shared with people and the staff team following any incidents.

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

- People were positive about the management of the service. People told us, ''The manager is like my mate who I can talk to any time.'' and, ''This place is really well run. [Manager] is doing an excellent job.''
- The manager promoted a positive culture and was passionate about supporting people living at the service. The manager had worked at the service a long time and had ensured that people and the staff team were aware of changes being made and their vision for service.
- The manager was well known by people and the staff team. There was a positive atmosphere at the service with people and staff members describing the service as 'being like a family' and having a 'homely feel'.
- A senior staff member spoke with us about how they would often make sure they supported people directly on shift alongside staff members. This gave them an understanding of people's day to day support needs and a chance to role model best practice to staff members.

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

- The manager and staff members held regular formal and informal meetings with people to collect feedback about the service. One person said, ''We have meetings where we can talk about the care. They are

really good.'' Minutes from these meetings showed that feedback was listened to and used to improve the service if necessary.

● Staff members were encouraged to provide feedback about the service in supervisions and team meetings. Staff members told us they felt supported in their job roles and that their ideas were listened to by the management team.

● The manager and operations manager asked people, their relatives and the staff team to complete regular surveys. Results from these surveys were analysed and used to inform the development of the service.

Continuous learning and improving care

● The manager and operations manager were keen to continue to improve the service. The manager continued to develop ways to ensure that people received individualised care whilst living in an environment with other people.

● The manager and staff team ensured that actions from meetings and audits were completed to continually improve the service.

Working in partnership with others

● The manager and staff team worked well with other organisations such as day services and local shops and businesses. This ensured that people received good outcomes when accessing the community.

● The manager and staff team worked well with health professionals to ensure that people received support to meet their needs.