

Mr & Mrs MF Joomun

# Biffins Care Home

## Inspection report

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Date of inspection visit: 9 and 19 November 2015  
Date of publication: 08/01/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 9 and 19 November 2015.

Biffins Care Home is registered to provide accommodation and care for up to 14 older people some of whom may be living with dementia. There were 13 people living in the service on the day of our inspection.

Prior to the inspection we had received concerns about people being washed and changed into their nightclothes at 3.30pm and that they were woken up, washed and dressed early the next morning. We visited the service at 6am on 9 November and at 5pm on 19 November to check if this was happening and if people

were happy to go to bed early and to get up early. At our first inspection visit there were no people up on our arrival and on our second visit no one was changed into their nightclothes.

There was a registered manager in post. 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.

# Summary of findings

People received their care and support in a way that ensured their safety and welfare. There were sufficient numbers of staff who had been safely recruited, were well trained and supported to meet people's assessed needs. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed.

Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely.

People had sufficient amounts of food and drink to meet their individual needs. People's care needs had been assessed and their care plans provided staff with the information needed to meet their needs and preferences and to care for them safely. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and knew the people they cared for well. They ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and they participated in activities of their choosing. People were able to receive their visitors at any time and their families and friends were made to feel welcome.

People were confident that their concerns or complaints would be listened to and acted upon.

There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as they should.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



### Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind, caring and compassionate in their approach.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Good



### Is the service responsive?

The service was responsive.

The assessments and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Good



### Is the service well-led?

The service was well-led.

Staff had confidence in the manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Good



# Biffins Care Home

## 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 9 and 19 November 2015 was unannounced and carried out by one inspector.

Before our inspection we reviewed information that we held about the service such as previous inspection reports,

safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with eight people and one of their visitors, the registered manager/provider, the deputy manager, the night supervisor and seven members of staff. We reviewed three people's care files and four staff's recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

# Is the service safe?

## Our findings

People were protected from the risk of abuse. They told us that they felt safe and secure and throughout our visit they were seen to be comfortable, relaxed and happy when interacting with staff and with each other. There were leaflets and posters about safeguarding people displayed in the entrance hall. The registered manager/provider and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer to when needed. Staff had been trained in safeguarding people and knew the actions to take if they witnessed or suspected abuse. One staff member said, “I would make sure the person is safe and report it to my manager or to the social services.”

Risks to people’s health and safety were well managed. Staff had received training in first aid and fire safety and they knew to call the emergency services when needed. There were detailed fire evacuation plans in place which were displayed in the entrance hall for easy access to staff in an emergency. Staff told us and the records confirmed that regular fire drills had been carried out. People had risk assessments together with management plans for their mobility, skincare, nutrition, falls and accessing the local community. Staff had a good knowledge of people’s identified risks and described how they would manage them. One person regularly went home and to the local shops with staff support. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The registered manager/provider had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were safety certificates in place. The registered manager/provider carried out minor repairs and decorating and hired contractors for larger work such as for building repairs and repairs to the heating system. They did not have a dedicated maintenance book but there was a record of repairs in the diary. There was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

There were sufficient staff to meet people’s assessed needs. People told us that staff were quick to respond to them when needed. One person said, “The staff are always

there to help me when I need them.” Another said, “They [staff] are lovely ladies who look after me well and I never have to wait too long for them to help me.” The duty rotas showed that staffing levels had been consistent over the eight week period checked and we observed that there were sufficient staff on duty to meet people’s needs when we visited.

There were robust recruitment processes in place to ensure that people were supported by suitable staff. The registered manager/provider had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and they had not been able to start work until all the checks had been carried out.

People’s medicines were managed safely. People told us that they were given their medication correctly and that they knew what it was for. One person said, “Staff are very good and they make sure I get my medicine when I need it.” Another said, “I know the [staff] will look after my medication and they will make sure that I have enough.” Staff had a good knowledge of people’s medicine needs and their individual medical history and they gave people their medication appropriately.

There was a good system in place for ordering, receiving, storing and the disposal of medication. We carried out a random check of the medication system and observed a medication round.

We found that the medication was correct and the medication administration record sheets (MARS) had been completed to a good standard. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication.

Staff had been trained and had received regular updates to refresh their knowledge. The registered manager/provider was responsible for ordering medication, which was done on a 28 day cycle. They told us, and the records confirmed that unused or spoiled medication was returned to the pharmacy. Staff’s competency to administer medication was regularly checked through the supervision process. This showed that people received their medication safely and as prescribed.

# Is the service effective?

## Our findings

People were cared for by staff who felt supported and valued. Staff told us, and the records confirmed that the induction process was good. Staff had received supervision and felt well supported by the registered manager/provider. One staff member said, “I get good support, the registered manager/provider is in the home most days and always takes the time to talk with me.” Another said, “We have a new night supervisor and they are organising regular meetings. I do feel supported in my work.”

Staff had the knowledge and skills to care for people effectively. People told us that they felt staff were well trained. One person said, “They [staff] are very good, they know how to care for me so they must have had good training.” Staff told us, and the records confirmed that they had received recent training that included first aid, health and safety, fire safety, infection control, dementia care, nutrition and well-being and pressure area care. One staff member said, “The training is good it helps me to do my work and I have regular updates.” Staff told us they had completed a national qualification in care and the records confirmed that 15 of the service’s 18 staff had either obtained or were working towards a national vocational qualification in care. People were cared for by well trained staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were

being met. There were information leaflets about DoLS available in the entrance hall. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. One staff member said, “I know that people are assumed to have capacity and that if they don’t have it, any decisions must be made in their best interests.”

Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. People told us, and we heard, that staff asked them for their consent before carrying out any tasks. Mental capacity assessments had been completed out where required. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us that the food was home cooked and that there was always plenty of it. There was fresh fruit available for people to help themselves to when they wanted it. One person told us, “I think the food is very good here, I can have something different if I don’t like what is on the menu.” Another person said, “There is always a choice but I cannot always remember what I chose so staff give me the choice again. The food is very nicely cooked.” The lunchtime experience was pleasant; people were relaxed, happy and chatting with each other. Where people required help with their meal, staff supported them appropriately ensuring they had sufficient time to enjoy the meal. Where it was necessary people’s dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy.

People’s healthcare needs were met. They told us that they saw a variety of healthcare professionals such as the dentist, optician, occupational therapist, chiropodist, physiotherapist, district and specialist nurse and the doctor. People told us, and the records confirmed that they got the support they needed to help them to remain healthy. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed.

# Is the service caring?

## Our findings

People told us that the registered manager/provider and staff were kind and caring. They said that they were, 'ever so kind', 'all lovely, kind and caring', 'treat me well, lovely place', 'very caring people', and, 'very kind and nice'. A visitor told us that when they visited the staff treated people respectfully and were always kind and caring. People were relaxed and cheerful throughout our visit and there was good staff interaction. Staff knew people well and had built up positive caring relationships with them and they showed kind and caring qualities when interacting with people.

People were treated with dignity and respect. They told us that the staff never rushed them and that they always treated them with respect. We saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any tasks. People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms.

People told us that they were able to practice their faith. One person said, "We have some lovely services and I like to hear them preaching." Another person said, "I always enjoy the vicar's service." On the day of our visit one person was receiving a visit from the local vicar and their trainee and people said they were looking forward to singing hymns with them. People's religious faith was respected and their cultural needs had been met.

Staff supported people to maintain their independence. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed.

One person told us that they liked to go home to make sure everything was alright and they also liked to go shopping. The registered manager/provider regularly supported them

to do this and had emergency plans in place should any problems arise. They had made arrangements to ensure that the person was able to maintain their independence with the appropriate support.

People had been actively involved in making decisions about their care and support. They told us they made choices about how they spent their time, what they wanted to wear and where they wanted to be. The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

There was very detailed information about the person's life history on one of the care files that we viewed. Staff told us that they were in the process of gathering life histories for other people and that they were waiting for further information from two people's families. Staff knew people well and recognised the importance of recording their life histories to ensure that all staff had enough information about each individual. One staff member said, "I think it is important to know about people's past lives. It gives us a talking point. Some people like to talk about the past but others prefer not to and I respect that."

People told us that their visitors were made welcome at any time. One person said, "My relatives visit when they want to, they are very busy people but can visit me at any time." A visitor told us that they were always made to feel welcome by staff and that they were offered a drink on their arrival.

Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the entrance hall. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

# Is the service responsive?

## Our findings

Prior to our inspection we received concerns about people being washed and changed into their nightclothes from 3.30pm in the afternoon and that they were woken up, washed and dressed as early as 5.30am in the morning. We visited the service at 6am on 9 November 2015 and at 4pm on 19 November 2015 to check if this was happening.

During our visit on 9 November 2015 we found there were no people up, washed or dressed. However, one person generally did wake early morning and preferred to go to bed after their tea late in the afternoon. This was clearly documented in their care plan and they indicated to us that this was their wish. Night staff told us that if people woke up early they would be asked if they wanted to be washed and dressed. We heard people's call bells sounding and the night staff responded to them quickly. One of the night staff told us, "People let us know when they want to get up. There is one person who is always awake and is ready to get up quite early." This showed that people who woke early were washed and dressed if they wanted to be.

On our second visit on 19 November 2015 we found that no people had been changed into their nightclothes. People told us that they got changed when they wanted to and one person said, and the records confirmed, that they preferred to go to bed early in the evening and get up early in the morning.

People had received a full assessment of their needs prior to moving into the service and together with their families had been fully involved in the assessment and care planning process. One person said, "They [staff] asked me what I needed help and support with and they wrote it in my notes." Another said, "Staff checked with me to make sure that they knew what I wanted." The care plans identified people's preferences such as prefers to be called.... And likes to go to bed by 8pm – light off, door open. There was good information about their parents, their children, their married and work life. There were detailed end of life plans describing individual's wishes for their end of life care. All of the care plans had been regularly reviewed and updated to reflect people's changing needs. People told us that when needed the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. People received personalised care that was responsive to their individual needs

People were given the support they needed when they mobilised around the home. For example, staff helped people to move around the service using their individual walking aids. Staff had put reminders on the hallway wall to show people the route they needed to take to get to different places such as the dining room and the bathroom. People told us that when they rang their call bell staff were quick to respond. They also said that staff did not rush them and that staff responded quickly when they needed support and we saw this in practice throughout our visits. People received a service that was responsive to their needs.

People told us that there was plenty to do. One person said, "I like having my nails done and having the creams and massage." Another said, "I get my own newspaper so I know what is going on in the world. We also get entertainers visit and I really enjoy the lady singer." Other people told us about the vicar visiting for Communion and how they had enjoyed singing hymns. People were supported to follow their own interests and hobbies as far as they were able to.

People told us that the staff and registered manager/provider asked for their views on a daily basis and we heard and saw this in practice. Staff constantly checked to see that the service they provided suited people's needs. People told us that they had participated in meetings where they had discussed menus, activities, staff and the general running of the service.

People told us they knew how to complain and that they would tell the staff or registered manager/provider if they had any problems. They said they were confident that their complaints would be dealt with quickly. One person said, "I don't think that I have any reason to complain but if I did I think they [staff] would deal with it properly." Another said, "When I complain they sort it out quickly. They always listen to my concerns and deal with them." There was a good complaints process in place which fully described how any complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaint records showed that concerns had been responded to appropriately and that they had been fully considered and resolved. The service had asked the complainant for feedback to enable them to learn from people's experiences. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

# Is the service well-led?

## Our findings

The registered manager is also the provider and they work in the service on a daily basis. They are also available at other times to support staff as they lived locally. Staff told us that the registered manager/provider was very supportive and was always available should they need help with anything. The registered manager/provider had a good knowledge about the people they were caring for. People mentioned him by name and spoke fondly of him. One person said, “He (registered manager/provider) is very kind and he always asks if I am ok or if I need anything. I really like him.”

There was an open door policy where people, their relatives and staff could speak with the registered manager/provider whenever they wanted to. People had confidence in him and they told us that he was approachable and supportive and he responded positively to any requests that they made.

Staff said that they felt valued and they shared the registered manager/provider’s vision for the service to provide person centred care that addressed people’s physical, emotional and spiritual needs.

There were clear whistle blowing, safeguarding and complaints procedures in place. Staff said that they were confident about implementing these policies. One staff member said, “I would not hesitate to report any concerns or issues to [registered manager/provider] as they always deal with things quickly.”

People told us that they were actively involved in making decisions about how to improve the service. They said that regular meetings had taken place where they had discussed a range of issues which included welcoming new people, forthcoming parties and outings and changes to the menus and activities.

There was an effective quality monitoring system in place. People’s views had been sought and their responses had been analysed and actions had been taken to address any shortfalls. The registered manager/provider had held two events in the past 12 months where feedback was sought from friends and relatives on an informal basis.

Regular audits had taken place such as for health and safety, medication and dignity in care. The registered manager/provider told us, and the records confirmed, that they had also completed a six monthly manager’s self-assessment document which covered recruitment, training and policies and procedures. People told us that they were very happy with the quality of the service.

Regular staff meetings had taken place where a range of issues such as safeguarding people, medication and care practices had been discussed. Staff told us that the registered manager/provider allowed them to have open discussions with him both at meetings and at any other time. They also said that they were fully involved in how the service was run. One staff member said, “He [registered manager/provider] always listens to what I say and will take any issues seriously and deal with them.”

Staff had good communication with each other as handovers took place between each shift and a communication book was used to record important information. This meant that staff could quickly access information when returning to work after a break to ensure that they had good up to date information so they could care for people safely. This showed that there was good teamwork and that staff were kept up to date about changes to people’s care needs.

Personal records were stored in a locked office when not in use but they were accessible to staff, when needed. The registered manager/provider had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.