

Family First Residential Care Homes Ltd

Bings Hall

Inspection report

Chelmsford Road
Felsted
Dunmow
Essex
CM6 3EP

Tel: 01371820544

Date of inspection visit:
05 November 2019

Date of publication:
04 December 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:

Bings Hall is a residential care home, providing personal and nursing care for up to 17 older people. On the day of our inspection 15 people were living at the service. The service accommodates people across two floors, which has separate adapted facilities.

People's experience of using this service:

People were safe living in the service. Risks had been identified and people were looked after safely.

Staff were kind and caring and supported people to be as independent as possible.

People had access to healthcare professionals when required and were supported to have enough to eat and drink to maintain their well-being.

Staff knew how to care for people, they were kind and compassionate. Staff used their skills and the resources and equipment provided so the risk of accidental harm or infections was reduced. Staff had developed effective skills to meet the complex needs of the people at the service.

People were supported to have their prescribed medicines safely to remain well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Positive partnerships had been developed with external health and social care professionals. People benefited from good multi-disciplinary working.

The registered manager had clear oversight of the service and worked alongside staff. Staff were respectful of the register manager and told us the registered manager was approachable and supportive.

Rating at last inspection:

In August 2018, we undertook a comprehensive inspection and looked at all key questions. There was a breach of the regulation around good governance. The service was rated as Requires improvement and the report was published on 2 November 2018.

The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The overall rating for the service has changed from Requires improvement to Good.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

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.

Bings Hall

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of two inspectors. An expert by experience supported the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Bings Hall is a care home. People in care homes received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the, registered manager and three staff including the chef. We also spoke with five people who used the service and three relatives. We observed the care and support provided

to people and the interaction between staff and people throughout our inspection. We reviewed a range of records. This included four people's care records and multiple medication records. We at a variety of records relating to the management of the service.

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 Requires improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm. At our last inspection in August 2018, we found that medication practices were not safe and in line with good practice procedures. Also, recruitment practices were not as robust and safe as they should be.

Using medicines safely:

- People received their medicines safely. Staff had received training on how to manage and administer medicines.
- There was a robust process in place for the ordering, storing, dispensing, recording and disposal of medicines. All medicines were stored and kept at the correct temperature.
- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed.
- The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Our observation of staff practice showed staff undertook this task with dignity and respect for the people they supported.

Staffing and recruitment:

- Staffing levels were appropriate to meet the needs of people using the service. Staff members spoken with said they felt there were enough staff on duty to keep people safe. They told us, "Although at times we are really busy, you only need to ask someone for some help. We work as a team." One person told us, "When I ring my buzzer, I have never had to wait very long before someone comes." Another person said, "I have never thought about being anything but very safe here, very homely place, much better then living in my own home. I like the carpet as I don't like smooth floors, I can slip even if I am in slippers."
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included reference requests from people's last employer and checks from the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. Staff could not work until these checks had been carried out.

Systems and processes to safeguard people from risk of abuse:

- People were safe and protected from avoidable harm. People's needs were assessed, and plans were in place and followed to promote their safety. People told us they had confidence in the staff because staff knew them well and had developed a positive relationship with them. One person told us, "We have never felt anything other than safe, safer than in our home."
- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused. Staff had received safeguarding training and had a safeguarding policy and procedure to support their practice. The management team were proactive in developing staff understanding of the importance of keeping people

safe and their role in doing this. This was supported through regular training, supervisions and communications to staff.

- We saw examples where concerns had been raised, and investigations took place in line with the providers safeguarding policy and procedure. The registered manager took appropriate action and investigated the concern keeping all parties updated.

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and managed safely. Risk assessments were evaluated monthly or if people's needs had changed. They covered a wide range of areas such as, falls, skin integrity, choking, bed rails, diet and nutrition, and manual handling. Staff told us how they supported people to minimise the risk for example of choking, they followed guidelines from the dietician on providing people with a soft diet.
- The environment and equipment were safe and well maintained. People were involved in practice fire drills to check any risk to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services on the support people required in these circumstances.

Preventing and controlling infection:

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- Regular infections control audits were carried out by the registered manager.
- The service was clean and there were no odours.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.
- The registered manager worked collaboratively to ensure the service involved people, their relatives, and staff to find solutions and to make improvements to the service.

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 requires improvement this was because not all staff received up-to-date manual handling training, a robust induction, regular supervision and an appraisal. At this inspection we found improvements had been made and this question is now rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.
 - The registered manager had a detailed understanding of the mental capacity act and understood their responsibility in terms of how this legislation was applied.
 - People were clearly involved in making decisions about their care and treatment and staff had a thorough understanding of how to support people to do so.
 - Care plans contained clear information regarding people's capacity to make decisions about their care.
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- The registered manager completed a pre-assessment and worked closely with external professionals to assess and understand people's needs before they moved into the service. This looked at several key areas, such as, people's physical, mental, and social needs.
 - Care plans were detailed and offered staff practical advice. The registered manager told us of a clear example how they supported people with their sexuality and relationships. Care plans were regularly reviewed and updated to ensure people's changing needs were met.

Staff skills, knowledge and experience:

- Staff were given an induction, which included them shadowing other members of staff. The care certificate was then completed. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- Staff training covered a wide range of mandatory and specialist subjects which staff said, enabled them to be confident in their role. One staff member said, "If we need any extra training we can ask for it." and, " We are always having our training updated to ensure we are up to date with any changes."

- We observed staff were skilled and feedback from external professionals confirmed they could meet people's changing needs.
- Staff told us they had regular supervision meetings with the manager to support their development and annual appraisals. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.
- Staff had a good understanding of equality and diversity, which was reinforced through training.

Supporting people to eat and drink enough with choice in a balanced diet:

- People told us they liked the food. One person told us, "The food is good here, well-cooked and homely meals like my mum used to cook, I eat very well." I sometimes chose to eat my breakfast in my room and go to the dining area for lunch it's my choice where I eat my meal. Another person told us, "I am quite fussy with food, but it is never a problem they always adapt a meal or offer me something else." Staff told us meal times were flexible for example, breakfast was served between 8am and 11am and we observed breakfast being served at people's chosen time no one was rushed.
- The chef was knowledgeable about people's nutritional needs. They told us, "I have regular updates from the registered manager around any changes of people needs or any health needs, which may require them having a different diet."
- We observed people making choices about what they would like for lunch and being supported by staff in a dignified and respectful way. Some people had adapted cutlery and crockery, to enable them to eat as independently as possible.

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

- The service had clear systems in place for referring people to external agencies. Any input from health professionals was clearly documented in people's care plans with any outcomes or actions to be taken.
- People had access to services such as the chiropodist, optician and dentist and regular medication reviews.
- People and their family members told us health professionals were quickly involved if this was needed. One person told us, "If I need the GP they get one to visit me on the same day." One family member said, "The communication is really good they keep us fully informed." Another relative told us, "My relative has been living here for 2 years and from the start I was impressed how much they know about my relative's needs. As soon as they moved in they organized a full check-up, including for her new hearing aid and glasses. She had the same ones for 5 years before. It has made a big difference having professionals on board."

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

- The environment was bright and airy and easy to move around. Peoples rooms were personalised with pictures and personal items and the communal areas were comfortable, homely and inviting.
- There was a large secure garden area which had suitable tables and chairs for people to use.

Is the service caring?

Our findings

Caring – this means 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; equality and diversity:

- People told us they liked the staff supporting them. One person said, "This is my first contact with a residential home and I am well impressed with staff attitudes, they are very caring and helpful people. Gentle and kind, makes you feel valued. It's hard to beat my independence at home, but I could get used to this. They are very hard-working people, always asking if I need anything." Another person said, "I like all of the carers. I can't fault this place at all, coming to a new place from home, you can't not have some reservations how it will all pan out, I can say I was very lucky we found this place. Also, very important for me was that I could bring my cat with me and they are looking after both of us very nicely."
- We observed staff interacting with people. Staff showed kindness, empathy and compassion.
- Staff took time to interact with people and stopped to chat without walking straight by.
- Staff knew about people's histories and what was important to them. Staff used this knowledge to inform them of the best way to care for people. This included how people would like to be addressed and which ways people liked to be reassured.

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

- People gave us examples of day to day decisions they made about their care, such as when they wanted to get up, and how they decided to spend their time. Some people did this independently other people required support from staff to make their own choices.
- Records showed that where appropriate relatives and external health and social work professionals had been involved in supporting people to make decisions about their care.
- There was a calm atmosphere in the service. Staff were calm and efficient and interacted with people in a warm and genuine way.
- People had access to an advocacy service if necessary. There was also information available in the reception area giving contact details to relatives and friends.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful when they spoke about people they addressed people by their preferred name and by sensitively communicating with them. When supporting people with food staff respected and retained people's dignity.
- Staff knew people well including their preferences for care and their personal histories. Staff treated people with dignity and respect and supported them in spending their time in the way they chose. People were supported as individuals to enhance their quality of life, this included respecting their age, sexual orientation, cultural and religious needs.

- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.
- We observed butterflies of different colours placed on people's doors, staff told us these were a discreet way of indicating a person's health needs. For example, someone at end of life would have a different colour butterfly to someone living with dementia.
- We saw staff discreetly assisted people when they wanted support. We also saw staff knocked on people's doors to gain permission to enter their rooms. Staff also checked people were happy to receive visitors.
- The systems put in place by the management ensured people's confidential information was securely stored.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This means that services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

At our last inspection, we found the registered provider's arrangements for care planning required strengthening to ensure a person's care and support needs were assessed and recorded.

Personalised care:

- Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported.
- Support plans were up to date and contained information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health.
- The guidance was available for staff relating to oral health. Sessions had been delivered to develop staff awareness around oral health care.
- People's needs were constantly reviewed, and support was adapted as required. At handover meetings, staff described people's mood and any health issues.
- Trips and excursions outside of the home were available. One person told us, "I went to church last week the staff took me we are going to go again. I used to sing in the choir and would like to sing in the church choir."
- Activities within the home were person centred and delivered by a care co-ordinator who had recently been employed. The care co-ordinator we spoke to was enthusiastic and motivated. We observed an activity around fireworks taking place where people were encouraged in a friendly jovial way to take part. People were given 1:1 support to take part if necessary.

Improving care quality in response to complaints or concerns:

- People and relatives told us they knew how to complain. One person told us, "I have no reason to complain anything I need I speak to the staff nothing is too much trouble." A relative told us, "We had some concerns about [name of relatives] medication. We discussed this with the registered manager it is sorted now, we are happy with how it was dealt with."
- Staff involved relatives, as appropriate, in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns.
- Systems were in place to manager and respond to complaints. We saw senior staff used complaints as an opportunity to drive improvements in the service.

End of life care and support:

- People were supported to have good care at the end of their lives. The registered manager told us how effectively staff worked together to provide health care at this stage of people's lives, so they would be pain free and receive care which reflected their wishes. The service was supported by the district nurse team.
- End of life details in peoples care plans were clearly documented in a person-centred way. Including what

music, they would like, pain management and who they would like to be present.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection improvements had been made and the question was rated as good. This meant the service was consistently managed and well-led. They assured person-centred high-quality care and a fair and open culture.

At the last inspection we found that the registered provider had failed to implement a robust quality monitoring system that reviewed the service to ensure compliance with regulatory requirements.

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

- The registered manager was aware of when to contact the care quality commission.
- The registered manager was supported by the provider who visited them on a weekly basis. The registered manager told us they felt fully supported and felt listened to and respected.
- A robust quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of the service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- Staff told us they felt fully supported by the registered manager and said they were approachable and always supportive.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice. This meant they were being open, honest and transparent in keeping people informed of any incidents that may happen in the service.

Engaging and involving people using the service, the public and staff:

- Staff meetings and residents meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Staff told us they were encouraged to take on more responsibility, and that the company promoted within whenever possible and supported and encouraged staff to apply for jobs if they felt they met the necessary job criteria.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives feedback was positive.

Continuous learning and improving care: Working in partnership with others:

- The provider told us they kept up to date with current legislation by attending care conferences and using the local authority. They also attended provider meetings along with the registered manager. These meetings were used to discuss any issues and to share good practice ideas.
- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dietitians, speech and language therapists, GP's. This ensured a multi-disciplinary approach to ensure people received the appropriate level of care and support.