

Family First Residential Care Homes Ltd

Bings Hall

Inspection report

Chelmsford Road
Felsted
Dunmow
Essex
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Tel: 01371 820544

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected this service on 28 October 2015 and the inspection was unannounced. Bings Hall can provide accommodation and personal care for up to 17 older people, some living with dementia. At the time of our inspection there were 16 people living at the service.

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.

There were enough staff to support people safely and they were clear about their roles. Recruitment practices were robust in contributing to protecting people from staff who were unsuitable to work in care in the home care section of the service.

Summary of findings

Staff knew what to do if they suspected someone may be being abused or harmed and medicines were managed and stored properly and safely so that people received them as the prescriber intended.

Staff had received the training they needed to understand how to meet people's needs. They understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent, staff and the manager ensured their rights were protected.

People have enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who became unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's preferences and needs so

that they could engage meaningfully with people on an individual basis. The service offered people a chance to take part in activities and pastimes that were tailored to their individual preferences and wishes. Outings and outside entertainment was offered to people, and staff offered people activities and supported them on a daily basis.

Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that they were confident that complaints they made would be addressed by the manager.

The service had consistent leadership of a high standard; the manager is well organised and committed to supporting an open and positive culture that is person centred. The staff told us that the manager was supportive and easy to talk to. The manager was responsible for monitoring the quality and safety of the service and asked people for their views so that improvements identified were made where possible.

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. Staff had received training in how to recognise abuse and report any concerns and the provider helped to maintain safety by making sure that there were enough qualified, skilled and experienced staff on duty to meet people's needs.

Risks were minimised to keep people safe without reducing their ability to make choices and self-determination. Each person had an individual care plan which identified and assessed risks to them.

The service managed and stored medicines properly.

Good



Is the service effective?

The service was effective. Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Good



Is the service caring?

The service was caring. Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity was maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good



Is the service responsive?

The service was responsive. People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good



Is the service well-led?

The service was well-led. People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team. There was an open culture.

Good



Summary of findings

The manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary, as did the provider.

Bings Hall

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 28 October 2015 and was unannounced. The inspection was carried out by three inspectors.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service and spoke with eight people who used the service, three people's relatives, the manager, three care staff, the chef and one kitchen support staff. We also spoke with one visiting health care professional.

We also looked at six people's care records and examined information relating to the management of the service such as health and safety records, staff recruitment files and training records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

People told us they felt safe at the home and the staff supported them. When we asked a question about whether they felt safe and secure people's comments included "Yes the staff are always around." and "I feel quite safe and secure here." Some people were not able to talk to us because they were living with dementia, but we spent time with some of those people, chatting with them generally. On the whole they were relaxed and did not give the impression of being worried about their safety.

Staff told us, and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. Staff were able to tell us what action they would take if any form of abuse was suspected, they were clear who they would go to internally and also said they would go to the local authority safeguarding team if they needed to report a concern externally. Information was on display from the local authority detailing how to report a concern.

One member of staff said, "I have not had concerns about safeguarding. I would start by going to [the manager]." And another said, "There is a list of organisations we can contact." Staff were also aware of the whistleblowing policy and said they felt that they would be supported and protected if they used the process.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Specialist equipment, such as bedrails, were used where it was felt necessary.

We saw two staff support a person to move safely using a hoist. The staff told the person what was happening and provided reassurance throughout the process. Records showed that people assessed as being at risk of developing pressure areas were receiving the care they needed to prevent deterioration. Specialist equipment was being

used, such as pressure relieving mattresses and seat cushions. We observed that pressure relieving equipment was moved from chair to chair when someone moved between them to support skin integrity.

There were also policies and procedures in place to manage risks to the service of untoward events or emergencies. For example fire drills were carried out so that staff understood how to respond in the event of a fire.

There were sufficient staff on duty to keep people safe and protect them from harm. One person told us, "The staff look after you well. They don't intrude but are always around to help." One relative told us, "my [relative] gets extremely well looked after. I never have to search for staff if they need help."

Staff told us they thought there were enough staff to meet people's needs throughout the day. One said, "The manager always makes sure there are enough staff in place."

The manager told us that they felt the staffing levels were good and explained how they regularly assessed people's care needs and changed the number of staff on duty if assessments showed that more were needed. For example, someone may move into the service that had complex needs and needed a higher staff ratio to ensure their safety.

During our inspection we observed staff responding to people's request for help and support without delay. People had access to call bells in their bedrooms and told us that staff responded promptly when they called. One person held up their call bell and told us "They come when I press this."

Recruitment procedures were in place to ensure that only suitable staff were employed and they were normally followed. Records showed that staff had completed an application form and attended an interview. The provider had obtained written references from previous employers and had done Disclosure and Barring Service (DBS) checks to check that the staff were of a good character and suitable to work with vulnerable people.

Medicines, including controlled drugs, were managed safely by the service. We observed staff administering medicines to people and saw that they did it in a patient and caring manner. Staff asked a person for their permission before administering eye drops. They also

Is the service safe?

offered a person their as and when required (PRN) pain relief medicine in a kind and appropriate manner, “Do you want some pain relief today?” And asked another person, “Can you take your tablets for me please?”

People told us they got their medicines as prescribed, one person said, “My pills do come on time.” And another person told us, “I do get my pills when I need them.”

When the medicine round was finished the trollies were kept locked and stored safely. Where people needed medicines only occasionally (PRN) there were no protocols in place to inform staff when to use them. The manager assured us that they would be put in place.

Records showed that staff had received the appropriate training to help them to administer medicines properly and were assessed to check they were capable of doing the task safely. The manager audited the medicines monthly and the dispensing chemist also visited the service to give advice on good practice and to carry out checks. When on duty, the manager normally did the morning medicine round when they took the opportunity to check that the records were properly completed and medication was managed as it should be by the staff.

Is the service effective?

Our findings

People told us that staff made sure that they got what they needed and that they were supported well. One person said, “It’s absolutely fine here. I’m very happy with the care.” Another person said, “On the whole they [the staff] are well trained, I’m comfortable here.”

Records showed that staff received training and support to enable them to do their jobs effectively. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities.

We found staff to be knowledgeable and skilled in their role. One staff gave us examples of mandatory training, “We have manual handling training coming up and I did SOVA [safeguarding of vulnerable adults] just after I started here. I am in the middle of my dementia training.” We were told that all the care staff employed at the time of our inspection had been supported to gain industry recognised qualifications in care. This meant people were cared for by skilled staff, trained to meet their care needs.

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager understood both the MCA and DoLS and when these should be applied to the people who lived in the service, including how to consider their capacity to make decisions. They told us that they had made one application for authority to deprive somebody of their liberty in order to keep them safe and assured us that they were taking action to comply with the March 2014 Cheshire West Supreme Court judgement that had widened and clarified the definition of deprivation of liberty.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives. A staff member told us, “I don’t assume that because they can’t make a decision about one thing they can’t make a decision about something else.”

We saw that the service displayed contact details for a local lay advocacy service that people could go to for support if they had capacity but did not have family or friends to support and guide them with making decisions. Lay advocates are independent of the MCA and are able to support people with decision making.

People’s care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with a GP surgery that provided support and assisted staff in the delivery of people’s healthcare. Records showed that people were supported to attend hospital and other healthcare professionals away from the service. For example, specialist diabetic clinics and diagnostic tests. One person said, “If I felt unwell I would ask for a doctor and stay in bed.” Another told us, “People get to see a doctor if they need to.” One person’s relative said, “They [the staff] have called a doctor today. My [relative] has a water infection.” And “They [the staff] always get in touch if there is a change or something that I need to know.”

A healthcare professional was visiting the service during our inspection. They told us that the staff were helpful and organised, “It’s well managed here and there is good communication within the home.” And, “I would be happy for a relative to be here.”

People told us that they enjoyed the food offered to them and had enough to eat. Although only one main meal was prepared each day people told us that they would be offered an alternative meal if they asked for it. We were told, “Anything we need we ask for and it comes, the food is very good.” Another person said, “The food is quite good but there is not a great choice. You tell the kitchen workers if you don’t like anything and they find something else.”

People were given a choice of where they wanted to eat, some people ate in the dining room and some chose to remain in the lounge and were provided with height adjustable tables. The dining table was laid attractively to encourage people to eat and a variety of different fluids were offered throughout the day. Wine was available and offered at lunchtime.

Staff were encouraged to eat a meal with people at the main dining table and we observed positive interaction

Is the service effective?

between staff and the people during the mealtime. We observed that people were not rushed to eat their food and staff offering choices of drink to people and gently encouraging people to eat their meal.

Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken

action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice.

Care and kitchen staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs.

Is the service caring?

Our findings

People and their relatives commented very positively about the staff. They told us they were kind, caring and well trained. One person said, “The staff look after you well. They don’t intrude but are always around to help.” Another said “The staff are very nice.”

Interactions between staff and people who used the service were caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people’s needs. They spoke about people respectfully and behaved with empathy towards people living with dementia. Staff spoke with people during the day as they went about their work and did not miss opportunities for interaction. A relative said, “The staff are brilliant.” And “They spoil my [relative].”

Throughout the day we observed staff treating people in a respectful manner. People’s needs and preferences were understood and the atmosphere was calm, staff engagement was positive and people and staff were comfortable in each other’s company. Staff used people’s preferred names including one person who preferred to be addressed more formally. When one person asked for a coffee and biscuit, they were responded to immediately and staff placed their hands each side of the cup gently so they were aware it was there, the person responded, “This is a lovely cup of coffee.”

Staff spent time sitting in the lounge chatting and being sociable with people and as they went about their work did

not miss opportunities for interaction. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snacks if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were familiar with how people liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

There was a light hearted atmosphere in the service. One person’s relative told us “Staff are very friendly. We always get offered a drink. It’s like a little family here.”

The manager told us that people were encouraged to be involved in planning their care where they were able. One person told us, “I do have a care plan and I get consulted about it.” Relatives told us they were included in discussions about their family member’s care. One relative said, “The staff have the patience of saints. They [the staff] ring me if anything is wrong.”

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. One person told us, “You can ask for a particular member of staff, of course you can.” Any personal care was provided promptly and in private to maintain the person’s dignity. We observed staff knocking on people’s doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people’s dignity and we observed staff discreetly and sensitively asking people if they wished to use the toilet.

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, “My [relative] loves it here and I love them being here. It’s been good for me to have the worry taken away.” People told us that they thought the service responded to their needs, One person said, “They [the staff] listen to what I have to say and ring my [relative] if anything is wrong.”

People and relatives also told us that they had been provided with the information they needed during the assessment process before people moved in. Care plans were developed from the assessments and recorded information about the person’s likes, dislikes and their care needs.

Care plans were detailed enough for the carer to understand fully how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be independent as in choosing their own clothes and maintaining personal care when they could. One person said, “I get up when I want and staff let me be. I can do things myself but they [the staff] help me if I need it.”

The records showed that the care plans were reviewed regularly and the manager told us, “Care plan reviews are held with the individual each month, their care is discussed and this gives the individual the chance to raise any concerns or initiate changes in their care.”

The service offered a program of activities, outings and entertainment, which included local trips out and attendance of local friendship clubs. Outside entertainers visited the home regularly and staff supported people to become involved with in house activities of their choice. We

saw there was a choice of new magazines and papers for people to choose from as well as playing cards, dominos, crosswords and board games. During our inspection we saw people take part in a quiz enthusiastically. Staff told us that they do hand massages, flower arranging and exercise sessions with people. People told us that there are activities and they could choose to take part or not. One person said, “I like to read or watch television.” Another person said, “We have outings, but sometimes I prefer to stay in the warm.”

A relative told us that there were often activities happening when they visit, “My [relative] enjoyed the quiz today.”

People were supported to keep in touch with others that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited. There was a comfort private area, with a selection of children’s toys, for people to spend time with their visitors. People had access to Wi-Fi and one person was supported use skype to keep in touch with family abroad.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed openly in the entrance hall. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that if they had a problem they would speak with the staff or the manager. One person said, “I can talk to staff if I feel worried or have a niggle.” Another person said, “I have no complaints, I am comfortable and well looked after.” A relative told us, “We have not had any complaints or concerns, but I know the manager and how to make a complaint if I need to.”

Is the service well-led?

Our findings

The service is well led. Relatives told us that the manager was approachable and made themselves available if they wanted to speak to them. Staff told us they felt supported by the manager and could approach them at any time. One relative told us, “Both the staff and manager are approachable and we are always kept well informed.” A professional healthcare visitor told us that the home was well managed and communicated effectively with their service.

All the staff we spoke with told us they felt supported by the manager and were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems. Staff made positive comments about the manager, “This is a good place to work.” And “[The manager] works with us, knows what she is doing and is always open and friendly.” And, “She [the manager] is around all day and accessible.”

The manager was knowledgeable about the people in the service and worked on the floor, supporting people, daily and monitored staff and the delivery of care closely. In the Provider Information Return (PIR) sent to us before our inspection the manager stated, ‘Communication is key, this is paramount in all we do therefore effective communication is encouraged and staff understand the need to do so. Staff morale is extremely important to me therefore staff are treated with respect, are complimented and praised for what they do and are made to feel part of a team, a thank you goes a long way.’

People were asked their views about the way the home was run by annual surveys and were given the opportunity to attend meetings and give their comments about the running of the home and action was taken to rectify any areas of improvement identified. The records we saw showed that people’s comments were overwhelming positive.

The service had held the Investors in people award for three years and had also attained the Quality Management Standard ISO 9001 which is audited annually. This standard is based on a number of quality management principles including a strong customer focus, the motivation and implication of top management, the process approach and continual improvement.

There were systems in place to monitor the quality and safety of the service. The manager carried out regular audits which were submitted to the provider. This included audits of staff training, health and safety procedures and a general building audit. These audits were analysed by the provider and were used to identify, monitor and address any trends.

This location is the only one that this provider has, which means that the manager works in isolation. They are considering building a relationship with other care home managers in their area so that they could meet on a regular basis which would enable them to discuss best practice and share experiences.

Health and safety records showed that safety checks such as fire drills and essential maintenance checks, the lift and hoists for example, were up to date and regularly scheduled.