

# Family First Residential Care Homes Ltd

## Bings Hall

### Inspection report

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Date of inspection visit:  
24 August 2018

Date of publication:  
02 November 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Bings Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bings Hall provides accommodation and personal care for up to 17 older people. Some people also have dementia related needs.

At the last inspection on 28 October 2015, the service was rated 'Good'. At this inspection we found the service was now rated overall 'Requires Improvement'. This is the first time the service has been rated 'Requires Improvement'.

The inspection was completed on the 24 August 2018 and was unannounced. At the time of the inspection, there were 14 people living at Bings Hall.

The service had a registered manager in post and they were formally registered with us in June 2018. 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.

We were advised during the inspection by the registered manager that Bings Hall was newly registered with a new provider five days before our inspection. The shortfalls identified as part of this inspection relate to the previous registered provider and not the new owners of the service.

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service. The current arrangements had not identified the issues we found during our inspection. The registered provider lacked oversight as to what was happening within the service to make the required improvements. They also had not provided suitable support to the registered manager to ensure compliance with regulatory requirements and the fundamental standards.

Improvements were required to the recruitment practices to ensure these were robust. Not all staff had up-to-date manual handling training. Improvements were also required to ensure newly employed staff received a robust induction, formal supervision and an annual appraisal of their overall performance. Medication practices and procedures required strengthening to ensure these were in line with good practice procedures and guidance. Not all people's care and support needs were recorded and detailed within a care plan. However, we did note there was no impact to demonstrate people's care and support needs were not being met.

People were protected from abuse and they said they were safe and had no concerns about their safety and wellbeing. Policies and procedures were being followed by staff and the registered manager to safeguard people. Risks to people were identified and managed to prevent people from receiving unsafe care and

support. Staffing levels and the deployment of staff was suitable to meet people's needs. People were protected by the registered provider's arrangements for the prevention and control of infection.

People's healthcare needs were met and they had access to a range of services and professionals as required. The dining experience for people was positive and their nutritional and hydration needs were adequately met. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. Social activities were available for people to enjoy and experience. The service worked together with other organisations to ensure people received coordinated care and support. Suitable arrangements were in place to support people who required end of life and palliative care.

People confirmed they knew how to make a complaint or raise concerns. Records of compliments had been maintained to recognise the service's achievements.

We have made some recommendations about medication practices and procedures, safe recruitment and the service's care planning arrangements.

You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Medication practices were not safe and in line with good practice procedures. This referred specifically to the administration of medication and ensuring people received their prescribed medication.

Recruitment practices were not as robust and safe as they should be as not all records had been sought in line with the registered provider's recruitment policies and procedures.

There were enough staff to meet people's care and support needs.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Not all staff received up-to-date manual handling training, a robust induction, regular supervision and an appraisal.

The dining experience for people was positive and people were supported to have adequate food and drinks throughout the day.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

The service was compliant with legislation around the Mental Capacity Act [2005] and Deprivation of Liberty Safeguards [DoLS].

### Is the service caring?

**Good** ●

The service was caring.

People were positive about the care and support provided at the service by staff. Staff were friendly, kind and caring towards the people they supported.

Staff interactions were person-centred and not task orientated and routine-led.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

### Is the service responsive?

The service was not consistently responsive.

The registered provider's arrangements for care planning required strengthening to ensure a person's care and support needs were assessed and recorded.

People were supported to participate in a range of social activities.

People knew who they could speak to and how to make a complaint.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

The registered provider had failed to implement a robust quality monitoring system that reviewed the service to ensure compliance with regulatory requirements.

**Requires Improvement** ●

# 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 24 August 2018 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who used the service, three members of care staff, the service's chef and the registered manager.

We reviewed three people's care plans and care records. We looked at the staff personnel records for four members of staff. Additionally, we looked at the registered provider's arrangements for staff supervision and appraisal and the service's training matrix. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

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.

Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for eight out of 14 people living at the service. These were in good order, provided an account of medicines used and demonstrated people were given their medicines as prescribed, except for one person on two days [morning dose]. The rationale on the reverse of the MAR form, recorded their morning medication was not administered as they were "fast asleep." Consideration had not been given by the management team to consult the person's GP and to administer their medication when the person got up, particularly as all medicines omitted were solely prescribed to be taken once daily. Following the inspection the registered provider told us the person's GP and pharmacist had been contacted to review the above situation. Staff involved in the administration of medication had received appropriate training and had their competency had been assessed.

We recommend the registered provider seeks guidance on best practice in relation to safe medication practices from a reputable source and in line with current regulations.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health and wellbeing. Staff could tell us who was at risk of poor mobility, who was at risk of developing pressure ulcers, who was at nutritional risk, how other's inappropriate behaviours when they became anxious and distressed could impact others; and the arrangements in place to help them to manage this safely. Though the above was positive, not all risks had been identified and suitable control measures put in place to mitigate the risk or potential risk of harm for people using the service. This meant that risks to people were not consistently identified and information about risks and safety were not as up to date as they should be.

The records for one person documented them as being anxious and distressed on occasions and this impacting on others living at the service and staff. A risk assessment identifying how to support the person appropriately to reduce their anxiety and distress had not been considered. Risks had not been identified and recorded for one person admitted to the service in July 2018, despite having specific healthcare conditions that potentially impacted on their safety, health and wellbeing. Information available for another person demonstrated they had bedrails in place to keep them safe. A risk assessment was not completed, nonetheless our observations showed that staff's practice reflected risks to people were managed well to ensure their wellbeing and to help keep people safe.

The registered provider's recruitment and selection procedures confirmed that relevant checks had been undertaken for staff, to ensure they were suitable to work with the people they supported. These included the completion of an application form, ensuring the applicant provided proof of their identity, seeking

professional and character references, undertaking a criminal record check with the Disclosure and Barring Service [DBS] and conducting employment interviews. However, improvements were required to ensure that written references requested were acquired from an applicant's most recent employer. This would ensure the prospective employer had the most up-to-date information relating to their employment and conduct. The reason for having left an employer was not recorded for two out of four members of staff and one member of staff's DBS was issued after they commenced employment at the service. No rationale was recorded for not waiting for the full DBS check to be undertaken before they had taken up their post and there was no evidence to show the above decision to commence employment had been risk assessed.

We recommend the registered provider seeks guidance on best practice in relation to safe recruitment practices from a reputable source and in line with current regulations. Following the inspection the registered provider told us professionals had been approached to provide assistance and to implement required improvements.

People told us staff looked after them well, their safety was maintained and they had no worries or concerns. People confirmed they felt safe and secure living at the service. One person told us, "Yes, I am definitely kept safe, the staff ensure I am." Another person stated, "I know I am safe here, the staff are around if I need them."

Staff demonstrated a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or the registered manager. Staff confirmed they would not hesitate to report any concerns to external agencies such as the Local Authority or the Care Quality Commission if the management team or registered provider were not responsive. Staff were confident the registered manager would act appropriately on people's behalf and in their best interests. One member of staff told us, "[Name of registered manager] would deal with any safeguarding, 100%."

People's comments about staffing levels were positive. People told us there were sufficient numbers of staff available to meet their care and support needs and when assistance was required, staff were prompt and care provided was undertaken without delay. Staff told us there were sufficient numbers of staff to meet people's needs. Our observations showed the deployment of staff was suitable to meet people's care and support needs. However, it was noted there was no formal arrangements in place to assess people's dependency needs and to use this information to determine and inform the staffing levels provided at Bings Hall. Following the inspection the registered provider wrote to us and told us additional staff had been recruited to ensure staff are not distracted whilst administering medication. They also confirmed a dependency tool had now been sought and this would be used in the future.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff used appropriate Personal Protective Equipment [PPE], such as disposable gloves and aprons; and no malodours were present at the service. Staff told us and records confirmed staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

An open and transparent culture was evident, whereby staff were encouraged and supported to report concerns and safety incidents to the management team. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. For example, the local Clinical Commissioning Group [CCG] completed a review of the service's medication arrangements in August 2018. Where previous areas for improvement had been highlighted, action had been taken to address these.

## Is the service effective?

### Our findings

The registered manager confirmed all newly employed staff received an induction. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. Although the registered manager confirmed the 'Care Certificate' or an equivalent formed part of the induction process for staff with no or limited experience within a care setting, this was not completed for two members of staff employed by the previous manager. This meant there was no evidence to show they had had their competency assessed against the core standards as outlined within the 'Care Certificate' or an equivalent robust induction program. Additionally, two staff members 'in-house' orientation induction was completed one and two months respectively, after they commenced employment at the service. No rationale was available for this decision as the previous manager was no longer employed at Bings Hall.

Although staff told us they received good day-to-day support from the newly appointed registered manager, senior care staff and work colleagues, they had not received regular formal supervision. For example, one member of staff who had been employed since May 2016 had last received supervision in January 2018. Another member of staff who was employed since November 2014 had not received formal supervision since July 2016. Two out of three members of staff employed longer than 12 months had not received an annual appraisal of their overall performance by the previous registered manager. The registered manager was aware of the shortfalls and told us these would be scheduled in due course. Following the inspection the registered provider provided an assurance that staff would receive regular supervision in the future.

Staff confirmed they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us this ensured their knowledge was current and up-to-date. The registered manager provided us with a copy of the staff training matrix and confirmed this was up-to-date and accurate. Staff training records demonstrated most staff employed at the service had received mandatory training in line with the registered provider's expectations. Though no poor manual handling practice was observed, four members of staff did not have up-to-date 'practical' manual handling training. This was discussed with the registered manager. An assurance was provided this would be sourced and booked as soon as possible. Following the inspection the registered provider confirmed manual handling training for staff was completed between 11 and 19 September 2018.

People were positive about the meals provided. One person told us, "The food provided is lovely and there is plenty of it." Another person told us, "You get plenty of choice, the staff are always providing drinks throughout the day and the meals are lovely."

The meal time was relaxed, friendly and unhurried. People were supported to receive enough food and drink and the meals looked appetising. People could have a glass of wine with their meal. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. The nutritional needs of people were identified and where people who used the service were at nutritional risk, referrals to a healthcare professional such as GP and Speech and Language Therapist had been made.

Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had been followed to ensure their nutritional and hydration needs were being monitored and any concerns were picked up at the earliest opportunity.

People told us their healthcare needs were well managed. People confirmed staff took appropriate action if they were feeling unwell or required medical intervention. People's care records showed their healthcare needs were recorded and this included staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals to maintain their health and wellbeing, for example, to attend hospital and GP appointments and received support from District Nurse services. Information received from healthcare professionals raised no concerns. One healthcare professional wrote, "I always find the care in Bings Hall to be first class. The carers are empathetic, approachable and respectful of their residents and I have always been able to maintain a good working relationship."

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the Care Quality Commission had been notified.

## Is the service caring?

### Our findings

People were satisfied and happy with the care and support they received. One person told us, "The staff are very caring and kind to me, staff have always got time for me and I could not want better." Another person told us, "They're [staff] looking after me well. I'd say the staff are very good. I have no complaints whatsoever." Reviews publicised on a well-known external website about the quality of care and facilities at Bings Hall were very positive and rated the care home very highly. One relative recorded since their family member had been made a permanent resident at Bings Hall, their quality of life at the service had increased significantly. Another relative recorded, "The care our relative has received has been superb. The staff cannot be faulted in any way, they are professional and go out of their way to make my relative feel 'at home'."

Staff had a good rapport with the people they supported and there was much good-humoured banter which people appeared to enjoy and appreciate. Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone with their nutritional and hydration needs or assisting people to mobilise safely within the home environment.

People's independence was actively promoted and encouraged where appropriate and according to their capabilities and strengths. Several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed they could manage some aspects of their personal care with minimal staff support and assistance. One person told us staff encouraged them to remain as independent as possible. They told us, "I don't need much support from staff. I can wash and dress independently. I can also eat and drink on my own and don't need staff help, if I need help the staff are always there to help you." This showed that people were empowered to retain their independence and according to their needs and abilities.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support provided was discreet and they were always treated with courtesy and respect by staff. Staff could verbally give good examples of what respect and dignity meant to them; knocking on doors, keeping the door and curtains closed whilst delivering personal care and providing explanations to people about the care and support to be provided. Observations showed staff knocked on people's doors before entering people's rooms and staff were observed to use the term of address preferred by the individual. In addition, we saw that people were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were supported to wear jewellery and clothes they liked that suited their individual needs, were colour co-ordinated and were appropriate to the occasion and time of year.

People were supported to maintain relationships with others. People told us their relative and those acting on their behalf could visit them at any time.

## Is the service responsive?

### Our findings

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured the service could meet the person's needs and provide sufficient information to inform the person's initial care plan. One person told us, they and two members of their family had been invited to view the service prior to their admission. The family members had taken up this opportunity to ensure the service was the right one for their loved one and this included having lunch at Bings Hall, meeting others who lived at the service and staff.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support, others were not as fully reflective or accurate of people's care needs as they should be. This meant there was a risk that relevant information was not captured or did not provide sufficient evidence to show that appropriate care was being delivered. One person who was admitted to the service in July 2018 did not have a care plan detailing their specific care needs and the delivery of care to be provided by staff. The registered manager confirmed this was accurate and acknowledged a care plan should have been completed, particularly as the person had been living at the service for over five weeks. The registered manager told us this had been their oversight. An assurance was provided that this person's care plan would be developed and completed as a priority.

Staff told us there were some people who could become anxious or distressed. Improvements were required to ensure the care plans for these people consistently considered the reasons for them becoming anxious and the steps staff should take to reassure them. Guidance and directions on the best ways to support the person required reviewing so that staff had all information required to support the person appropriately and to reduce their anxiety. Where information was recorded detailing the behaviours observed, the events that preceded and followed this and staff members' interventions, improvements were required. There was little evidence to demonstrate staff's interventions and the outcome of incidents to provide assurance these were effectively being dealt with and positive outcomes were attained for people living at the service. Whilst improvements were required relating to record keeping, we did not witness any occasions whereby people using the service became distressed and anxious and their needs were not being appropriately managed by staff.

We recommend the registered provider seeks guidance on best practice in relation to care planning arrangements from a reputable source and in line with current regulations.

People told us they could participate in leisure activities and social events that suited their needs and abilities, including both group and individual activities. People confirmed they could choose if they participated or not. Activities included, board games, chair exercises, story-telling, bingo, sing-a-longs, watching films, visits by external entertainers and religious observance at regular intervals.

Arrangements were in place for people and those acting on their behalf if they had a concern or were not happy with the service provided to them. People told us if they had any concerns or complaints, they would not hesitate to talk to a member of their family, staff or the registered manager. There was a low incidence of

complaints and since our last inspection to the service, there had been one complaint. Information available demonstrated the complaint had been well managed.

A record of compliments was also maintained to capture the service's achievements. These showed relative's and visitors to the service were happy with the care and support for their family member or friend.

## Is the service well-led?

### Our findings

Since our last inspection to the service in October 2015, there had been changes to the management team of the service. A new manager was in post and they were formally registered with the Care Quality Commission June 2018. The registered manager had previously been employed at Bings Hall as a senior carer and assistant manager.

As already stated within the report summary, we were advised during the inspection by the registered manager that Bings Hall was newly registered with a new provider five days before our inspection. The shortfalls identified as part of this inspection relate to the previous registered provider and not the new owners of the service.

The registered manager confirmed they had been in day-to-day charge of the service since April 2018. However, they had received no handover from the previous manager or an induction to their role from the registered provider. Despite not having received a formal induction to their role, it was evident they were doing their utmost to try and manage the service, but were finding it to be a challenge. The latter referred specifically to inadequate recording systems whereby information was not recorded in one place and recorded within several documents. The registered manager was having to rearrange and organise the office to establish and corroborate where there were shortfalls and the changes to be made.

Robust arrangements were not in place to gather, document and evaluate information about the quality and safety of the care and support the service provided. The registered manager confirmed and information available showed audits relating to medication and the health and safety of the service were conducted at regular intervals. Clinical information relating to the incidence of falls had just commenced, data relating to the monitoring of peoples' weight loss and gain was recorded and monitored, however information relating to the incidence of pressure ulcers and lesions and infections were not explored.

The registered manager verified there were no arrangements in place to provide the registered provider with regular updates or information relating to the service; and how compliance with regulatory requirements was being achieved, including subsequent identified shortfalls. Had this been in place, it was anticipated that appropriate action would have been taken to address this sooner. For example, addressing shortfalls relating to staff supervision and appraisal.

It was evident the registered provider had lacked oversight as to what was happening within the service and where there were shortfalls. They had not provided suitable support to the newly appointed registered manager to ensure appropriate arrangements were in place to achieve compliance in line with their own policies and procedures and the fundamental standards. This demonstrated the governance arrangements in place were not reliable or effective to ensure a quality service and ensure regulatory requirements were fully understood and managed to make the required improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered provider confirmed a fire risk assessment was completed on 10 September 2018 and a copy of the report was submitted to the Care Quality Commission and showed the new registered provider was proactive to make the required improvements.

The views of people who used the service, those acting on their behalf and healthcare professionals had been sought in February 2017, responses received were positive. This had not been updated since this time, however the registered manager confirmed a new questionnaire would be sent, including a questionnaire for staff employed at the service. Following the inspection the registered provider confirmed that satisfaction questionnaires for people using the service, their relatives and professionals were in the process of being sent out.

Staff meetings were periodically held to give staff the opportunity to express their views and opinions on the day-to-day running of the service and minutes of the meetings confirmed this. The registered manager advised no formal meetings were held with people using the service and those acting on their behalf. A rationale for this was not provided, however the registered manager had an 'open door' policy for people using the service, their relatives and visitors. Furthermore, the registered manager completed a daily 'walk around' and provided 'hands-on' care and support for people living at Bings Hall.

Staff told us the registered manager was 'hands-on' and worked alongside them. They described the registered manager as "lovely, approachable and fair" and someone who was committed and who worked very hard. Staff confirmed that since the appointment of the new manager, better opportunities had been provided in relation to staff training. Additionally, staff now received praise and thanks for their hard work.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services were not supported by the arrangements to assess and monitor the quality of service provided. The arrangements in place were not robust or effective in identifying where improvements were required.</p>