

Mr & Mrs MF Joomun

Biffins Care Home

Inspection report

18 Thorpedene Gardens
Shoeburyness
Southend On Sea
Essex
SS3 9JB

Tel: 01702292120

Date of inspection visit:
11 November 2019

Date of publication:
17 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

Biffins Care home is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service was supporting 12 people in one adapted building.

People's experience of using this service and what we found

The service was safe, and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risk assessments were thorough and personalised. Staffing levels were meeting the needs of the people who used the service and staff demonstrated they had the relevant knowledge to support people with their care. Recruitment practices were safe, and records confirmed this. Medicines were managed and administered safely.

The service was effective. Training was provided on a regular basis and updated when relevant. People were supported with maintaining a balanced diet. We have made a recommendation about menu choices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, and we saw kind interactions with people at the service. People knew staff by name and staff and people chatted naturally during the day. People who used the service and their relatives told us staff were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and communication needs. Some people told us they would like more to do so we have made a recommendation about providing a more varied activity programme. Concerns and complaints were listened to and records confirmed this.

People who used the service, their relatives and support workers spoke highly of the registered manager and told us they felt supported. Some elements of the environment required improvement, the provider sent us an action plan with target dates for completion. Quality assurance practices were taking place regularly.

Further information is in the detailed findings below

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

Rating at last inspection. The last rating for this service was Good. (11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Biffins Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team This inspection was carried out by two inspectors.

Service and service type

Biffins Care home 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.

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 This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager and the provider. We also spoke with two visiting professionals.

We reviewed a range of records. This included three people's care records and medication records. We

looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at maintenance plans and records we had requested from the registered manager.

Is the service safe?

Our findings

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- A variety of risk assessments were in place which covered a range of topics, such as, bed rails and moving and positioning.
- Hot water temperatures were monitored to ensure people were not at risk of scalding. The water temperature in the utility room was not controlled and this area was not locked. When we spoke with the provider they assured us this was planned. Whilst this was a risk to people, the level of supervision at the service did minimise this risk.
- Wardrobes were not secured to the wall; however, these were secured on the day of inspection.
- Environmental health and safety risks had been assessed and action had been taken to keep people safe. The service had an open staircase and one person had a risk assessment in relation to this as they continued to use the stairs. The level of supervision reduced this risk as the staff member went with the person or supported them in the lift.
- The risk of fire had been assessed and recommendations had been made, which had been addressed.
- Plans were in place to keep people safe in the event of emergencies. These included personal evacuation plans in the event of a fire and, plans for medical emergencies.

Preventing and controlling infection

- Some areas of the environment required remedial work to update the décor of the service. However, on the day of the inspection, we found the service to be clean and odour free.
- Staff had been trained in infection control and we saw staff washing their hands and using PPE correctly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I am very safe here." A relative said, "Definitely safe here. [Name] has had only one fall at Christmas and staff responded well."
- Staff were confident if they raised any concerns with the registered manager they would be dealt with correctly. One staff member said, "I would report any concerns to my registered manager, or to the owner and if they didn't do anything I would raise with the CQC. We have a whistleblowing policy in place."

Staffing and recruitment

- Staff told us there were enough of them on shift to meet people's needs safely. We saw the staff respond to people in a timely manner. One person said, "There is enough staff they come whenever I need them." Another person said, "There is always enough staff around."
- The level of supervision at the service was very high and the staff on duty and people that used the service were together in the main lounge.
- Relevant checks were carried out before the staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any

convictions that may prevent them from working with vulnerable people.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- People got their medicine at the right time and in the right way. One person said, "They give me my tablets and they know what to do."
- Staff had been trained in administering medicine and had been assessed as competent to support people with their medicines.

Learning lessons when things go wrong

- The registered manager and the provider encouraged openness among the staff to ensure errors were reported promptly. This enabled them to be resolved and learned from.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Biffins care home is in a residential road and some aspects of the décor were tired and would benefit from being modernised and redecorated.
- The main kitchen was scheduled for refurbishment. We discussed what plans were in place to minimise disruption and ensure people had adequate nutrition. Whilst the registered manager did have plans these had not been recorded or risk assessed. Following this inspection, the registered manager sent us a detailed plan for these works.
- The provider also sent us a maintenance plan to address the improvements to the service. All urgent works had been completed or planned within four weeks.

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

- At the time of the inspection, one person needed support to eat or drink in a safe way. Whilst the person had seen their own GP, we requested the registered manager make a referral to the speech and language team (SALT) to obtain professional advice. Following this inspection, the registered manager confirmed this had been done.
- Residents meetings were used to obtain feedback about the quality and choice of the food people received. Recently, people had fed back that some meal options had not been enjoyable. The registered manager told us they were taking the opportunity during the kitchen refurbishment to discuss all menu choices with people that used the service and update the menu.
- The food offered to people met their nutritional needs. One person said, "The food is all right." Another person said, "Food is not bad, I have eaten too much today."
- Staff had been trained and knew how to support people to eat safely.
- Care plans had detailed information relating to people's food preferences and choices.

We noted mixed feedback had been received with some complaining about the quality of some meals. We recommend the registered manager reviews their menu options to give people more choice and control.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- A comprehensive assessment of people's needs was carried out before they had moved in.
- Staff observed people after they had moved in to ensure the care plan considered several key areas, such as people's physical, mental, and social needs.

Staff support: induction, training, skills, and experience

- Staff were given an induction when they started. This 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. A staff member said, "I have done my level three diploma and we did first aid recently as well."

- The registered manager worked in partnership with other organisations to keep up to date with new research and development.
- Staff had regular supervision with the registered manager and had their practice observed to make sure they were competent in their role.
- Staff had been given training in mandatory subjects and were offered speciality training to meet the needs to the people they were supporting.

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

- The registered manager had developed links with various community professionals.
- One visiting health professional said, "The staff has done really well with [Name]. Seeing the difference between what they were until now, is phenomenal. It's the personal touch they give because it's small. The manager knows people well, they are names not numbers."
- Care plans indicated people had access to a range of community health services if this was needed.
- Staff worked to ensure people's oral health needs were met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where appropriate mental capacity assessments had been completed and covered a variety of different areas.
- Standard applications had been made to the local authority if any restrictions on people's liberty were being imposed, and some had been authorised. Conditions on such authorisations were being met.
- People had given their consent to care and treatment and this information had been retained within their care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw staff treating people compassionately. They effectively used different communication techniques to talk to people and change the atmosphere. One member of staff said, "The person-centred care here is very good because everyone has different needs, and everyone has their particular ways. For instance, [name] needs a lot of encouragement and we have to go about this in certain ways due to their dementia. We will make suggestions. For example, if you said do you want a bath, they would say no. So, you don't say that, you would take them in to show them the water and the bubbles and suggest they may like a bath and then they will say yes."
- A relative said, "We could visit whenever we wanted. They would ring us straight away if they needed to."

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on people's doors before entering and called people by their preferred names. When talking about people's needs, staff did this quietly and discreetly. One person said, "The staff treats me with respect."
- Independence was supported, and staff encouraged people to do what they could for themselves. One relative said, "We feel we have been part of a family here. A family of care staff and us. They are so interested in people and remembered all the little things just for them."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people in a calm and patient way. For example, the staff were warm and friendly toward people and took time to sit and chat with them. One person said, "The staff are really lovely. I have no complaints. I love it here and I do not want to move." Another person said, "Staff are very nice. They treat me with respect."
- A visiting health professional told us they managed people behaviours effectively. One health professional said, "[Names] behaviour is managed with dignity and respect and staff are amazing."
- Throughout our visit staff interacted with people or sat with them and chatted. Staff asked people throughout if they would like to read a paper or their favourite book.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care that was responsive to their needs. People's care plans were person centred and detailed, covering key areas such as people's physical, mental, emotional and social needs to support staff in knowing the person. One member of staff told us, "I have been here a long time, so I know people well, but the care plan tells us anything we need to know. [Named] likes to read or plays with letters. Other people go out shopping weekly, [named] goes out regularly with family and [named] goes out for her hair. I would be happy for my family to live here because it's not regimental, it's homely. If you go into the big homes, they are not as personalised."
- Changes in people's health or care needs were quickly communicated and updated in their care plans and through staff hand overs.
- People were supported to keep in contact with their relatives and friends. However, some people told us they would like more to do. One person said, "There's not a lot to do." Another person told us, "There is mainly the television so not much to do, although I do not care to do too much."
- The Staff occupied people during the inspection and some people told us they played board games or would chat to staff or watch the television. The registered manager told us a Church service was held monthly and a local nursery school visited to interact with people that used the service.

We recommend the registered manager seeks advice and guidance from a reputable source, about providing a more varied programme of activities and events.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs including any sensory impairments had been identified with guidance in place for staff to follow to help people express their views.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed around the service.
- The registered manager kept a record of concerns and carried out an investigation when complaints had been made.

End of life care and support

- Detailed information surrounding people's preferences at the end of their life was recorded and clear guidance was available for staff.
- Care plans had information about decisions people had made on hospitalisation and where appropriate a DNAR was in place. A DNAR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.
- People's relatives had complimented the service. One compliment said, "Thank you for the loving care you gave [Name] from the moment they stepped through the door. The care you gave was so attentive and made them so comfortable." A relative visiting on the day of inspection told us, "Staff were amazing care at the end of [family members] life. They could not have made it any better."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives, staff and health professionals spoke highly of the management team. Staff told us they felt well supported on a professional and personal level. One relative said, "[Family member] believed they were in a hotel, it is a lovely place."
- The registered manager was visible, approachable and staff spoke well of them. One staff member said, "The manager is very easy to approach."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were open and transparent about the concerns we found related to the environment, they acted immediately in relation to the wardrobes and the provider secured these during the inspection. We were able to see some works was already planned in relation to the kitchen and the provider was aware more work was required.
- The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the service.

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

- The registered manager was clear about their role and responsibilities. They were supported by a senior team and a team of care staff. Staff understood their roles in the home and were happy to work there as part of the team. One member of staff told us, "Everything is documented, everyone is safe and looked after, I would be happy for my [family member] to live here."
- We saw evidence of staff competency checks being carried out and regular audits to help the registered manager identify areas for improvement and any patterns or trends.

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

- Satisfaction surveys to obtain people's, relatives and staff views were sent out annually. The survey for this year had recently been sent out, and the registered manager had not yet analysed or responded to the results.

Continuous learning and improving care

- The registered manager completed a range of audits to assess and monitor the quality of the service.
- The registered manager had used the audit system to identify the improvements that were needed to the environment, and plans were in place to complete the work. A plan was sent by the provider to address the improvements needed to the environment.

Working in partnership with others

- The registered manager worked in partnership with other organisations to keep up to date with any changes. A professional told us, "Biffins has never given me any concern what so ever. It's held in high regards in this area. It is a tight-knit community.
- The registered manager said they attended meetings with other care home managers provided by the local authority.