

Beeshaw Care Limited

The Hive

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 7 June 2016. It was an announced visit. The Hive provides support to people living in their own homes, who may have a learning difficulty and/or mental health or neurological support requirements. There were two people accessing the service when we inspected.

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.

People using the service were safe. There were systems in place to identify risks and protect people from harm. These included appropriate risk assessments which were in place to provide guidance for staff on managing risk. There were sufficient staff to keep people safe. Where staff prompted or checked people had taken medicines, risk assessments were in place for those people to administer their own medicines safely.

Staff were aware of mental capacity and sought consent before carrying out any care tasks. Staff received supervision and training to support them in developing their roles. Staff supported people to eat a balanced diet in their own homes.

People were looked after by staff who were caring and compassionate towards them. They were supported to maintain and improve their independence. Staff responded promptly to any changing healthcare needs, and people were well supported to access the community. People were actively involved in their care planning.

The service required improvement in well-led, as they had not notified CQC prior to making changes, which was not working within all the conditions of their registration.

The manager visited people regularly and people found them approachable. People were encouraged to provide feedback on the service they received. There were systems in place to monitor the quality of the service and these were used to develop and improve the service. The provider had developed some bespoke ways of assessing people in accordance with the client group.

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.

Staff were trained in safeguarding and knew how to protect people. Risk assessments were in place to further minimise risk of harm to people.

People were supported to take their own medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were well-trained in subjects relevant to their role. They had knowledge of people's mental capacity and always sought consent from people.

People were supported to access healthcare if they needed it.

Is the service caring?

Good ●

The service was caring.

People had a long-standing, strong and trusting relationship with staff who were compassionate.

People's dignity and privacy was always respected.

Is the service responsive?

Good ●

The service was responsive.

Changes to people's healthcare needs were acted upon promptly. People were involved in their care planning.

The service was responsive to people's individual requests for support with going out and accessing the community.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The organisation had not notified CQC prior to making changes,

which was not working within all the conditions of their registration.

The provider had effective quality assurance processes which helped drive improvement.

Staff communicated well in a team. There were motivating, creative and rewarding incentives for staff.

The Hive

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.

The inspection took place on 7 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, we requested that the provider complete 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. This was received from the provider. Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with one carer, one person using the service and the registered manager. We reviewed care records and risk assessments for one person and looked at other records associated with running the service, such as the staff rota and training records.

Is the service safe?

Our findings

Staff knew how to protect people from harm and had received relevant training. Staff were able to tell us what different types of abuse there were and who they would report any concerns to should they have any. We saw that there were processes in place to protect people from abuse or harm, and these contributed to people's safety.

People's care records contained individual risk assessments, which included information about people's behaviour, nutrition, individual health conditions, mobility and cognition. As well as information the assessments were in place to provide additional guidance to staff should they require it. The staff we spoke with were very knowledgeable about individual risks to people and were able to explain to us how they managed them.

There was a lone worker policy in place, which covered risks of staff travelling in bad weather and ensured that people were contactable in the case of any problems with visits. This process in turn added to people's safety as there was a comprehensive plan for communicating in the case of a staff member not being able to complete a visit or being late. The manager told us that they would always let the person know if there was a change to their visit so they did not become anxious.

There were enough staff to meet people's needs. The minimum time allowed for a visit was two hours, which gave staff enough time to support people and time to chat with them. The manager told us that the service was always able to use their own bank of staff to cover annual leave and sickness. We saw staff rotas which confirmed the number of people on shift, and staff confirmed that they would be flexible if someone else was absent from work.

The provider's recruitment policies and induction processes were clear and so contributed to promoting people's safety. We looked at a sample of recruitment records and found that appropriate checks were made before staff were appointed, such as criminal record checks and references. Staff confirmed that they had not been allowed to commence work alone with the people using the service until relevant checks and training had been completed, and records reflected this. The manager had therefore taken an appropriate approach had taken to maintain that only people deemed suitable, in line with the provider's guidance were working at the service.

People using the service did not have their medicines administered by staff. Some people had prompts from staff when they had their visit. The manager confirmed that staff checked the medicines when prompting to ensure people were continuing to administer their own medicines safely. People had been assessed individually for risks of administering their own medicines and these assessments were documented in the care records. These were regularly reviewed should there be any changes, so that staff would be able to add more support to the plan if needed.

Is the service effective?

Our findings

The person we spoke with told us they had no concerns about the competence of the staff. Staff received comprehensive training and inductions were individualised to the person according to their confidence and experience. Inductions included shadowing, training and supervision. Staff had their medicines competencies observed regularly in detail. This meant that staff knew any problems to look out for regarding people's medicines in their own homes. Staff only worked with people in the service when competent, and confident to do so, which helped to maintain a high standard of care.

Staff had three monthly professional development sessions in groups, where they were encouraged to point out colleague's strengths. Staff received yearly appraisals as well as one to one supervisions quarterly. These meetings included making goals for staff to work towards and giving constructive feedback and taking actions from these. Staff told us that they had regular supervisions, which they found useful. Staff told us that these enabled them to improve their practice and gave them an opportunity to discuss their role.

The training staff received included manual handling and first aid, and each member of staff had individual comprehensive development plans. Staff received specialist training for working with people with acquired brain injury. We looked at records confirming that training had been carried out. The manager supported the staff to undertake further qualifications such as the care certificate to develop their skills for their roles. In staff's individual professional development plans following any training, they were required to reflect upon their transferable skills learned and record this.

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. Staff explained how they supported people to make decisions allowing for times when their capacity was variable. One person had been supported with decisions about budgeting and moving out of care into their own home. They were able to tell us how the staff and manager had supported them with this. Staff had sought consent from people before carrying out any care or entering anyone's home. We found that the service was working in line with the principles outlined in the MCA.

A person using the service told us that they were supported to eat healthily and that staff supported them to make informed decisions about their diet. They said staff also helped them to make shopping lists and decide what to cook for meals.

The person we spoke with told us about how staff had supported them to access healthcare in supporting them to contact their GP when they needed, or escorting them to their appointments. The manager told us that staff would always support with appointments and contacting healthcare professionals, and that this included being with people whilst they made phone calls themselves if they were anxious. The staff and the manager asked advice from healthcare professionals when appropriate.

Is the service caring?

Our findings

The person that we spoke with who used the service was complimentary about the carers, saying that they would not have achieved what they had if it had not been for the care they had received. They said, "I'm being looked after very well. I get on marvellous with [staff]." We observed that the manager and the person had a close, trusting relationship, the person greeting the manager warmly when we arrived at their home. The person told us that they consistently had two carers, and occasionally a third, who visited them. They told us that they had known these carers for many years and felt very comfortable with them.

The manager told us that they would support the people through any problems, including personal or health problems. The service ensured that the person had a visit if they needed any work doing at their home which meant that someone they did not know would visit. As an example, when someone required some plumbing work to be done and they were nervous about someone entering their home. The service took into account the person's individual anxieties and supported them appropriately.

The manager regularly went to visit the people using the service to see how they were getting on. Where people had behaviour which staff could find challenging, this was discussed and resolved individually with people and helped to maintain positive relationships between staff and people using the service.

The person we spoke with explained how the carers had helped them increase their confidence and deal with their anxiety in going out and using the phone. They had made a goal to speak with the GP over the phone themselves, with the support from staff for increasing their independence. We saw that staff encouraged people to try to do things independently as much as possible, and that people appreciated this.

People were involved in planning their care. Care records confirmed that people had been involved in discussions about their care and these took place regularly. People kept their own care records in their homes. The person we spoke with said that they felt their dignity and privacy was respected at all times.

Staff supported people to increase their ability to communicate effectively. The person we spoke with was able to tell us how much their ability to communicate had improved over the time, due to support and encouragement from the staff to keep practising.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. The care records included any communications between staff and letters from other healthcare professionals involved in people's care. This communication contributed to the staff's knowledge of the person's health and any developments or changes so that they could respond appropriately. Staff had a comprehensive way of communicating with each other should they need to hand over any information. People kept their own care records and discussed any changing needs with staff wherever necessary.

The person we spoke with had received support from the organisation for several years and therefore knew the staff well. From an initial needs assessment, the manager had developed a support plan for each person. This provided staff with guidance on what care they needed to support the person with. The care records we looked at provided clear information about people's needs and included areas such as the person's hobbies and personal preferences. Care records were updated whenever people's needs changed and were more formally reviewed at various intervals. People's changing health needs were addressed promptly, and the manager and staff were able to tell us how people preferred to receive their care. Where a person received support and prompting, this was explained by the manager and also reflected in the person's care record.

People's support needs were also discussed by staff holding three monthly 'client care' meetings where they updated each other about each person individually. This included their progress as well as any changes to a person's support plan, and all staff were informed of changes.

The manager had developed the assessment of independence in order to tailor the assessments further to their client group. It was used to inform people's support needs as well as their progress. This was documented in the care plan and used to inform how much support people needed. Staff supported people to develop skills and work towards their longer term goals so that this score could change over time, providing an outcome measure for people's increasing independence. An example of this was how the person we spoke with had increased their independence in such a way that enabled them to live in their own home with support from staff. At the time of the inspection, people using the service required very little help with any personal care as their independence was high, so staff spent visits supporting people to access the community and engage in activities. The manager told us how they had supported one person to do work experience in a shop.

The person we spoke with told us how they were supported to go out. The staff proactively supported people to maintain relationships with their loved ones and it was an important part of the key worker role, as it meant that temporary changes to the person's support plan may be necessary. Staff accommodated these changes whenever the person required.

The service had not received any complaints. There was a complaints procedure in the information pack for people and their families. Staff and the manager met with people regularly and gave them the opportunity to raise concerns.

Is the service well-led?

Our findings

The manager was aware of what notifications and applications to send to the CQC. However, they had not followed the correct processes of applying to CQC prior to making changes to their organisation. The organisation had moved prior to ensuring that the registration was changed. This meant that they were not working to the conditions of their registration, one of which is the address they were providing their regulated activity from

The person we spoke with said, "I get on well with [manager]." They told us that they felt any problems were addressed quickly and that they could trust the manager and staff. People and staff felt that if they had any concerns they would go to the manager and that they would be resolved. Staff said that morale was good and they worked well as a team. They felt the manager was approachable and supportive. We observed that the manager and deputy manager were familiar with people using the service. Staff said that they were well supported.

The manager told us that they supported staff in a way that was individualised, and staff reflected this. They used a learning style questionnaire with staff to better understand ways of learning that would suit individuals. They were flexible in terms of staff's inductions when they came into the service, taking into account people's individual experience and qualifications. This meant that certain aspects of learning the role were tailored to suit individual staff and use their existing knowledge, which in turn added to the smooth running of the service.

The manager had developed creative ways of engaging and motivating staff. There was a system of staff nominations where staff voted for a colleague who they felt had gone the extra mile in their work. This was across the provider's locations. This was discussed throughout the year in terms of who was winning and the winner at the end of the year would win a week's holiday in Tenerife. The manager told us this had improved morale. Staff were rewarded for additional responsibilities such as becoming a key worker. The management team told us how they valued staff by getting them small individual gifts at Christmas, with a note to say what they had done particularly well that year. The provider had a low staff turnover and good retention rates and recruitment records confirmed this. The manager told us that they attended regional manager's meetings with other providers so that they could share ideas and initiatives.

Staff had meetings every three months with the other staff who worked for the provider in which they could voice any concerns and share ideas. The manager confirmed that if staff came to them with any concerns, that they would agree with the member of staff in the discussion, how best to deal with the issue.

Each key worker was required to send the deputy manager a monthly report about the person they were caring for so the management team could remain well-informed of any updates. They also held regular key workers meetings in order to discuss the role. The manager and deputy manager carried out regular checks on staff to ensure they were working as expected and visited people to see how they were getting on. Performance management systems were in place when needed to ensure that staff were working to the expected standards. This meant that the service was monitored so that problems would be picked up and

acted upon and people were working to a high standard.