

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?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 19 July 2017. It was an announced visit, as it is a small service providing care in the community and we needed to be sure that someone was available to speak with us. 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, one of whom was accessing the regulated activity of personal care with 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.

We last inspected this service in June 2016, and found that it was good in all areas except one. 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. We found during this inspection that the required improvements had been made and the service was registered correctly.

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 was sufficient guidance for 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 received training in mental capacity and sought consent before carrying out any care tasks, and they supported people to make their own decisions. Staff received supervision and training to support them in developing their roles. Staff supported people to eat a balanced diet in their own homes, and where required, a special diet.

People were looked after by staff who were caring and they had built a strong relationship with them. They were supported to maintain and improve their independence through setting goals. Staff responded promptly to any changing healthcare needs, and people were well supported to access any healthcare services. People were actively involved in their care planning and staff supported them to access the community.

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 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.

There were enough staff to support people and they understood how to keep people safe.

People had individual risk assessments covering aspects of their care and the environment in which they lived. These helped to minimise avoidable harm.

People received support to take their medicines safely if they needed.

### Is the service effective?

Good ●

The service was effective.

Staff sought consent from people, and people were supported to make their own choices.

People were supported to buy and prepare their own food and drinks. People's dietary needs were met and staff had a good knowledge of people's nutritional requirements.

People had timely access to healthcare services. Staff worked with, and followed advice given from healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff built strong, trusting relationships with the people using the service and supported them to maintain and increase their independence.

Staff provided compassionate support to people and knew them well. Staff proactively supported people to maintain relationships with their loved ones.

### Is the service responsive?

Good ●

The service was responsive.

People were encouraged to participate in a wide range of personal and social activities. The service was responsive to people's individual requests for support with these.

Staff kept in contact with each other and reported any changes or issues promptly, and action was taken if needed.

**Is the service well-led?**

**Good** ●

The service was well-led.

The provider had effective quality assurance processes which monitored the service in order to pick up any concerns.

The culture of the staff was positive. 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 19 July 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered 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 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 training records.

# Is the service safe?

## Our findings

The service remains safe. The person we spoke with said they felt safe when staff supported them, and this enabled them to feel more confident to go out and feel safe. Staff knew how to protect people from harm and had received relevant training. The member of staff we spoke with was able to tell us what different types of abuse there were and who they would report any concerns to should they have any.

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 guidance to staff should they require it. The staff member we spoke with was knowledgeable about individual risks to people and were able to explain to us how they managed them.

There were safety systems in place such as a lone worker policy, and a system which ensured people were contacted if a staff member was unable to attend the visit.

There were enough staff to meet people's needs and there was enough time given. The registered manager told us the staff worked out their annual leave cover between them, as the organisation had their own bank of staff. The staff member we spoke with confirmed that they agreed their visits with the person they supported.

The provider's recruitment policies and induction processes continued to be clear and so contributed to promoting people's safety. The registered manager told us about the checks that were made before staff were appointed, such as criminal record checks and references. The registered manager had therefore taken an appropriate approach to maintain that only people deemed suitable 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 person we spoke with told us that although they administered their own medicines, staff supported them weekly with ensuring they had received the medicines that they required.

## Is the service effective?

### Our findings

The service remains effective. The person we spoke with told us they had no concerns about the competence of the staff. Staff received comprehensive training and the staff member we spoke with confirmed training relevant to their role such as food hygiene and health and safety.

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. Staff were supported to undertake further qualifications such as the care certificate to develop their skills for their roles.

Inductions were individualised to the person according to their confidence and experience. Inductions included shadowing, training and supervision. 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 discussed their roles in a team and gave feedback. Staff received yearly appraisals as well as one to one supervisions quarterly. The staff member we spoke with confirmed that they had regular supervision meetings with senior staff. These meetings included making goals for staff to work towards and giving feedback and taking actions from these.

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. The staff member we spoke with explained how they supported people to make decisions allowing for times when their capacity was variable. One person had been supported with decisions about managing their finances. Staff had sought consent from people before delivering support to them or entering their 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. We saw from their records that they had recently been supported to lose weight and staff had kept records of this.

Staff supported people to access healthcare, which included escorting them to their appointments. We saw that the person had access to opticians, dentists, regular medicines reviews and other services when needed.

## Is the service caring?

### Our findings

The service remains caring. 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, of their relationship with staff, "We get on very well."

The person told us that they had continued to have the same two care staff members for some time now, and this was the case during our last inspection. The registered manager told us that one newer staff member was planning to start working with the person, but that this was going to be quite a gradual process where the person would get to know the staff member first.

The service ensured that they supported people with their emotional and psychological wellbeing. The person told us how the registered manager and staff had supported them recently through a difficult time. The service took into account the person's individual anxieties and supported them appropriately, and there was associated guidance in people's care plans.

The person we spoke with explained how the carers had helped them increase their confidence over time, which included achieving goals where they were able to more things independently. We saw from the records that staff encouraged people to try to do things independently as much as possible, and the staff member we spoke with confirmed 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 and to make decisions. The person we spoke with was able to tell us how much their confidence in communicating to others had improved over the time, due to support and encouragement from the staff to keep practising. The staff member we spoke with told us how they supported the person to increase their confidence.



## Is the service responsive?

### Our findings

The service remains responsive. People received personalised care that was responsive to their individual needs.

The care records we looked at provided clear information about people's needs, with guidance for staff on how to meet these, 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 annually. The registered 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. People's support needs were discussed regularly by staff, including their progress as well as any changes to a person's support plan. Staff supported people to develop skills and work towards their longer term goals so that this score could change over time. The person told us that they had achieved various goals in the last year, for example they were able to walk independently within the local village. 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 registered manager and staff were able to tell us how people preferred to receive their care

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.

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. They agreed their own visit times with the staff they worked with based on what they wanted to do when.

The person we spoke with told us how they were supported to go out. They regularly attended events with staff and went out to restaurants, activities or shopping. They had also developed their independence to attend church independently of the service. The person we spoke with said they spent time with people at one of the organisation's other homes and interacted with people there and participated in activities. The staff proactively supported people to maintain relationships with their loved ones and staff supported them to visit their family. Staff accommodated any changes relating to supporting people with this whenever they 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 registered manager met with people regularly and gave them the opportunity to raise concerns.

## Is the service well-led?

### Our findings

During our last inspection in June 2016, we found that the service was not operating within its' registration conditions. 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. We found during this inspection that the appropriate applications had been made and the service was operating within its' conditions.

The staff member we spoke with told us that they felt any problems were addressed by the management team. Staff felt that if they had any concerns they would go to senior staff so that they would be resolved. Staff said that morale was good and they worked well as a team. They felt the registered manager was approachable and supportive. Staff said that they were well supported.

The service was flexible in terms of staff's inductions when they came into the service, which 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 registered 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 organisation'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 registered manager told us this had improved morale. The service had a low staff turnover and good retention rates and recruitment records confirmed this.

The registered manager told us that they kept up links with other organisations to drive improvement in health and social care. They chaired regional manager's meetings with other care providers so that they could share ideas.

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. Each key worker was required to send the management team 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.

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.