

L&Q Living Limited

Beehive Lane

Inspection report

113-115 Beehive Lane
Chelmsford
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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

Beehive Lane provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection, six people were receiving a service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The registered service looked for ways they could maximise people's choice, control and independence. The staff team promoted people's privacy and human rights.

The registered manager ethos and values was one of individuality and inclusion. People were empowered to live independently.

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

People received safe care. Risk assessments covered all areas of risk and staff knew how to keep people safe from harm. Staff had received training in infection control and had access to personal protective equipment. People were supported to take their medicine in a safe way.

Staff were kind and caring and had developed positive relationships with people. Assessments and support plans were in place identifying what was important to people and how people needed to be supported.

The support people received was centred around them and they were involved in any decisions made. The provider had a complaint's process which people were aware of to share any concerns.

People received effective care, from a small and stable team of trained staff. Staff supported people to maintain a healthy diet, in line with their assessed needs and access health care if this was needed.

The registered manager was approachable, and people knew them well. Spot checks and audits were completed to ensure the quality of the service was maintained.

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

Rating at last inspection

This service was registered with us on 25/07/2019 and this is the first inspection.

Follow up

We will continue to monitor 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Beehive Lane

Detailed findings

Background to this inspection

The 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 checked 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services .

Inspection team

An inspector carried out this inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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: We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

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 two people and three relatives about their experience of the care provided. We also spoke with five members of staff including the registered manager and the head of service. We also visited the service to look at records and see how people interacted with staff when they were living their day to day lives.

We reviewed a range of records. This included care records and medication records. We looked at two 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with the staff that supported them. People's relative said they thought staff delivered a safe service. One relative said, "[Name] loves to do as much as they can for themselves, they make sure [Name] is safe, but allows them independence to make choices."
- Staff knew how to recognise abuse and protect people from the risk of harm and had been given safeguarding training.
- Information about how to keep people safe was on display, this provided people with information about how to raise any concerns they may have.
- An easy read version of the safeguarding policy was available which gave people information about how to identify unacceptable behaviour, including any form of discrimination, and who to talk to if they needed to report any concerns.
- The registered manager looked at ways the team could learn when things had gone wrong and used this information to look at ways in which the service could be improved.

Assessing risk, safety monitoring and management

- Staff were aware of people's individual risks and how to help people in a safe way. Risks to people's safety were assessed and monitored in an enabling way, which promoted their rights and independence.
- The registered manager accessed advice from a behaviour support specialist if this was required.
- The service supported people with complex behaviours and assessed and monitored any risk, in an enabling way, which considered the people and the staff.
- A range of risk assessments provided information for staff about what action to take. These included environmental risks and those risks that related to the health and support needs of the people using the service.
- Restrictive practice was not used, and there had been no incidents of restraint or seclusion.

Staffing and recruitment

- Staffing levels ensured people received the support they required safely and at the times they needed.
- Robust recruitment checks had been carried out as part of the recruitment process.

Using medicines safely

- People were encouraged by staff to take responsibility for their medicines independently. Staff prompted people to take their medicines as prescribed.
- Records clearly defined the support people needed to manage their own medicines and regular assessments were carried out.
- Staff had been trained and assessed as competent to support people with their medicine.

- The registered manager carried out regular audits of the Medication Administration Sheets (MARs) including the ordering and storage process.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and were provided with personal protective equipment (PPE) to use. For example, disposable gloves and aprons.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks were being effectively prevented.

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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good.

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

- People's healthcare needs were monitored. Care records showed people had access to GP's. They were referred to specialist services when required such as the dentist or opticians.
- Guidance was available for staff about how to support people's oral health. People had oral health care plans and risk assessments were in place.
- Information was available when people had visited health professionals, which included the outcomes of these visits including any follow up appointments.
- Mixed feedback was received about communication. A relative told us this could be improved as they had not always been informed of key events, as much as they would have liked.

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

- Assessments were in place, which considered people's, physical, mental, and social needs, in line with people's assessed needs.
- Staff used communication methods suitable to people's individual needs, including pictorial boards, to enable people to involve people in decision making.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. Staff had received training in equality and diversity.

Staff support, induction, training, skills and experience

- Staff had been given an induction, which included shadowing elements. They then went on to complete the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care.
- Regular supervision was carried out with staff throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on and any development needs they may have.
- Staff received a programme of training that enabled them to understand and meet the needs of people who used the service.

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

- People and their relatives told us staff supported them to eat and drink in line with their preferences and choices.
- People were given choice over what they wanted to eat and when. Some people wanted to lose weight and were being encouraged to eat more healthily and exercise more. One relative said, "They have helped

them, with a diet enormously. [Name] has no appetite regulation. They love food and they are overweight. With staff support they have lost a stone. The staff have taught them how to cook. They are great at keeping a gentle eye on things and encourage them in a positive way. [Name] has learned new cooking skills and new exercises."

- Information on whether people needed any specific support with their nutrition was included within their plan of care, such as the need for food to be cut up in manageable sized pieces or dietary requirements to support people's health or cultural needs.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Staff had a clear understanding of people's care needs and the skills and knowledge to meet them. They had been trained in the MCA and DoLs.
- The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA) and understood how to apply the principles of this legislation to their everyday practice.
- Staff obtained people's consent before providing any support and respected their rights to make their own decisions.

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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Overall people's relatives were positive about the service . One relative said, "Given we have been through lockdown and not been able to go anywhere, it's been hard, but they have really handled this well."
- People were supported to live as independently as possible. For example, despite not being able to undertake their regular activities due to COVID-19 restrictions, the service had looked at ways people could still have meaning in their day to day lives. One relative said, "They go for walks, when the weather is nice and for picnics. They have done what they can given the circumstances. They have tried to replace what was missing. They have done activities like, arts, crafts, jigsaws, karaoke and disco nights."
- Staff were aware of people's protected characteristics and supported people in a way that met their needs.
- Staff knew people well and had a good rapport with the people they supported.
- Staff communicated with people effectively. For example, we saw staff speaking with people in a style and at pace the person could respond to.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships with friends and relatives. For example, regular zoom calls had been set up to keep people connected with friends at the day centre.
- Advocacy services were available if this was needed. An advocate is an independent person who promotes and acts on a person's best interests.
- We observed the care and support they received. We saw staff respecting people's privacy and dignity.
- Staff supported people in a dignified and respectful way, which reflected the information within their care plan.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- With the exception of one relative, people and their relatives had been involved in planning, reviewing, and evaluating the care and support being delivered. One relative said, "I have been involved. I have been sent the draft copy and asked for any input. I have more involvement than I ever have before."
- Care plans considered a wide range of daily living activities. Such as, enabling people to maintain and develop personal relationships, improving people's health, and being connected to their community.
- Staff considered how they could support people in a way that promoted their independence. For example, because of lock down the service had arranged a travel day, where people looked at brochures and planned holidays, they may like to go one, when the restrictions was eased.
- The outcomes for people using the service reflected the principles and values of the promotion of choice and control, independence, and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Care plans were person centred and looked at how people could be supported to live the best life they possibly can. For example, one person became very anxious during a fire drill practice. The registered manager explained after lock down restrictions were eased, they were looking to arrange a session with the local fire brigade so any concerns could be discussed, and people could learn more about fire safety.

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

- The service had no support outside of the service due to the lockdown measures in response to COVID-19. However, they had considered and gone to great lengths to ensure people continued to have meaning and stimulation in their day to day lives.
- Additional activities had been put on along with parties and event celebrating annual celebrations and events. A relative explained, "They take good care of them. They have decorated their room and done lots of extra activities. I think the staff have tried hard enough. We have all been in lock down and they have done well."

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.

- The service identified people's information and communication needs. People's communication needs were identified, recorded and highlighted in care plans.
- Assessments, care plans and information relating to the service was available in different formats, to make

sure people could understand the information being shared with them.

Improving care quality in response to complaints or concerns

- Relatives said they felt able to raise any concerns they had with the registered manager or staff. One relative said, "I haven't really had to make a complaint."
- The complaints policy was on display and was available in a variety of different formats, to ensure people could understand how to raise a complaint if they wanted to. No complaints had been raised.

End of life care and support

- Information relating to people choices and wishes around the end of their life had been retained within the care plan. One person and their relative had not wanted to consider this aspect of their care, so it had not been completed.
- Policies relating to end of life were available and staff had been given end of life training.

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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The culture of the service was caring and focused on providing person-centred care that met people's needs in a timely way. One relative said, "[Name of registered manager] is really hands on and knows [Name] as well as any of the staff. It is the ethos of the service, which is 'oh I wonder how we can do this. How we can sort this out.' Without being ridiculously indulgent. They are a 'can do' and not a 'can't do'. This ethos is led by the registered manager because that is their standard."
- The vision and aims of the service were to be open, enabling, and inclusive. It was clear staff knew people well and put these values into practice.
- A defined governance and management structure was in place and provided clear lines of responsibility.
- A head of service carried out a review on the quality of the service, and supported the registered manager. Staff had defined roles and were aware of the importance of their role within the team.

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

- A registered manager was in post at the time of the inspection. Staff consistently described the registered manager as open, and approachable.
- The registered manager looked at ways they could review, develop and learn where possible. They were passionate about ensuring staff and the service delivered good care to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- The registered manager continued to carry out a range of audits, which looked at key areas and checked the quality of the service.
- People and their relatives were asked to carry out a survey to get their feedback about the service they received. These were provided in different formats to meet people's communication needs. One relative said, "We get letters from time to time with questions for [Name] to fill which asks about the service. They use picture symbols."
- The registered manager carried out frequent observational checks to ensure staff were competent to carry out their role.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they were following current practice. These included GP's and community health professionals. One relative said, "Throughout the

pandemic, between the GP and the service, [Name] has received a very, very good service."