

## MCCH Society Limited

# Beehive

### 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** 

#### Overall summary

This inspection took place on 29 October 2015 and was unannounced. At the last inspection in June 2014, the provider was meeting the regulations we looked at.

Beehive Care Home is registered to provide accommodation and support for six people with learning disabilities and complex needs. People are accommodated in a spacious purpose built house which is a single floor building with wheelchair access. The home is located close to public transport and other local amenities. On the day of our inspection, five people were using the service.

The service has a registered manager. 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 felt safe and were protected from the risk of harm by staff who knew how to respond to allegations of abuse.

# Summary of findings

There were suitable arrangements for the administration, storage and management of medicines.

People had risk assessments which identified hazards they may face and provided guidance to staff about how to manage any risk of harm.

The service had a robust recruitment process, which ensured that suitable staff were employed to look after people safely.

There were enough qualified and experienced staff on duty, to meet people's needs safely.

Staff received appropriate support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received a nutritionally balanced diet to maintain their health and wellbeing.

People were supported to see healthcare professionals in order to ensure their general health was well maintained.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported.

People's care plans were based upon their individual needs and wishes. Care plans contained detailed information about people's health needs, preferences and personal history.

There were effective systems in place for responding to complaints. People and their relatives were made aware of the complaints procedure.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

# Summary of findings

## 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. Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

Risk management plans were in place to promote people's safety.

Staff rotas were organised to ensure people received support which met their needs. Safe staff recruitment procedures were in place.

There were systems in place to ensure people's medicines were managed safely by competent staff.

Good



### Is the service effective?

The service was effective. People were supported by staff who had the knowledge and skills to undertake their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



### Is the service caring?

The service was caring. Staff were attentive to people's needs and spent time chatting to them and doing activities with them.

Staff supported people to develop positive and caring relationships.

People were supported by staff to express their views and be involved in making decisions about their care and support needs.

Good



### Is the service responsive?

The service was responsive. People received a person centred service. They were supported to make choices and to have as much control as possible about what they did.

People were confident that any concerns would be listened to and addressed.

People were supported to be involved in activities of their choice in the community and in the service.

Good



### Is the service well-led?

The service was well led. A registered manager was in post supported by an operations manager.

The staff felt supported by the management team and enjoyed working at the service.

A quality assurance system was in place to check standards were being maintained and improvements made where required.

Good



# Beehive

## 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 29 October 2015 and was unannounced. It was carried out by two inspectors.

Prior to the inspection, we checked the information we held about the service and the provider. We saw that no recent concerns had been raised with us. We had received information about events that the provider was required to inform us about by law.

The people who use this service have complex communication needs and so we observed how the staff interacted with people who used the service during our inspection. We also observed how people were supported during individual tasks and activities.

We spent time with four people who used the service and observed the care and support provided by the staff. We spoke with three members of staff, the manager and the personal assistant. We also telephoned two people's relatives. We looked at three people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records. After the inspection we received feedback from one social care professional.

# Is the service safe?

## Our findings

It was clear from people's behaviour and manner that they were relaxed and comfortable within the service and in the company of the staff. One person nodded when we asked if they were happy and felt safe at the service. We saw this person enjoying some positive interaction with staff and laughing with them. Other people in the service were not able to communicate with us due to their complex needs, but we observed from their body language that they felt comfortable in the presence of staff and responded to them when asked questions. A relative told us, "Yes [the person] is safe there. I have no concerns, the staff are really nice and understand them."

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. We saw staff training records which confirmed that they had completed or were enrolled to attend refresher safeguarding adults training. Staff understood how to respond to allegations or incidents of abuse and were aware of how to report any concerns. Staff told us that they would, "Tell the manager" if they had any concerns about people's safety. Staff were aware that they could also raise concerns with the local authority or Care Quality Commission (CQC) if required.

Records showed that safeguarding concerns had been recorded and referred to the local authority for investigation when required. Safeguarding policies were displayed at the service and were in different formats so that they were accessible to people, staff and their relatives.

Risk assessments had been completed in areas including moving and handling, bathing and the risks associated with poor nutrition and hydration. Other risk assessments were for people's specific conditions such as epilepsy. These considered the most effective ways to minimize risks, were up to date and reflective of people's needs. For example, "Do not leave [the person] alone/unattended in the bathroom" and "Ensure the surface is not uneven when out for a walk". Hence, people's care plans covered areas where a potential risk might occur and how staff should manage it.

Staff rotas we looked at confirmed that the numbers of staff on duty ensured that people received safe and effective

care. One staff member said, "Yes there are enough of us to look after people." We observed that staff responded promptly to people's needs and spent time encouraging them to take part in things they enjoyed. People had support in line with their care plans, both in the home and when out in the community. Staffing levels were reviewed regularly and adjusted when people's needs changed. The registered manager was not included within the numbers of staff on duty, but was 'hands on' so that they remained aware of people's needs and could monitor for any changes, whilst providing on-going support for staff.

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. We looked at two staff files and noted that references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people who used the service.

People's medicines were managed safely. Systems were in place to ensure that people received their prescribed medicine safely and appropriately. Staff who administered medicines had received training and been assessed as competent to do this. As far as possible medicines were administered from specific medicine administration aids filled by the pharmacist to lessen the risk of an error being made.

A designated senior staff member on each shift was responsible for administering medicines. We discussed the procedure with them and saw that they followed it in a safe way. Medicine administration records (MAR) were clearly signed with no gaps in the recordings. Medicines were stored safely in a metal cupboard in the office. Senior staff and the registered manager had responsibility for checking stocks, re-ordering and returning medicines to the pharmacy. The registered manager and the senior staff undertook regular audits, either weekly or monthly, depending on the medicine, to ensure medicines received in to the home and administered could be accounted for. There were appropriate storage facilities for controlled drugs. No one at the service received controlled drugs at the time of the inspection. Therefore sufficient systems were in place to ensure that people received their prescribed medicines safely and appropriately by competent staff.

## Is the service safe?

The provider had appropriate systems in the event of an emergency. For example, there was a file containing details of action to be taken and who to contact in the event of an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency. We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible.

Specialised equipment such as hoists and accessible baths and showers were available. Records showed that these

and other equipment such as fire safety equipment were serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use. The manager carried out a yearly health and safety audit. The manager had identified environmental improvements which were needed to improve the fabric of the building, including the bathrooms and toilets. This issue was being dealt with by the organisation in order to provide well-maintained accommodation, to ensure that people were cared for in a safe environment.

# Is the service effective?

## Our findings

Staff were knowledgeable about people's individual needs and preferences and this was reflected in our discussions with them. Staff had the appropriate skills and knowledge to meet people's assessed needs and supported them to have a good quality of life. We observed that staff used their knowledge to good effect in supporting and encouraging people during our inspection, for example, when supporting a person to prepare their own hot drink. Staff were able to tell us about people's individual needs and preferences and how they met these.

People's needs were met by staff who were competent and able to carry out their roles and responsibilities. New staff completed an induction and worked alongside more experienced staff until their practice was assessed as competent. Staff explained that this was beneficial in giving them experience of the work they would go on to do. It helped them to understand people's needs and to get to know them before they began to work independently. One staff member said, "Yes, it's been good, I got to shadow someone and spend time observing and reading care plans until I felt confident." Induction training included training on health and safety, fire safety, moving and handling and safeguarding people. They also completed other specific training to ensure that they could meet people's individual needs such as how to support a person with epilepsy and managing behaviour that challenges. They told us they received training to keep them up to date and that it helped them to do their jobs. Hence, the training offered by the service was useful in ensuring that staff were equipped with the skills and knowledge necessary to provide care for the people they supported.

Staff felt well supported by the registered manager and other senior staff. They received supervision six times a year with a senior person and told us they found this useful. Supervision is a process, usually a meeting, by which a line manager provides guidance and support to staff. They told us that they discussed any concerns about people as well as their individual needs such as training. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

We looked at how the manager was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures

that the human rights of people who may lack mental capacity to make particular decisions are protected. DoLS are required when this includes decisions about depriving people of their liberty for their own safety where there is no less restrictive way of achieving this.

The registered manager was able to explain how they had made decisions in line with the MCA 2005. They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests. We saw examples of where people's capacity had been assessed, for example in relation to health care and finances. We found that appropriate documentation was in place. Staff had completed training about the MCA and Deprivation of Liberty Safeguards (DoLS). They were able to tell us the action they would take if a person's capacity to make decisions changed. At the time of the visit some DoLS were in place and these had been reviewed to ensure that they were still appropriate and necessary. Staff told us and records confirmed that it had not been necessary to use restraint in the service for a few years. Therefore systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty or restrained.

Staff told us that they obtained people's consent before assisting them with daily care and we observed this in practice. For example, staff asked a person if they could help with personal care or if people wanted to go out as part of their activities.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and drink. They had drinks and snacks throughout the day. Staff understood that it was important to ensure that people received adequate nutritional intake. We found the following instruction in a person's eating and drinking plan to enable staff to understand how they indicated they were hungry, "[The person] will smack their stomach or put two fingers in their mouth to indicate they are hungry or want a snack." Menus were planned in advance but were not rigid, so that people could have a choice if they did not want what was on offer. Culturally appropriate food and drink was also available for people requiring a special diet for example halal. We saw that staff observed appropriate storage facilities and preparation in relation to this.

People were supported to access healthcare services. They saw professionals such as GPs, dentists, social workers and physiotherapists as and when needed. Each person had a

## Is the service effective?

'health action' plan and a 'hospital passport' in place. The health plans gave details of the person's health needs and how these should be met. Details of medical appointments, why people had needed these and the outcome were all clearly recorded. The 'hospital passport' contained information to assist hospital staff to

appropriately support people if they were treated at the hospital. Relatives and representatives told us that they were always kept informed about the person's health and wellbeing by the staff. Therefore, people's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible.



# Is the service caring?

## Our findings

We saw that people received care and support from staff who were caring and understood their needs. One person nodded their head when asked if they felt well looked after by staff. A relative told us, “They treat [the person] well, they are comfortable.”

We observed that people were relaxed in the company of staff, and frequently smiled when they saw them. Staff were aware from gestures used what people wanted. They also used specific points of reference to communicate with people and find out their needs. We saw that staff responded swiftly to people’s requests for assistance and took time to explain things so that people knew what was happening. Therefore, people received good care and support from staff who were caring.

There was a relaxed atmosphere in the home and it was apparent that people felt comfortable with the staff. Support was provided in a kind and calm way. Throughout our inspection we heard interaction between staff and people who used the service. We saw that staff had very positive relationships with the people they supported.

People were offered choices about their care. Records showed that they were involved in decisions about their care routines. For example, if they wanted to participate in activities and what they wished to eat during lunchtime. We saw that staff were knowledgeable about people’s individual care needs. They listened to people and talked with them appropriately.

The registered manager demonstrated they treated people with respect and understood their individual needs and preferences and made sure care was person centred. People, and where appropriate, their relatives, were involved in planning and reviewing their care. For example, a note in one person’s review stated, “For each new goal set [the person] nodded their head in agreement and smiled at each of them.” Records confirmed this and daily living activities.

Staff told us they were happy in their roles and worked hard to ensure that people received the care they needed. We saw that staff provided the people with kind and compassionate care.

People were treated with dignity and respect. It was evident in the way that staff communicated with people, that they were respected. They knocked on people’s doors before entering their bedrooms and always gave support in a private area. We observed this happening in practice when a person was supported with personal care.

No one at the service was being supported for end of life care at the time of inspection. The manager told us that there was an end of life care policy and if the need arose they would support people at that time. We saw that staff had completed end of life care training and were aware of the level of support to provide to people and their relatives during this time.

# Is the service responsive?

## Our findings

Before a person started to use the service the registered manager or a senior person would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. We looked at the records of one person who had recently started to use the service. We found that an assessment of their needs had been carried out before they came to stay at the service. Information was obtained from the pre-admission assessment, feedback from their relatives and reports from health and social care professionals had been used to develop the person's care plan. This helped staff to ensure that people received individualised care and support which took account of their wishes and preferences. A social care professional told us, "They keep us informed and have taken a pro-active stance. We are happy with the way [the person] is looked after by the staff."

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. We looked at three people's care plans for and saw that they contained detailed information about people's health and social care needs. The plans were individualised and relevant to each person, were clearly set out and contained up to date information. There were sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff about how people liked their care to be delivered and they were given detailed descriptions of people's daily routines. For example, one person's communication plan stated, "I am non-verbal but I understand when spoken to. Staff to communicate with me by speaking slowly and directly to me. You need to be patient when speaking to me." Staff told us about another person who made gestures and facial expressions to make their needs understood. Another person's eating and drinking plan said, "Cut up food in bite sizes. [The person] does not chew, or swallow so all food must be cooked."

We saw that care plans were regularly reviewed and updated to reflect any changes in the care and support given. Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records.

Staff ensured people were happy with the care they received. This was through individual meetings, resident meetings and general conversations. We saw that staff were aware of people's individual needs via being aware of their extensive care plans and by working closely with them. They were able to tell us about people's specific care and communication needs. Therefore, staff and the registered manager understood people's needs well in order to provide individualised care.

When staff had concerns about a person's health condition, they would monitor them and refer them to the appropriate health professional if needed. Staff kept daily progress notes about each person. This enabled them to record what people had done and it meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people's up to date needs and preferences.

People had access to a range of activities which suited their individual interests. This included watching movies, carrying out table top activities, completing puzzles or going out into the community. They attended a day centre on one or two mornings/afternoons per week and had access to additional activities in the evenings and weekends. These included going to a social club. One person enjoyed going for walks and to cafes and we observed that staff supported them to do this.

Visitors and people who used the service, were supported and encouraged to raise any issues that they were not happy about. We saw that the service's complaints procedure was displayed on a notice board at the entrance. There was also a version with pictures and symbols to make it easier for people to understand. Contact numbers for the local authority were also displayed. Senior staff told us that if there were minor complaints they would sort things out straight away. Any major or serious complaints would be passed directly to the manager. There had not been any recent complaints. People benefitted from a service that listened to them and addressed their complaints and concerns.

# Is the service well-led?

## Our findings

There was a registered manager in post and a clear management structure. They understood how to meet their legal obligations and when it was necessary to submit notifications to CQC. Staff were clear about their roles and responsibilities. In addition to the registered manager there were two personal assistants (deputy managers) and other senior staff who supported the manager. The personal assistants were responsible for the daily running of the shift and there was always a senior on duty during the day time. At night the on call system was used if staff needed any support or guidance. A member of staff told us that they received good support from the management team and were free to seek advice.

The provider had effective systems in place to monitor the quality of the service delivery. The organisation's operations manager undertook regular audits to monitor the quality of the service provided. Records showed this included regular care plan reviews, medicines stock and administration and health and safety checks. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. For example servicing of equipment and staffing levels. The operations manager conducted a quarterly visit to the service. They spoke with people who used the service and staff. They produced a report for action with timescales such as staffing, environmental and maintenance issues. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of surveys "at least yearly" to people who used the service, their family members and staff. Surveys included questions about the food provided and staff attitude. We saw that positive comments were received about these from relatives. People who used the service were assisted by staff to complete the questionnaire. The registered manager told us that they were exploring other ways of realistically obtaining views from people with complex needs. There was also a suggestions box at the entrance to the home. Therefore, the quality assurance arrangements enabled managers to account for actions, behaviours and the performance of staff with the aim of improving the quality of the service provided.

Records showed that staff meetings took place on a monthly basis and staff told us that these were useful. It enabled them to keep updated about any changes, discuss and share ideas or any concerns they might have. This was done with a view to improve the quality of care people received. Staff also received support through regular supervision and appraisal of their work. We looked at a number of policies and procedures that gave guidance to staff in key areas. We saw that these policies were due to be reviewed to ensure that they were up to date due to the changes in regulations. An action plan was in place to do this. This would provide accurate guidance and direction to the staff to deliver the service in a consistent manner.