

Choice Support 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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Beehive is a residential care home providing accommodation with personal care for up to 6 people living with a learning disability. At the time of this inspection, 5 people were living at the service. People living in the home have their own bedrooms and there are shared communal spaces, including lounges, a kitchen and a garden area.

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

Right Support

Staff had completed mandatory training to perform their role effectively. Staff felt supported in their roles. People were supported to eat a balanced diet and were able to choose what they ate. People had access to health care professionals. Care plans were in place for people, which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. People were supported to maintain relationships with family and friends.

Right Care

Risk assessments were in place to ensure risks to people were minimised. Medicines were being managed safely. Systems were in place to protect people from the risk of abuse. There were enough staff working at the service to support people safely. The provider had robust staff recruitment practices in place. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Staff were kind and caring to people. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Right culture

Quality assurance systems were in place to ensure shortfalls could be identified and action taken to ensure people were safe at all times. Staff told us there was an open and positive culture at the service. People were supported to express their views. 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.

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 3 May 2023 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Beehive is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beehive is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced and took place on 30th October 2023 and 7th November 2023.

What we did before the inspection

We reviewed the information we already held about the service and provider. This included registration information and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection.

During the inspection, we spoke with the registered manager, 5 staff, 3 people and 2 relatives. We also observed interaction between staff and people. We reviewed documents and records that related to people's care and the management of the service. We reviewed 4 care plans, which included risk assessments. We also looked at other documents such as medicine management, training, supervision and quality assurance records.

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.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- There were risk assessments to ensure people were safe when being supported, such as positive behaviour support plans, which included triggers and measures to support people when they were anxious.
- Risk assessments had also been completed for people at risk of falls and skin complications.
- Additional risk assessments included moving and handling, nutrition, self-harm and finance. A staff member told us, "The risk assessments are helpful, it tells you what to do and follow to keep people safe."
- Premises and fire safety checks had been carried out to ensure the home was safe to live in.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records (MARs) showed that medicines had been administered as prescribed.
- Daily and monthly medicine audits were carried out to ensure people received their medicines safely.
- Guidance was in place for medicines that was administered when needed to ensure these medicines were given safely.
- Medicines were kept securely and the room temperature was monitored to ensure the medicines did not lose efficiency.
- Staff had also been trained in medicines management and had competency assessments to ensure they were competent to manage medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke with understood their responsibilities to protect people's safety. A safeguarding and whistleblowing policy was in place. A staff member told us, "We get good training here, we have received safeguarding training. I learnt how to protect our service users from being harmed and to keep them safe. We learnt all types of abuse. If I see abuse, I will report it to my line manager."
- People told us they were safe. One person told us, "Its good here." A relative commented, "[Person] is safe there."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- Incidents had been recorded, investigated with action taken.
- Incidents had been reviewed to learn from lessons and minimise the risk of reoccurrence.

Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A staff member told us, "We have enough staff to support people safely." A relative told us, "Yeah, there is 3-4 staff there when I have visited. There is definitely enough staff."
- We saw staff were available when people wanted them and they responded to people's requests quickly.
- Systems were in place to ensure staff were recruited safely.
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- Infection control and prevention systems were in place.
- Risk assessments were in place to minimise the risks of infection.
- We were assured that the provider was using PPE effectively and safely. A staff member told us, "The home is kept clean and tidy, we have lots of PPE."
- We observed the home was clean and tidy in both our visits and there was a cleaning schedule in place. A relative told us, "Definitely, the home is clean and tidy."
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- The service had an induction programme for all new staff to complete, prior to them working with people unsupervised.
- Staff were trained and understood best practice in supporting people with a learning disability and/or autism.
- Staff had completed training in mandatory areas such as moving and handling, first aid and safeguarding. A staff member commented, "We have online and physical training such as first aid, manual handling. Training is helpful." A relative told us, "Staff are good. They know [person] well."
- Regular supervisions had been carried out. Staff told us they felt supported. A staff member told us, "[Registered manager] is a good manager and the assistant manager is very good also. They all support me if I need anything." Another staff member commented, "We have good team work, we have good manager, everyone is supportive and there is chance for you to learn."

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

- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews were carried out with people regularly to ensure people received support in accordance with their current circumstances. The reviews discussed people's preferences and allowed them to make choices on their daily routines. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people would require with meals or drinks.
- People were included in menu planning and staff asked them what they would like for their meals. A staff member commented, "For food, we give them choices during mealtimes. They have choices." We observed a person wanted some toast and this was provided promptly by staff.
- People's dietary requirements were included in their care plan and we observed this was accommodated when preparing meals.
- We observed that people were able to eat together or independently if they wished and told us they liked the food. Staff engaged with people and also supported people with their food when needed.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed that people had been supported to access a number of health services to ensure they were in the best of health. Annual reviews of their health were carried out. A health action plan and hospital plan was in place that recorded how people should be supported with upcoming health appointments.
- People also had access to dental services and oral health care plans were in place. We observed that people had access to dental care products to ensure they were in the best of oral health.

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- MCA assessments had been completed to determine if people had the capacity to make specific decisions.
- DoLS authorisations were in place to deprive peoples of their liberty lawfully for their own safety.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "So before we support people, we explain to them what we are about to do." Our observations confirmed this.

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

- The premises and environment met the needs of people who used the service and were accessible.
- There was a spacious communal area with a dining table. There was a garden if people wanted to go outside. People's rooms were decorated according to their preferences. A person proudly showed us their room, which had been decorated for the upcoming festivities.
- The premises was surrounded by both commercial and housing properties, close to good transport links and many other local amenities.

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

- Staff were caring and kind. A relative told us, "The staff are friendly and caring." We observed that staff had a positive relationship with people and spoke with them in a caring way. People were well settled, happy and were able to speak to staff with ease. A staff member told us, "People are very safe and happy, they are well looked after."
- People's cultural and religious beliefs were recorded, and information included the support people may require in this area.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- Care plans included how to support people to make decisions.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with nutrition and personal care. We observed that people were given choices. For example, with meals or if they wanted to go out, and their decision was respected. Monthly residents' meetings were held to support people to express their views and preferences with their care and support. A staff member told us, "We ask them when supporting them to make decisions such as showing them and give them choices."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that people always have privacy. We observed that people went to their rooms for some private time without being disturbed. A staff member commented, "People's privacy and dignity is respected. When supporting with personal care, we cover them and ensure doors and windows are closed."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently. We observed that people were able to eat their meals and clean their rooms independently. A staff member told us, "We do try to encourage independence such as when taking them to the toilet, we encourage for them to walk independently. Another example, we try to encourage them to eat independently."

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 ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and included information on how to support people in a number of areas such as personal care, moving and handling and dressing. A staff member told us, "Care plans and risk assessments are helpful and accurate. It helps us to keep people safe. We regularly review it."
- Care plans included people's background history, their likes and dislikes, things that are important to them and how to keep them safe.
- Care plans also included that people should be given choices when supporting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported with activities. People's preferences with activities were recorded and there was a weekly activities planner in place. Photos showed that people participated in a number of activities, which included accessing the community. A staff member told us, "They do plenty of activities. We take them out to places they like."
- People were able to maintain relationships with family and friends. Care plans included the importance of this and recorded information on how people could maintain relationships with family and friends.

Meeting people's communication needs

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

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Communication plans included information on people's first language, communication ability and how to communicate with people.
- The provider used various methods to meet people's communication needs, depending on the particular needs of each individual. Staff understood people's communication needs and we observed staff communicated well with people.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. No complaints had been received since the service had registered with us. Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place and people's end of life wishes were discussed.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Quality assurance systems were in place.
- A monthly quality audit was completed by the registered manager to ensure the home was safe. This looked at key areas such as care plans and staffing to ensure people received person centred care.
- People and relatives told us the home was well-led and people liked living at the home. One person told us, "I like it here." A relative commented, "It is a good home. I have no concerns." We observed that people were happy living at the home.
- Staff were clear about their roles and told us the service was well-led. One staff member told us, "The home is very much well managed." Another staff member commented, "Everything is fine, I have no concerns. It's a good place to work." Records also showed a number of compliments received from previous members of staff that had worked at the home.

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

- The registered manager was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

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

- There was an effective system to gather people's and staff feedback on the service.
- Systems were in place for the management team to share information and updates with staff. This kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain staff views about the home. The results were positive. Feedback was sought from people during regular residents' meetings where people discussed meal times and activities.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health and social care professionals to ensure people were in the best of health.