Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Beehive

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Tel: 02085501032

Date of Inspection: 16 March 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	MCCH Society Limited
Registered Manager	Miss Veronica Udugba
Overview of the service	Beehive provides accommodation and care for up to six adult who have learning disabilities
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 March 2013, observed how people were being cared for and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences. We spoke with two members of staff, observed the practice in the home and looked at care records.

We observed people being supported to engage in activities in the community. One person went out with a member of staff during our visit to go for lunch and another person was supported by staff to go to the shops to buy some magazines. We observed staff responding to people's needs in a respectful and sensitive manner. For example, staff were observed explaining what was going to happen next and offering people choices.

People's needs were assessed and care plans developed that ensured people's needs were met effectively. Any identified risks to people's welfare were assessed and plans put in place to minimise these while enabling people to maintain their independence. People's healthcare needs were monitored and met with the support of healthcare professionals.

The home was well maintained, clean and warm at the time of our visit and health and safety checks were taking place at the required intervals to ensure the environment was safe.

There were adequate numbers of staff to meet people's needs effectively and staff told us that there were always enough staff on duty.

There was an effective complaints management system in place.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were encouraged to express themselves and be involved in making decisions about their care where they were able to do so. We looked at the care records for three people. These contained clear information about people's communication needs to ensure that staff were able to understand people and to enable people to make choices and express themselves. Annual satisfaction surveys were also completed that were produced in a pictorial format to support people's understanding.

People were supported in promoting their independence and community involvement. We observed people being supported to engage in activities in the community. One person went out with a member of staff during our visit to go for lunch and another person was supported by staff to go to the shops to buy some magazines.

Care records contained support plans that promoted people's independence. For example, they emphasised what people were able to do for themselves and set goals to support people to develop independent living skills such as making a drink for themselves or doing their laundry. We observed a member of staff supporting a person to make their bed and tidy their bedroom during our visit.

People's diversity, values and human rights were respected. We observed staff responding to people's needs in a respectful and sensitive manner. For example, staff were observed explaining what was going to happen next and offering people choices. People's cultural and spiritual needs were recorded in their care plans and we saw that people were supported to attend places of worship if they wished to do so.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for three people. These were clearly written, detailed and contained information for staff about how to meet people's needs taking into account individual preferences, likes and dislikes. They were reviewed at regular intervals and updated as people's needs changed.

Care records showed that people were seen by a range of healthcare professionals, such as their GP, dentist, optician and chiropodist. The outcome of any healthcare appointments was clearly recorded as was any support people received to meet their healthcare needs. People had a health action plan in place and were supported to maintain a healthy lifestyle. People's care records also contained detailed information about particular medical conditions that affected people to enable staff to understand the condition and how best to support people.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Care records contained risk assessments that ensured that people were protected from harm whilst supporting them to maintain their independence. For example, we saw risk assessments relating to people's behaviour, community access, medical conditions and activities such as gardening.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. The home was well maintained, warm and clean at the time of our visit. There were six bedrooms, an office, laundry and bathroom facilities on one side of the building and a kitchen, open plan lounge and dining area and a conservatory on the other side of the building. People also had access to a rear garden.

We looked at the health and safety records for the home. We saw certificates relating to electrical, gas and fire safety and these were all up to date and were being renewed at the required intervals. We also saw that staff were checking fire safety equipment regularly to ensure it was in good working order and fire drills were taking place to ensure that the people using the service and the staff knew how to respond in the event of a fire. The records relating to fire drills recorded any issues so that these could be addressed to ensure people's safety.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. There were three members of staff on duty during our visit and a student nurse who was on a two week placement at the home. The duty rosters showed that there were usually three members of staff on duty during the day and a 'waking night' member of staff and a 'sleep in' member of staff on duty at night.

Duty rosters were organised to ensure that there were enough staff to enable people to take part in the activities they enjoyed. One member of staff confirmed that there were always enough members of staff on duty to meet people's needs. The home used regular 'bank' staff to cover absences who were familiar with the home and knew people's needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw that a copy of the complaints procedure was displayed on the notice board in the communal hallway. This was written in plain English using a large font and pictures to support people's understanding. It contained details of external agencies that could be contacted and we saw that there was additional information about local advocacy services also displayed on the notice board.

A member of staff spoken with said that there had not been any complaints made about the service provided at the home. They told us that the manager was in the process of creating a complaints file so that a central record could be kept of any complaints that were made.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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