



Inspection Report on

Beechlea

**14 PANTYCEFN ROAD
MARKHAM
BLACKWOOD
NP12 0QD**

Date Inspection Completed

21/05/2019

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Description of the service

Beechlea is located in a quiet residential area, close to local shops and amenities. The home is registered with Care Inspectorate Wales (CIW) to provide personal care and accommodation for up to four people aged over 18 years. The registration also provides for one older person with a learning disability and mental health needs to be accommodated. At the time of our inspection four people were living at Beechlea.

Beechlea is owned by Abbey Ambitions. The home has a responsible individual who owns and oversees the management of the home. The home's manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living at Beechlea enjoy a good quality of life in a comfortable and safe environment and are supported by care staff who feel supported to undertake their supportive roles. There is good oversight of the service by the management team and responsible individual (RI).

2. Improvements

This is the first routine inspection under the Regulation and Inspection of Social Care (Wales) Act and therefore there were no outstanding improvements from the last inspection. Any resulting improvements will be reported in future reports.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. Recommendations were made in respect of fluid charts, recruitment processes, care documentation and recording of accidents and incidents.

1. Well-being

Summary

People are treated with kindness and dignity and are offered choice in their daily routines. There is consideration of people's nutritional needs and people's weights are stable and monitored. People are given ample opportunity to participate in meaningful activities, both individually and as a group.

Our findings

People enjoy a good quality of life. There were two people at home on the day of our inspection visit, with the other two residents attending regular sessions at a day centre. We saw people were supported to follow daily routines as they chose. One person chose to remain in their room and the other chose to sit in the communal lounge. We saw both people were spoken to with kindness and respect and observed regular and positive interactions with people throughout our visit. We spoke with both people who expressed satisfaction and enthusiasm about living at the home. We saw relatives were welcomed into the home at any time and found they were positive about the care people received. We are confident people feel comfortable and settled living at the home.

People are offered choice regarding nutrition and are encouraged to follow a varied diet. We saw a menu displayed in the kitchen which set out details of the main meal being prepared that day; we saw only one option displayed, however, we were told people were able to choose alternatives if they wished. On Saturdays, people were prompted to choose individual meals. We saw fresh fruit was readily available for people as snacks throughout the day. We looked at weight charts and noted weights for residents were taken regularly and were generally stable. We saw daily food choices were recorded in people's care files. We did note one resident who was at risk of dehydration also had fluid levels recorded, both in their file and on a chart in the kitchen area to actively monitor fluid intake. We recommended that fluid levels should be similarly recorded for all residents. We find that people's nutrition is well managed and choice and quality is considered.

People are supported to take part in a range of activities. We saw the guide for service users stated people would be supported to undertake a holiday every year. We saw photographs of the last holiday. Staff told us that this was more likely to happen every other year and we recommended this was reflected in the wording of the service user guide. The service's statement of purpose placed an emphasis on activities for people, saying, "*This may include anything the individual wishes to be involved in*" and we saw people's personal files contained evidence of a wide range of activities undertaken, including engagement in local community activities. We saw the service had transport for facilitating activities outside the home and each resident had an accompanying risk assessment for its use. During our visit we observed one person enjoying using a colouring book and pens and we saw another enjoying a board game with a relative in their room. We conclude people have ample choice and opportunity to undertake meaningful activities and their wellbeing is considered at all times.

2. Care and Development

Summary

People are well-supported by a dedicated workforce and care delivery is consistently documented in a timely manner. Staff feel supported and overall there are robust recruitment, training and supervision processes in place.

Our findings

People are supported by experienced and confident carers who demonstrate a good knowledge of the needs of people in their care. We looked at the care files for each of the people living at the home and saw these were detailed, person-centred and well maintained. When changes in people's needs occurred, these were documented in a timely manner and care plans adjusted when necessary. We noted some personal plans indicated six-monthly review dates which had been undertaken regularly. We discussed with the deputy manager that these should be reviewed every three months under new regulations and it was agreed this would be implemented. We saw people's daily care notes were completed consistently to reflect people's mood, activities and choices, although we felt these would sometimes benefit from more detail, for example identifying the distraction or de-escalation techniques used when people presented as agitated. However it was clear from observations and reading the notes that all care staff had very detailed knowledge of the people's needs within the home. We find the quality of direct care and support fully meets people's needs and expectations.

Staff feel supported to undertake their roles with confidence. We looked at three staff files. We saw recruitment processes were comprehensive, although we noted one file had not fully explained gaps in one staff member's employment history. We saw care staff were given a structured induction, which not only included internal processes, but also ensured staff undertook Social Care Wales' accredited Quality Induction Framework. We did note there were no copies of staff birth certificates on file and pointed this requirement out to the deputy manager who advised this would be addressed. We spoke with staff who described a "*great team spirit*" and told us they "*couldn't fault*" the support they received. We looked at training and supervision records and saw supervision was generally provided every eight weeks, as detailed in the service's Statement of purpose. We saw there were a number of training courses scheduled for staff and people's training was up to date. We saw people were trained in Makaton sign language in order to communicate effectively with one of the people living at the home, and other relevant training courses, such as epilepsy had also been provided. We noted all staff were awaiting refresher training on fire safety as this had expired two months ago, and the deputy manager advised this was planned to be delivered by the RI when they returned from leave. We conclude care staff are conscientious and well-equipped to provide support to people living at the home.

3. Environment

Summary

The service offers people a comfortable and welcoming environment which meets people's needs. The home is well maintained.

Our findings

People live in a comfortable and safe environment. Upon arrival we were asked to show identification and formally sign the visitor's book. An initial inspection of the home found it to be clean, bright and fresh throughout. We saw manual handling equipment was well maintained and stored under the stairs. Sensitive information and medication were stored in a locked environment. Fire evacuation information was displayed in the kitchen area and was illustrated in pictures as well as text to make the information visually impacting. We saw food was stored safely with visible expiry dates on items and we saw the home had been given a maximum hygiene rating of five out of five by the foods standard agency (FSA). We noted the public liability insurance documentation was out of date and we brought this to the attention of the deputy manager who gave assurances that the insurance was valid and the old certificate would be promptly replaced. We looked at service records and saw appropriate fire alarm tests and other equipment tests were routinely carried out. We also saw charts detailing regular temperature checks of people's rooms and of water temperature. We conclude the environment is as safe as possible and meets people's needs.

People live in a homely environment. We saw people's rooms were personalised to their own taste with familiar possessions such as ornaments and photographs. The communal lounge area was also personalised with photographs of people. We saw there was a range of activities available for people to enjoy in the communal lounge. The television was on throughout our visit and we observed staff chatting with residents about the content of the programme and ensuring people were happy with the choice of channel. The lounge opened onto a level garden and we saw from notes that people were given the opportunity to enjoy the garden when they chose. We find the environment is pleasant and appropriate for people to enjoy.

4. Leadership and Management

Summary

The service benefits from comprehensive oversight of leadership processes which are maintained and address any issues as required. There is clear attention to quality assurance.

Our findings

There is good oversight of the service. We saw systems were in place to monitor and audit the delivery of care and support. This included monitoring people's finances where appropriate. We saw both verbal and written complaints and compliments were recorded and any outcomes or actions arising from complaints were noted. We saw evidence the RI had been directly involved in the resolution of some issues and had general oversight of the service as a whole, including records of regular visits to the service and discussions with residents and relatives. We saw safeguarding incidents were recorded and notified to relevant agencies when issues arose. We noted accidents and incidents were recorded in people's files, however we recommended that these could also be collectively recorded to ensure ease of auditing and identifying any themes or patterns. We concluded the responsible individual and management team have a good understanding of the home and the people living there.

The home is clear about its aims. We looked in detail at the home's statement of purpose and found evidence in care and policy documentation, and through discussion with people, that the statement of purpose was a true reflection of the care that is offered and provided by the service. We find the service provides support in accordance with its values and objectives.

There is good attention to quality assurance. We saw meetings were regularly held with residents and relatives, and people's opinions were sought and considered. We saw questionnaires were also used to seek feedback and inform regular reports about the service and where necessary changes and improvements were implemented. We considered that quality assurance is given regular consideration as per the regulation requirements.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

No areas of non-compliance were identified at this inspection.

The following recommendations were made:

- All residents would benefit from having fluid charts in place detailing optimum and actual fluid intake as a preventative measure.
- All recruitment files should carry proof of identity, including a photograph.
- Any explanation for gaps in employment should be detailed.
- All staff should receive fire safety training as soon as possible to ensure the safety of people cared for in the event of fire.
- Care notes should be more detailed to explain how people's needs are met when they are presenting as distressed or agitated.
- Accidents and incidents should be centrally logged to ensure there is clear oversight of any themes or trends that may occur.

6. How we undertook this inspection

One inspector visited the home to undertake an unannounced inspection on 21 May 2019 between the hours of 9.20am and 1.30 p.m. We used the following sources of information to formulate our report:

- Observations of daily routines and care practices at the home.
- Conversations with residents.
- Observations using the Short Observational Framework for Inspection SOFI 2) tool. The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- Discussion with the registered manager and another member of staff.
- Examination of care documentation relating to two residents.
- Examination of recruitment files of two members of staff, in order to consider the recruitment process was in place and satisfactory.
- Visual inspection of the building's interior.
- Consideration of the home's quality assurance systems.
- Review of staff training matrix.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Abbey Ambitions
Manager	The manager is registered with Social Care Wales.
Registered maximum number of places	4
Date of previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit(s)	21 May 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is not fully providing bilingual services currently, but is working towards providing services in Welsh. Some policies are produced bilingually and the service aims to offer greetings in Welsh as well as English on the telephone.
Additional Information:	

Date Published - Tuesday, 23 July 2019