



Inspection Report on

The Beeches

**THE BEECHES
WESTERN ROAD
SWANSEA
SA6 5DY**

Date Inspection Completed

23/09/2019

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Description of the service

The Beeches is a care home service that provides accommodation and personal care for up to nine adults over 18 years of age who have mental health needs. The home is a converted large Victorian manse and is located in Clydach, in the Swansea Valley. It is close to local amenities and bus services. The registered provider of the service is Aspire Support Options. There is a manager in post who is registered with the Social Care Wales. The responsible individual is Karen Denyer.

Summary of our findings

1. Overall assessment

People living in The Beeches are able to speak for themselves and contribute to the decisions that affect their lives. People are cared for by dedicated and compassionate staff who provide good quality person centred care. The manager provides clear direction and ensures the staff team are well supported. There are effective systems in place to support the staff team. The mutual respect and value between the staff and management team results in a high standard of care being delivered.

2. Improvements

This was the first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Improvements made at the service will be considered at the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. This includes the following:

- To update the statement of purpose.

1. Well-being

Our findings

People are able to speak for themselves and contribute to the decisions that affect their lives. We saw that people using the service were communicated with for all aspects of their care planning and provision. Personal care plans were very person centred giving a real insight into the individual's wishes. People appeared comfortable and at ease with the care workers supporting them and there was a sense of warmth between them. One person said *"the staff are very nice, there here to help us move on, my keyworker is one of the best here, if you've got problem, they really help me to sort it out"*. People are treated with dignity and respect, are listened to and encouraged to speak for themselves.

People do things that matter to them. During the inspection we saw that people were engaged in community activities both independently and some with support. The manager told us that the following week, everyone was going on a supported holiday to a seaside resort. The male residents were going for the first half of the break and the females for the second half. We were told that people are supported to find volunteer placements when suitable. We saw that people had active lives and did numerous activities within and outside of the home. We saw that people had ambition and their named keyworkers worked closely with them to help them achieve their goals as far as reasonably possible. People's independence was encouraged at all times and progression of people's development was clear in care records. People had responsibilities within the setting to carry out domestic duties to maintain their home and these skills were developed over time to increase independence. We saw rotas on display to reflect this as well as sessions for people to enhance their cooking and preparation skills in the kitchen. This shows that people's potential is maximised and there is a clear progression in their achievements towards more independence.

There are clear systems in place to safeguard vulnerable people receiving care and support from the service. We saw thorough risk assessments were carried out on commencement of care provision and reviewed quarterly or sooner if required. These risk assessments were progressive from original assessments made by health professionals prior to admission to the home. We saw that these assessments accurately reflected the risks to the individuals and to staff delivering the service. The manager explained that people who move into the home do it on a gradual basis, starting with one session a week, increasing steadily. This was to ensure that the home was compatible with the person's needs and also that the individual had a good rapport with those already accommodated. This was also true if an existing resident had been admitted back into hospital where a gradual procedure to re-introduce them back to the home would take place where medical professionals would constantly assess with the home on developments. We saw that the service acted in accordance with legislation and regulation on their duty to report any areas of concern. Care staff spoken to demonstrated good awareness of the safeguarding process, and had a good knowledge of the people they supported. People who used the service felt comfortable with the care staff who

provided their support. People are safe and risks to their health and well-being minimised as much as possible.

People live in a home that is safe, secure and homely. The home is set in its own grounds with ample car parking for visitors and secure outdoor space for people to enjoy. The building comprises of two floors with all communal areas on the ground floor, there was sufficient space for people to engage with others and undertake activities. There are security features in place to safeguard people including a doorbell entry and visitors book. There are monitoring systems in place to maintain the building and all areas are homely with individuals bedrooms personalised with their own things. People live in a home that supports them to achieve their well-being.

The implementation of an Active Offer of the Welsh language is ongoing. The Active offer means: being able to provide a service and documentation in Welsh without people having to ask for it. The manager told us that they were aware of the need to produce documentation in Welsh however the residents living at the home at the time of the inspection did not speak Welsh, therefore there was no demand for this service at the time. This would however be prioritised if a vacancy within the home arose. In conclusion, the home is still working towards an active offer.

2. Care and Support

Our findings

People are encouraged to be as independent as they can be. During the inspection, most of the residents went out in to the community, some independently others with support.

We saw that people were supported to manage their own money. One resident was very eager to tell us about their new purchases on their return and how thrilled they were with them. The manager told us that people were encouraged to prepare their own meals where possible, however, care workers were at hand to support if needs be. This support was provided whereby care workers would assist and give individuals confidence by building their skills over time to lead to less intervention in the future. We saw that people had different levels of support, which varied greatly depending on individual need. People were encouraged to partake in training opportunities and some had undertaken voluntary work. We saw that most people had their own keys to their rooms and the manager told us that there was a progression facility on the premises, which was a self-contained flat to support individuals to become more independent, with a view to progress to full independence. We saw a resident rota in place for people to carry out domestic duties in the home, these duties included, laundry, cleaning communal areas and personal rooms and more. Activity records in care files detailed the activities that individuals had undertaken and the levels of support that were required. We saw that these recordings were very thorough. It was evident that people have the opportunity to be involved and increase their independence in all aspects of daily living.

People receive care that is tailored to their needs. We looked at two care files and saw that initial assessments were carried out with individuals and family members when appropriate. Personal support plans were outcome focussed, signed and agreed by them. We saw that care files were detailed and contained a lot of information about the supported individual which included: their personal history, likes, dislikes, aspirations for the future and more. Risk assessments were tailored around this information and their individual needs. People had named keyworkers who completed a report on their progress. Within the care files we also saw that individuals were supported to plan their own outcomes and goals and saw that these were achievable and were given a timescale. People were supported to have a healthy balanced diet, with care workers supporting individuals to make better choices with food and drink, some individuals were being supported to attend the gym. People signed these reports in agreement of the content. People are able to express their views and opinions and have a proactive role in their care provision.

People's health needs are supported and maintained as much as they can be. We saw that medication was stored safely and securely in a key operated cabinet. We saw daily recordings of temperature of the medication storage - this is because all care homes must maintain medication room temperatures below 25°C, in line with N.I.C.E. (National Institute for Health and Care Excellence) guidelines for managing medication in care homes 2014. The medication administration records (MAR) were recorded accurately and corresponded with the medication stored for the residents checked. We were also told that these were audited weekly by the manager.

We saw that there were photos of the individuals on the MAR charts and also on the blister pack medication containers for easy recognition. Where possible, individuals were encouraged to manage their own medication and we saw that there were systems in place to monitor this and assist with prompting to maintain independence as much as possible. We saw that medication used on an 'as needed' (PRN) basis were used rarely and were told that these were only given when requested by people or if it was evident that they needed it for health reasons. Any concerns with people's health or well-being were acted upon quickly and the GP or other medical professionals were sought in a timely way and details of all appointments were stored in care files. The senior carer told us that staff were very knowledgeable of people's behaviours, recognising health triggers quickly, and they were able to adapt their approach and seek help when needed. This was supported with behavioural care plans in care files, which detailed the way staff should recognise early indicators and different techniques to respond to individuals when they were requiring additional support. This evidences that people are supported to be as healthy as they can be.

3. Environment

Our findings

People are cared for in safe, secure, and warm surroundings. On entering the home via a key locked door, there was a sign in book for all visitors to sign. The ground floor of the property housed two communal lounges, conservatory, kitchen, managers office, toilet facilities, access to the laundry room which was in the basement and peoples bedrooms which all had en-suite facilities. Upstairs there were further bedrooms and one bathroom which two residents shared. Access to the enclosed and secured rear garden was from the kitchen or communal lounges. We saw that windows had restrictors in place. The communal areas were clean and personalised with photos and art work on the walls of people who lived there. The kitchen was fully fitted with all appliances. Personal information, care plans and completed daily records were stored in the office. The office was locked at all times when not manned. All external doors in the property had key operated locks. All internal doors were fire doors and the fire service had completed their assessments which concluded that the home was fire safe. People had keys to their own bedrooms which were locked when they weren't there. This confirms that people are cared for in a safe, clean and homely environment.

People feel at home at the Beeches. We had permission off individuals and saw one person's bedroom which was personalised to their own choice of colour and personal items were visible, we spoke with the individual who said "*I picked the colour myself and then X helped me to paint it, I love it, it's really me*". We also saw a vacant room which was spacious and light with neutral colours ready to be personalised for its next inhabitant. Most of the bedrooms had en-suite facilities and the other two bedrooms were in close proximity to a shared bathroom. We saw that all bathrooms were clean and accessible. Communal areas were homely and cosy and we saw that people were relaxing in them. We saw that one bedroom had carpet that had marks on it, however the manager assured us that it was cleaned professionally every month and the home had supported the individual to request funding for new more appropriate flooring to be installed for them. People feel uplifted and valued because they are cared for in a comfortable, clean, homely and personalised environment.

The premises are well maintained and decorated. We saw that furnishings and fixtures in the home were in a good state of repair. The enclosed rear garden was inviting and housed a number of storage sheds. We were told that when the weather is fine the garden is utilised every day. We saw a maintenance file which contained all compliance certificates for gas, electricity, fire safety. Personal emergency evacuation plan's (PEEP's) were in place for all residents and were reviewed annually or sooner if required. We saw that fire drills took place on a monthly basis. The kitchen had been inspected by the food standards agency and awarded a 5 rating which is very good. In conclusion, people have access to resources that are well maintained and conform to relevant safety standards.

4. Leadership and Management

Our findings

People can be assured that procedures are in place to ensure safe, robust and timely recruitment of staff. Due to the way that people are introduced to the home over a number of weeks, the manager told us that it enabled them to recruit staff on a needs basis and the time allowed them to ensure that they employed compatible workers for the home and thorough background checks could be carried out. People living in the home were also involved in the recruitment of new staff and were encouraged to talk with the candidates and give their feedback to the manager to assist in the recruitment decision. We looked at two staff files and both had the required documentation and background checks in place for recruitment. Disclosure and Barring Service (DBS) checks were up to date and easy to see in files, and we saw that the people included in the interviews had a place to sign the recruitment documentation. The manager confirmed that all new staff completed the Social care wales induction framework (SCWIF), and carried out shadowing duties with competent carers in the home until they felt confident before carrying out duties alone. The SCWIF is an induction programme that covers the principles and values, knowledge and skills workers need to carry out their role competently when coming into a care service. People benefit from an efficient service where best use is made of resources.

People benefit from a service where the well-being of staff is given priority and staff are well led, supported and trained. We saw the training records for staff and saw that all staff had completed the mandatory training modules listed in the service's statement of purpose, these included: safeguarding, food hygiene, first aid, fire awareness and more. We saw that some staff had completed more specialised training modules for example diabetes and manual handling training which was booked specifically to meet the changing needs of people at the home. We looked at supervision and appraisal records and saw all care workers had supervision on a quarterly basis and annual appraisals. The manager confirmed that they also had regular supervisions with the responsible individual (RI) and the RI was visible in the home a few times a week and also provided the on call service to support people and staff in times of need. Minutes of monthly staff meetings were seen and the manager told us that these took place every six weeks. The manager told us that the staff had monthly activities outside of the workplace to aid with team working and staff were awarded in recognition of good practice with gift vouchers and exceptional performance awarded with duvet days. One care worker said "*I love it here*" and other said "*there great to work for and we all jell well as a team*". In conclusion, people benefit from a service that has a proactive approach to the learning and development of staff.

The vision, values and purpose of the service are clear and actively implemented. We saw the recent RI Quality assurance report which included feedback from people accommodated

and care workers, repairs needed in the home, notes from the previous report and suggestions for improvement. The report also detailed summaries of completed checks and audits undertaken in the home including a training needs analysis. The manager told us that staff have designated roles within the home to give them responsibility and ownership. We saw a range of policies and procedures and could see that they had been reviewed and updated annually. The statement of purpose had been updated recently and accurately described what the service provided, however; the information for the Care Inspectorate Wales needed to be updated. In conclusion, the management take account of the views of people using the service and staff to evaluate its performance and set objectives for further improvements.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

none

5.2 Recommendations for improvement

- To ensure that information in the statement of purpose for the CIW is up to date.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on Monday 23 September 2019 from 10:10a.m. to 03:30p.m.

The following regulations were considered as part of this inspection:

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We considered the RISCA (The Regulation and Inspection of Social Care (Wales) Act 2016) re registration report, Statement of Purpose and Quality Care Review prior to the inspection.
- We spoke to the manager who was present during the inspection.
- We viewed the home including two people's bedrooms.
- We looked at a range of records including two people's care records and medication administration records (MAR).
- We looked at two staff files; supervision and appraisal and training records.
- We looked at policies and procedures including the safeguarding and whistleblowing policies and service user guide.
- We spoke to three people living at the service and two staff members.
- We gave feedback to the manager on the day of the inspection and the RI the same week on their return from leave.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights

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

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About the service

Type of care provided	Care Home Service
Service Provider	Aspire Support Options Limited
Responsible individual	Karen Denyer
Registered maximum number of places	9
Date of previous Care Inspectorate Wales inspection	22/10/2018
Dates of this Inspection visit(s)	23/09/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: The service is working towards an active offer. This means being proactive in providing a service in Welsh without people having to ask for it. We recommend that the service provider considers Welsh Government's ' <i>more than just words follow on strategic guidance for Welsh language in social care</i> '	

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