



Inspection Report on

Beechwood Court

**BEECHWOOD COLLEGE
BEECHWOOD HOUSE
HAYES ROAD
PENARTH
CF64 5SE**

Date Inspection Completed

15/07/2019

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Description of the service

Beechwood Court is a care home registered to provide personal care to 57 people aged 16 years and above who have learning disabilities and who may have needs associated with the autistic spectrum condition. It is owned and managed by Ludlow Street Healthcare. There is a manager in place who is registered with Social Care Wales and the Responsible Individual is Angela Kent.

Beechwood Court is comprised of six homes accommodating between two and twelve people. It is located in the Vale of Glamorgan.

Summary of our findings

1. Overall assessment

This was a focused inspection to confirm that the responsible individual had taken the required action to address the two non-compliance notices issued following the last inspection in November 2018. These related to: the provision of information to Care Inspectorate Wales (CIW), incident recording, responsibilities to children and young people, systems for ensuring staff are aware of changes to care and support plans, staff supervision and training, quality of care systems, the statement of purpose and whistleblowing. Following the inspection, the responsible individual submitted a plan detailing the actions the provider intended to take to address the areas of non-compliance.

At this inspection, we found that the provider had made progress in all the areas identified, and people continued to receive personalised care and support underpinned by placement plans developed and reviewed by a multi-disciplinary team. The service had made some positive changes in relation to people's contributions to the way their care and support is provided, but the extent to which people's personal outcomes are recorded and measured requires improvement. Additional emphasis and scrutiny was in place regarding safeguarding arrangements, and risk assessment measures and practice.

We were provided with all records we requested but the manager and responsible individual did not fully evidence their understanding of their responsibilities to young people living in the home. The recruitment and retention of residential support workers remains a challenge for the provider but it is clear that there has been a focus on this area with steps being taken to address staff shortages. The frequency of supervision has improved, but is still not in line with that outlined in the statement of purpose, and the responsible individual needs to ensure that the quality of individual support to care staff evidences meaningful attention to continuous professional development and ensures that practice is monitored and reviewed.

There are quality assurance structures in place and there is evidence that the provider seeks to improve the quality of the service.

2. Improvements

Improvements were seen in relation to quality assurance structures, safeguarding, risk assessments and post incident support.

3. Requirements and recommendations

Areas where the provider is not meeting requirements, and our recommendation for improving the service are set in section 5 of this report and relate to seeking the views of users of the service, the service user guide, the procedure to be followed when a young person is absent without permission, personal plans, staffing and support to staff.

1. Well-being

Summary

People are provided with care and support which focuses on maintaining their overall well-being and helping them to develop skills. People make decisions about their everyday life as far as they are able, and are encouraged and supported to make choices about how they spend their time.

Our findings

People are supported to contribute their views and wishes about their lives individually and collectively. However the extent to which this is made explicit could be improved. People's preferred methods of communication were recorded in detail in their case file and there was a strong message from senior staff that people's wishes and views should be sought, considered and inform care planning. We were told that it was expected that if a student was able, he or she would attend meetings held about them, and we saw some evidence of their views in risk assessments and Multi-Disciplinary Team (MDT) meeting minutes. Referrals had been made to an appropriate service, or were planned where there appeared to be a need for an advocate. Senior staff were enthused at the recent attendance of a group of residents to local governance meetings, and planned for this to be on a bi-monthly basis going forward. They saw this as an important and positive new development and told us how valuable the contributions from people who use the service had been. We were also told about the involvement of residents in developing a 'managing anxiety' course for fellow residents. House meetings were held regularly and bi-monthly student forums also offered people the opportunity to contribute their views and opinions. We saw that a number of people including professionals and families contributed their views to plans in order to ensure that the person's wishes and views were represented as best it could be for those with significant communication difficulties. However, we recommended to the manager and responsible individual that although the intention to involve people more in their care and support was apparent, there was limited evidence in the documentation we viewed, particularly for people with the most severe disabilities and this needed to be further improved. We also recommended that specific reference should be made to the way people had been supported to participate in decisions being made about them in all planning and review documentation. We concluded that the service values people's opinions about the way their care and support is provided.

People living in Beechwood Court experience positive outcomes, although improvements need to be made to the way that their personal outcomes and goals are recorded, and progress measured. At the last inspection we reported that people's care and support needs were understood, but the extent to which they were involved in determining their personal outcomes, and in reviews of their placement plans needed to be improved. We were told by the manager and responsible individual at that inspection that a framework for measuring outcomes was in the planning stages. At this inspection we found this framework was still not in place, although we were told that the new system was to be implemented on a pilot basis in one of the Beechwood Court houses in August 2019. However, we did see a number of examples of people achieving positive outcomes in areas of their lives such as managing their feelings and behaviour and life and social skills. Regular oversight of people's progress and overall well-being took place through MDT meetings held six weekly

at a minimum, as well as annual service reviews. People benefit from living in a home where the different aspects of clinical, education and care staff work together to provide proactive forward looking care and support.

Overall, the systems in place to safeguarded people from harm and abuse are good with some improvements noted. Records evidenced that incidents were properly recorded and information passed on to families or referred appropriately to agencies as required. Since the last inspection, there had been increased joint working between the manager and the company's social worker, including monthly meetings, safeguarding audits and regular reports to the senior leadership team. The manager collated information on every concern reported, and these were discussed with the company's social worker to ensure that consistent thresholds were applied as well as early recognition of patterns or trends for consideration of escalating matters internally or externally as appropriate. The manager told us they had established a good working relationship with the local authority safeguarding team and their advice sought as required. Prior to this inspection, the service had taken appropriate action against a social care worker where there was concern about their practice. Records evidenced that the whistleblowing procedure had been revisited with staff and new staff informed us that this had been highlighted in their induction. We concluded that people can be reassured that safeguarding is given a high priority and there are systems and practices in place to ensure they are protected.

2. Care and Support

Summary

People receive appropriate care and support with person centred care plans and risk assessments in place. Improvements had been made to post incident analysis and support to staff and people using the service, and to assessing and managing risk.

Our findings

The provider seeks to ensure that the service is suitable to meet people's needs. People were admitted to the home on the basis of a thorough assessment and careful planning, and places were either not offered to people or were appropriately brought to an end where pre or post assessment indicated that the match was not suitable. One parent we spoke with was complimentary about the arrangements for their relative's admission to the home which had included sufficient time spent with the person and their parents to gain a good understanding of their views, wishes and hopes, and a warm welcome when visiting the home to meet staff and residents, prior to their admission. One parent commented "*everything we have seen so far exceeds our expectations*". The pre placement assessment was comprehensive and included the overall goals of the placement and the person's views.

People receive person centred care and support. We viewed care records relating to four people, we found they had been written in a person centred format, in sufficient detail and were reviewed regularly. Descriptions of people's strengths, likes, dislikes, relationships, preferred routines and relevant Positive Behaviour Support (PBS) plans and risk assessments were recorded and easy to follow. The arrangements for risk assessing activities had been reviewed and was more robust since our last inspection, and this provided additional safeguards for people living in the home and members of the public. People can be reassured that they will receive the right service because their needs are assessed prior to admission and throughout the time they are living in the home.

Changes had been made to post incident support. However, the means by which people can be assured that people using the service were offered post incident support should be reviewed. The service had introduced a new recording form and an expectation that those staff directly involved in the incident would always receive a de-brief; those only partly involved or involved only as observers, for example, could opt not to be involved in the de-brief. This practice had only recently been introduced and was not yet embedded and some members of staff we spoke with were not convinced of the benefits. Records evidenced that people who were able were offered post incident support. We discussed with the manager that we saw a number of de-brief forms with a handwritten note saying "*unable to communicate*" and we asked the manager to consider the value in placing an empty de-brief form in a file. More importantly, for people with significant communication difficulties there was no mechanism for establishing their views, recording what action had been taken to offer them an opportunity to make their views known and for the provider to be reassured that there was a record of the impact of the incident on the person. Incident records were scrutinised by the manager and at local governance meetings and MDT meetings which offered a safeguard in terms of oversight. The responsible individual should have a system in place to provide reassurance that safeguards are in place for people with communication difficulties that protects their interests following incidents.

Although people living in the home were comfortable in the company of staff and we observed positive interactions between the students and staff, the service has not managed to maintain a stable workforce and this has impacted on residents and staff. We observed staff engaged in good-humoured discussions with people and responded to their care needs by providing appropriate encouragement and reassurance. We spoke with a young person living at the home, who said they felt that staff cared about them and another young person told us that the best thing about living in Beechwood was that *“staff are nice to me”*. Although the manager tried to ensure the same agency staff worked at the home, who had built up relationships with people living there, it was clear from our discussions with staff and residents, and documentation we viewed that the turnover of staff and high numbers of agency workers had affected those living and working in the home. One member of staff commented: *“they [managers] should “stop taking students until staffing improves. This will ... improve performance as too much agency at the moment to be consistent”*. In general, staff we spoke with had an understanding of the needs and routines of the people living in the home. However, information we received, records we viewed and our discussions with staff indicated that the manager and responsible individual should review the processes through which staff have read and understood changes to people’s care and support plans. We concluded that people cannot be assured that they will receive consistent care and support from a staff team with whom they have established trusting relationships and who are clear about their care and support plans.

At the last inspection, we identified that the manager and staff do not fully understand their legal responsibilities to young people living in the home. At this inspection, we viewed one young person’s file and found that it did not contain the placement agreement, placing authority care plan or medical consent form. Therefore, the lack of information on file evidenced that that correct legal admission processes had not been followed. In addition we advised that the home’s missing persons policy was not in line with All Wales Child Protection Procedures supplementary guidance. We recommended that the ‘children’s user guide’ is reviewed and amended to ensure that it is appropriate in format and language and generally more ‘young person friendly’. Further attention is required so that young people and their parents and/or carers can be reassured that their rights are protected in a way that is required by legislation.

3. Environment

This was a focused inspection to test non-compliance. We did not consider issues relating to the environment at this inspection.

4. Leadership and Management

Summary

The service has sought to improve systems that support staff. The frequency of supervision has improved but attention needs to be given to the quality of individual support to staff. Training is provided to help equip staff to carry out their roles, however the responsible individual was not able to evidence the provision of ongoing training or other learning opportunities in key areas as identified at the previous inspection.

Our findings

Staff receive support and guidance to enable them to be competent in their roles. We viewed the training matrix which confirmed that take up of training in key areas relevant to working with vulnerable adults and young people was generally good. At the previous inspection, we were told that in addition to the programme of mandatory face to face and e-learning training courses offered, a great deal of 'hands on' learning took place on a day to day basis in areas specifically pertinent to the needs of the people living in the home. We concluded from our discussions and documentation viewed, that additional learning was provided through the clinical team led core team meetings and team formulations, but these were not recorded in staff training records, Human Resources (HR) or supervision files. This was despite it being an action identified in the service's Action Plan submitted by the responsible individual in response to the non-compliance notices issued at the previous inspection. Staff questionnaires received by CIW, evidenced that in the main, staff felt they worked well together, and were supported by the manager. Staff told us they were positive about the new manager and appreciated their 'hands on' approach and visibility in the home. One said *"If you need him he'll be there"*. Another commented, *"there is clear positive direction being made"*. However, a number of staff said they felt they could be recognised more by senior management and this included through financial rewards, and several raised a concern about not always being able to take breaks and the impact of staffing shortages.

The frequency of staff supervision has improved. We were provided with supervision statistics which showed an inconsistent pattern across the houses. While staff we spoke with told us they received regular formal supervision, the statistics for the staff group as a whole showed an inconsistent picture ranging from 39% to 100%. We recommended that the responsible individual undertakes a review of the quality of supervision records to ensure that they reflect that staff supervision is focussed on reflective practice and how the care worker is fulfilling people's personal plans and supporting them to achieve their well-being outcomes. We viewed a number of agency workers files and saw that none had records of supervision despite some of these working regularly at the home. We were told by the manager that it was expected that the agency staff would receive their supervision through the agency but there was no evidence that this took place in practice, and in any event would be unlikely to ensure that workers receive specific and relevant support. Staff supervision files included Personal Development Reviews (PDR), which had been undertaken within as little as one month from the start of their employment. These were often incomplete and did not set meaningful targets and objectives for staff development. We recommended that the value of these for their current purpose and in their existing

format be reviewed. We concluded that people cannot be assured of the effectiveness of the systems in place to support and guide staff because they are not fully implemented.

Beechwood Court relies on agency workers to continue to operate and it is not always evident that they have the skills and experience for their roles. Staff retention was a major issue for the home; the attrition rate last year being 47% and we saw references to the impact on both residents and staff. From records viewed and our discussions with the manager, it was clear that efforts and actions in a number of areas had been undertaken to improve staff support and reduce the impact on people of the high staff turnover. However, one person living in the home volunteered a view that staff often leave without saying goodbye, there are “lots of agency” and that the provider “should try to keep staff better”. One staff member commented “I do not feel safe a lot of the time due to...lack of regular/appropriate staff”. Another described agency workers as sometimes “inept” and “inexperienced”. We were provided with ‘agency passports’ for a number of agency care staff which showed that they had completed relevant training, including in an approved behaviour management approach. These lacked consistency and detail on which the responsible individual could be confident that agency staff had the skills, experience and support required by regulations. We recommended that a screening exercise or similar quality assurance exercise be undertaken prior to new agency staff starting work at the service to provide reassurance of their likely suitability. Although steps had been taken to address the shortage of permanent staff, it was having an impact on people living in the home for whom a consistent familiar staff team was particularly important.

At this inspection, we saw that changes had been made to quality assurance processes which better evidenced that areas for improvement had been identified and actions taken as a result. We were provided with a residential Action Plan which included the issues raised at the last inspection and saw that this had been reviewed and updated and actions carried out in a timely way. A quality of care review had not been completed since December 2017 and due to the service being re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) this will not need to be completed until April 2019. We read the reports from the responsible individual’s last three monitoring visits. While these provided more focus on service improvement because they identified actions and timescales, they lacked detail in some areas. For example in relation to:

- Consultation with people living and working in the home
- Outcomes of issues raised by people living in the home
- Insufficient explanation for, and actions taken as a result of an increase in medication errors between two quarters.
- Lack of detail and analysis of the nature and outcome of complaints.

We concluded that people can be reassured that there are mechanisms in place to monitor and review the quality of the service.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection since the service was registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non-compliance identified at this inspection.

We advised the registered person that action is needed in relation to the following regulations in order to fully meet legal requirements:

Regulation 12 (2) – The service provider has not ensured that the procedure to be followed when a child is absent without permission is in line with the supplementary guidance to the All Wales Child Protection Procedures.

Regulation 15 (1) (6) and (7) – The service provider did not evidence that personal plans were consistent with people's care and support plans. They also did not include personal outcomes or detail how people would be supported to achieve their personal outcomes.

Regulation 19 (2) (b) – The young person's written guide to the service was not suitable in language, style, presentation and format. It also required updating.

Regulation 22 – The service provider has not ensured that people have received continuity of care from staff whom they are familiar with.

Regulation 23 – The service provider did not evidence that the views and wishes of all people using the service contribute to their plans and decisions made for and about them. The ways that people have been supported to express and achieve their personal outcomes was not clear.

Regulation 34 (1) - The service provider has not ensured that there are at all times, a sufficient number of suitably qualified, trained, skilled, competent and experienced staff working at the service.

Regulation 35 (a) – The responsible individual has not ensured that agency staff are subject to the same checks as permanently employed staff and have evidence to demonstrate the checks have been undertaken.

Regulation 36 (2) (c) – The responsible individual has not ensured that all persons working at the service receive appropriate supervision and receive ongoing support, assistance and further training to enable them to fulfil the requirements of their role and meet the needs of individuals using the service.

Non-compliance notices have not been issued on this occasion, as there was no immediate or significant impact for people using the service and/or the provider was already taking action to address these matters.

We expect the registered person to take action to rectify this and these areas where the service is not fully meeting legal requirements will be considered at the next inspection.

5.3 Recommendations for improvement

We recommend the following:

The manager and responsible individual should review the processes through which they can be assured that staff have read and understood changes to people's care and support plans.

The reports of the responsible individuals monitoring visits should include details of the numbers of service users and staff spoken to and what actions will and have been taken as a result of that consultation.

6. How we undertook this inspection

This was an unannounced inspection undertaken to follow up on the non compliances raised at the inspection in November 2018. Two inspectors made an unannounced visit to the home on the 15 July 2019 between the hours of 9.30 am and 17.15 pm.

The following methodology was used:

- We reviewed information about the service held by CIW.
- We spoke with the responsible individual, manager, staff on duty and people using the service.
- We spoke with one family member visiting the service.
- We spoke with the forensic social worker and Principal Clinic Psychologist.
- We considered case records and information held by the service.
- We looked at a range of documentation including the Statement of Purpose, Service Users Guide and a sample of policies and procedures.
- We considered the quality monitoring records.
- We read 43 CIW questionnaires completed by staff working at the home in different capacities.

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	Beechwood Court Limited
Manager	Mat James
Registered maximum number of places	57
Date of previous Care Inspectorate Wales inspection	19 and 20 November 2018
Dates of this Inspection visit(s)	15/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 18/09/2019