



Inspection Report on

Beechley Drive

**4-6 Beechley Drive
Cardiff
CF5 3SF**

Date Inspection Completed

29/01/2020

Welsh Government © Crown copyright 2020.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Beechley drive is located in a residential area of Cardiff, in close proximity to local amenities, with good transport links to other parts of the city and further afield. Beechley drive provides care and accommodation for up to eight people with mental health issues or a learning disability.

Beechley drive is owned and operated by Parkcare homes (No.2) Limited, but the service does not have a nominated Responsible (RI) who would have overall responsibility of the service. Beechley does have a suitable manager in post who is registered with Social Care Wales and oversees the day to day running of the service.

Summary of our findings

1. Overall assessment

People are happy with the service they receive and are supported to achieve their personal well-being outcomes and maintain their independence. Staff are enthusiastic and committed to supporting people to the best of their abilities, and receive appropriate training and support to undertake their roles. Management within the home is effective, but an RI needs to be nominated and improvements need to be made to the monitoring of the service.

2. Improvements

This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be noted at the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Environment
- Policy
- Staff files
- Medication
- Quality assurance.

1. Well-being

Our findings

People can be assured that they get the care they require without delay.

We saw staffing levels were appropriate to meet the emotional and physical needs of people using the service, and staff had a good understanding of the needs of the people they cared for. We witnessed staff providing care with kindness and respect and saw that people responded well to the approach of the staff. People were positive about the care they received and we able to witness banter and genuine relationships between staff and people.

Care files we viewed were in good order, thorough, robust and had been created using a multi-agency approach with clear evidence of service user involvement. All files we saw had been regularly reviewed and updated and included clear outcome goals of the person using the service.

We viewed medication storage and administration and found these to be safe and robust with Medication Administration Record (MAR) charts being completed correctly, but we advised that as required (PRN) medication effects should be recorded.

We conclude that people's physical and emotional needs are met appropriately.

People can be assured that their voice is heard.

We saw evidence that people were treated as individuals by staff who had a clear understanding of their needs. We viewed care documentation which was person centred and clearly highlighted personal preferences, likes and dislikes of the person being cared for. We viewed food menus within the home and were told that residents compile the menus themselves and have a rota in place for shopping and cooking. We saw that routines within the home were individual, and people were encouraged to remain independent and to achieve their well-being outcomes, with as much support as required.

People were cared for in single rooms with some benefiting from en-suite facilities. People were encouraged to personalise their rooms with their own belongings and were supported to decorate them to their own taste if they wished.

We conclude that individual circumstances are considered.

People can be assured that their social and recreational needs are met.

Each person using the service had their own personal activity plan in place, and staff numbers were sufficient to ensure people receive support to undertake these activities without fail. People participated in activities mainly within the community, but we saw that people also chose how to spend their time at the service and had TV, radio, DVD's, books and games to use as they wished. The location of the home enabled people to use public transport independently or with staff and the service also had a vehicle to take people where they needed to go. People we spoke with told us that they had clear well-being outcomes and could rely on staff's assistance to achieve these outcomes.

We conclude that people are encouraged to do things that matter to them.

2. Care and Support

Our findings

People can be assured that they get the care as early as possible.

We examined the care files of two people using the service and found them to be thorough, robust and reflective of the person receiving care. We saw personal plans were reviewed regularly and updated when required. We saw that the service worked very closely with Multi-disciplinary professionals and any guidance from these professionals was fed into care plans and reviewed as part of multi-agency reviews. Staffing levels at the home were sufficient to meet the needs of people using the service, and were in line with those set out in the statement of purpose. We viewed practices within the home and saw that staff and people had good working relationships and staff were dedicated to ensuring that people achieved their personal outcomes. We saw that staff were always available to provide support as it was required and staff had time to sit with people and provide emotional support when required. One person told us *“I should do more activities, but sometimes I can’t be bothered, but staff encourage me to do the things I like to do”*.

We examined medication processes within the home and found them to be safe and robust. Medication was stored safely and securely and administered to people as required. People’s medication was stored in their own rooms and administered as required. We audited a selection of drugs and found the quantity to match the recorded figure. We examined the Medication Administration Record (MAR) charts and found that they all contained a picture of the person and had been completed correctly with no gaps. We did note that the effects of as required (PRN) medication was not recorded and so we recommended this to ensure that the medication was taking the desired effect.

We conclude that people’s well-being is promoted by the care they receive.

People can be confident that their individual circumstances are considered.

We saw that all people had their own personal routines and were consulted in regard to their care and any decisions within the service that may affect them via monthly meetings which were documented. All care documentation examined was person centred and individual to the person being cared for and clearly documented the personal preferences and desired outcomes for the individual. We saw that people decided how and where to spend their time, and were supported by staff who understood their needs. People had individual activity plans in place that consisted of activities of their choice and doing things they personally enjoyed. One person told us that they liked to gamble and were supported to do this safely, while another person told us that they visited their family every week independently by using public transport, which is something that staff had supported and encouraged them to do.

Food menus within the service were created and agreed by people living at the service; there was a system in place to ensure everyone had an opportunity to complete the weekly shop and to cook the meals if they wished to do so.

We conclude that people are encouraged to have autonomy over their own lives.

People can be assured that they are safe.

Beechley Drive had a robust safeguarding policy in place and all staff had undertaken safeguarding of adults training including refresher training when required. We saw evidence of the service consulting with the Local Authority safeguarding team, making safeguarding referrals when appropriate and engaging in the safeguarding process when required. We saw that safeguarding referrals were stored centrally with outcomes recorded. Beechley Drive had appropriate policies and procedures in place to ensure the smooth running of the service and ensured that people had access to independent advocacy service. One person we spoke to told us "*I feel safe here and would tell staff if someone bad happened to me*". We conclude that people are protected from abuse and neglect.

3. Environment

Our findings

People can be assured that they live in an environment that meets their needs.

Beechley Drive is made up of two semi-detached residential houses set over two floors which are located next to each other, but not connected internally. We found both houses to be warm, welcoming, homely and well maintained throughout. Each house benefited from four bedrooms, a bathroom, a kitchen, lounge and dining space, all of which were spacious and decorated tastefully. We saw that personal hygiene products were kept in bathrooms and we recommended that these are kept in individual rooms. We also saw that toilet rolls were not kept in sealed holders and so recommended this to comply with infection control guidance.

People were cared for in single rooms, (some of which were en-suite) and were encouraged to make the rooms as personal as possible. We viewed a number of rooms during inspection and saw that they were clean, warm and personal to the person occupying the room.

We conclude that people live in a home that promotes their well-being.

People live in a safe environment.

On arrival we were asked for identification, and to sign the visitor's book before we were authorised access. Both houses were neat and tidy, with no clutter in communal areas and contained appropriate flooring and furniture throughout. We saw that all windows had appropriate restrictors in place and all harmful chemicals were locked away safely and securely.

We saw that all residents had a Personal Emergency Evacuation Plan (PEEP) in place, which is a plan on how people should be evacuated in the event of an emergency or a fire. We viewed the maintenance file, and so we were able to see that gas and electricity safety testing was up to date and all serviceable equipment had been serviced appropriately.

Beechley drive benefited from a large outdoor space which was well maintained and safe for people to use as they wished.

We conclude that people's safety is maintained within the environment.

4. Leadership and Management

Our findings

People benefit from the leadership and management arrangements.

Beechley Drive benefited from a manager who is registered with Social Care Wales, but at the time of inspection did not have a nominated RI, but an application with CIW was in progress. We spoke with the manager and deputy manager at length during inspection and were satisfied that the service was being managed effectively day to day, and whilst quality assurance monitoring is taking place, the oversight of the service is not complying with legal requirements as there was no nominated RI to complete required monitoring visits. We viewed a selection of policies and procedures within the home and found them thorough and robust, but with reference to English legislation and so recommended that all policies should contain Welsh legislation as the service is provided in Wales. Beechley Drive had had a clear complaints policy in place and were recording and responding to complaints appropriately and storing them centrally. We saw evidence that Deprivation of Liberty Safeguards (DOLS) applications, safeguarding referrals and regulation notices were submitted appropriately which indicates that the home understood and was fulfilling its legal requirements.

We conclude that leadership and management is effective, but improvements are required.

People can be assured they are supported by people who are safely recruited.

We examined a selection of staff personnel files and found them a little disorganised, but on the whole contained the required information. One file did not include any references, but evidence that references had been received was sourced via the Human Resources (HR) department and so we reminded the manager that these should be kept on staff files. We saw that pre-employment checks including references and Disclosure and Barring Service (DBS) certificates were applied for before employment was offered. These checks are important as they determine the suitability of a person to work with vulnerable people. We saw there was a system in place to ensure that DBS certificates were renewed every three years.

We examined the staff training records and saw that all staff were up to date with training and there were regular training courses available for staff to attend. Staff we spoke with felt well trained and equipped to do their jobs, but one staff member advised that they did not find online training effective and had raised this with the training department.

We examined the supervision records and found that all staff were supervised appropriately at all times. We were told by staff that they felt well supported by the manager and deputy manager. One staff member said *"it's a great place to work, so staff turnover is low"*.

We conclude that staff are well trained and supported.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non compliance identified at this inspection

- Regulation 73 RI visits – quarterly monitoring had not been completed in line with timescales set out in regulations. We did not identify any impact on people using the service and so have not issued a notice at this time.

5.3 Recommendations for improvement

- Personal hygiene products to be stored in individual rooms and not communal bathrooms
- Toilet rolls to be kept in sealed holders
- Safeguarding policy to reflect Welsh legislation and Welsh regulator
- Staff personnel files to be restructured and organised so that information can be accessed with ease
- Effects of PRN (as required) medication to be recorded
- Staff references to be available for inspection.

6. How we undertook this inspection

This was a full inspection completed as part of our annual inspection programme. This inspection was the first post RISCA registration inspection. We visited the service unannounced on 29 January 2020 arriving at 1pm and leaving at 5pm.

The following regulations were considered as part of the inspection:

- The Regulated Services (service providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- A tour of the building
- Discussion with manager
- Discussion with deputy manager
- Observations of practices within the home
- Observations of medication administration processes
- Viewing a selection of policies and procedures
- Discussion with five people living at the service
- Discussion with two staff members
- Viewing of two peoples documentation
- Viewing of four staff personnel files
- Viewing the training and supervision records
- Viewing of the maintenance file
- Viewing of information held by CIW.

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	PARKCARE HOMES (NO.2) LIMITED
Responsible Individual	
Registered maximum number of places	8
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care (Wales) Act 2014.
Dates of this Inspection visit(s)	29/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: The home does not have any residents or staff who speak Welsh. We recommend that the provider considers the Welsh Government's "More than Just Words" follow on strategic guidance for Welsh language in social care". Comment should be included in the statement of purpose.	

Date Published 19/03/2020