



## Inspection Report on

**The Beeches**

**The Beeches  
Western Road  
Swansea  
SA6 5DY**

## **Date Inspection Completed**

15/08/2023

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## About The Beeches

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing   |
| Registered Provider                                   | aspire Support Options Limited  |
| Registered places                                     | 9   |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | 28 <sup>th</sup> January 2022   |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

### Summary

The Beeches is a good service in the village of Clydach Swansea. A well-managed service placing people at the centre of what they do. People told us they are happy with the service, relatives and professionals spoke well of the service and their support of people to achieve personal outcomes. Staff are well supported with supervision and appraisals along with good induction and refresher training. Staff spoke well of the management team and their commitment to the wellbeing of the people they support. People have good personal plans and risk assessments in place to meet their needs. There are safe systems in place for the administration of medication. There are mechanisms in place to safeguard people and staff have a good understanding of their roles and responsibilities in raising concerns. The environment is clean, well maintained and presented. There is good oversight from the Responsible Individual (RI) and manager. Policies and procedures to support people's wellbeing and safety are in place and reviewed regularly, including robust staff recruitment and employment checks.

## Well-being

People have a voice and are treated with dignity and respect. People are involved in writing and reviewing their personal plans with the assistance of a key worker. The RI makes themselves available to speak to people in the service. Residents' meetings are supported by staff and the information from them guides the activities and plans carried out by people in the service.

People are happy, active and as healthy as they can be. People appeared proud of their home and in the achievement of outcomes and goals they have set for themselves. There is a large staff team in place who support the wellbeing of people. We saw good personal plans supported by robust risk assessments. People are supported by staff who recognise changes in behaviour and health and seek the appropriate support from professionals when needed. Medication administration records are accurately completed, medication is reviewed as and when needed.

People are supported to maintain and strengthen family and personal relationships. We saw the service promotes family involvement through conversation and practical support. Relatives told us; *"They bring them on the bus to see me, fair play to them"*.

People feel safe, secure, and protected from abuse. The provider has systems in place to safeguard people. This includes a good safeguarding policy and safeguard training for staff, which is refreshed regularly. Staff told us they understand their role and responsibilities in raising and acting on a concern. The training certificates seen supports this.

The provider has good oversight and clear governance arrangements in place. The manager has good effective skills and knowledge to support staff and people to maintain and improve what is a good quality service. Staff have a strong ethos for putting people at the centre of what they do. We saw good engagement and communication with people.

People live in suitable accommodation that supports their needs and aspirations. We saw people spending time together in communal areas, enjoying each other's company and engaging in lively conversation. Others spent time alone in their room or the garden with the chickens. People's rooms are personalised and reflect their tastes. Relevant safety checks are carried out in a timely manner.

## Care and Support

This is a well-managed service with a belief of putting the individual at the centre of the service. People are encouraged to maintain relationships with their family through organised visits and virtual meetings. People are encouraged to develop and maintain new relationships through paid employment and outside activities. A professional told us; *Staff enable them to access appropriate activities in the community and ensure they are as mentally and physically well as possible*. People and relatives told us they are happy with the service. Comments like, *“They are happy, staff do lots with them, I can’t say anything bad about them”*. And *“The staff they do very well, they know how to support them”*. We saw staff engage people in respectful and meaningful conversation about things that interest them and in decision making for the day ahead. This was supported by good personal plans and risk assessments that fully reflect the individual’s needs and aspirations. People are involved in the writing of care and support plans and within the review process.

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. The service has a statement of purpose (SoP); a document which shows what people can expect from the service. The SoP includes information on the admissions process and how to make a complaint and is reviewed regularly by the RI.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place which are reviewed regularly to safeguard people. People told us; *“It’s alright here and I feel safe”*. Staff are aware of their responsibilities within the safeguarding process and feel confident to raise a concern. Staff told us; *“Making sure the service users are in a safe environment both physically and emotionally and receive the best support possible”*. And *“I would report to the manager”*. Staff receive regular and up to date safeguarding training. This was confirmed by the staff and the training documents seen.

The provider has good systems for medication management in place, regular audits are carried out. Medication administration records (MAR) are accurately completed with additional notes when required. We saw medication is stored in a locked cupboard within a lock cupboard, and temperature checks are recorded on a regular basis to ensure the safe storage of medication. Training for staff with responsibility for administration of medication is in place, this was confirmed by speaking with staff and reviewing the training documentation available.

## Environment

The property meets the needs of people. The Beeches is a small service in Clydach and sits off the main road with its own driveway. There is a main building and a flat sitting in its own well-maintained grounds. People at the service are encouraged to grow their own vegetables and support the four chickens living in the grounds. The service is comfortable, clean, tidy, and well maintained, and supports people's needs. People told us they are happy and have access to communal areas as well as their own room. We saw people comfortable and relaxed, moving freely and confidently within the communal areas. Rooms are furnished to the taste of the individual and contain personal items important to them.

The provider has systems in place to identify and mitigate risk to the health and safety of people. The service is well maintained, we saw the completion of external maintenance supported by appropriate risk management. Materials which have the potential to cause harm are securely locked away to safeguard people. Routine servicing of utilities such as gas and electricity take place and certificates were seen. Risk assessments around water temperature and legionella are in place. We saw servicing records for fire safety equipment and fire system. We looked at personal emergency evacuation records for people. Evacuation procedures are in place to ensure the well being of people. There is a formal cleaning schedule in place carried out by night staff. People are supported to clean their own rooms and laundry.

There is a good understanding of Deprivation of Liberty Safeguards (DoLS), ensuring appropriate safeguards are in place for people who lack the necessary capacity to be fully involved in some aspects of their care and support. This was evidenced in documentation seen. The provider ensures steps are taken to identify and reduce risks to people. The service entrance was secure on arrival and our identity checked. We were requested to sign the visitors book in accordance with fire safety arrangements.

## Leadership and Management

People are supported by a service that meets their needs with appropriately qualified staff who have the skills, knowledge and understanding to support people to meet their individual needs, outcomes, and aspirations. Staff are well trained, enabling them to carry out their roles and responsibilities. Staff training certificates seen, and staff spoken with supports this. Staff told us; *“I do online training, and we have had an outside company to do fire, first aid and positive behaviour management (PMB)”*. And *“The training as well as having good role models has given me the skills to do my job”*. We saw that all staff are registered with or working towards registration with Social Care Wales, the care regulatory body. Staff told us they feel supported through regular productive monthly supervision and feel listened to and supported. Comments like, *“If you have issues or need support, they will support you”*. We saw three staff personnel files which show good recruitment processes are in place to safeguard people. The records show the provider carries out the necessary checks including references and Disclosure and Barring Service checks (DBS)

The service manager operates a culture of openness, honesty, and candour throughout the service. Team meeting documents show that staff are encouraged to be open about the service and their wellbeing is supported. Staff told us; *“We are supported by supervisions and a friendly vibe even from the interview, I knew it would be good to work here”*.

The service has good systems in place to monitor and review the quality of care. There is strong management team who show a good understanding of the people living in the service and their role in people’s care and support needs. The RI takes an active role in the service and is evidenced in the three-monthly visit reports. The reports generate actions for the manager to maintain and improve the quality of care and support for people.

The provider has oversight of the financial arrangements and investment in the service. There are sufficient numbers of staff on duty to safely support people to achieve their outcomes. The RI is respected by the staff and manager. We were told *“The RI is amazing, if we have the money, it will be done”*. *“She is very on the ball”*. And *“Yes, we are financially viable”*.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | Compliance was tested at this inspection and was achieved.  |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

| Regulation | Summary  | Status |
|------------|--|--------|
| N/A        | No non-compliance of this type was identified at this inspection | N/A    |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|



|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
|-----|--|-----|

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