



Inspection Report on

Beech Cottage

**1-4 Beech Terrace
Abercwmboi
Aberdare
CF44 6AW**

Date Inspection Completed

12/10/2023

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About Beech Cottage

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	7 October 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

Beech Cottage is a respite service for people who have a learning disability and associated needs. People receive person-centred care and families feel their loved ones are safe. Care staff know the people they support well and enjoy working at the service. The service has systems to ensure care and support is of a good standard. People benefit from individualised and current personal plans. People and their relatives are consulted and involved in their care. Policies and procedures help protect people from harm and abuse. The service meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean and adapted for people's needs. Infection control measures are of a good standard. Care staff are recruited following the correct recruitment checks, receive regular supervision and training, and feel supported in their work. Care staff receive specialist training, enabling them to work for people who have a range of complex health needs. Medication is safely managed.

Well-being

People's individual circumstances are considered and promoted when they stay at Beech Cottage. The service takes extensive measures to ensure they know and understand people's needs and enjoy their respite stay. People's views and wishes are sought and help inform the plan for their stay. Personal plans consider people's needs, interests, and preferences. Risk assessments are in place to promote people's safety. Staff know people well. Where a person needs help to make their voice heard, people's families and representatives are supported to do this, being involved in reviews of personal plans. The home has good relationships and lines of communication with relatives, who tell us staff keep them informed and updated.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with health professionals to refer any concerns and follows appropriate guidance. Meal options are balanced, with care staff promoting healthy choices. The home has a sufficient supply of personal protective equipment (PPE), with infection control measures in place and in line with its policy. We saw the management of medication is safe and in line with the medication policy.

People's well-being is enhanced by staying in an environment that supports them to maintain their well-being. Beech Cottage is an adapted property over two levels that caters for a wide variety of needs. Specialist equipment is in place to aid people with mobility needs. Rooms are spacious and comfortable. The home has access to specially adapted transport, meaning local facilities and amenities can be accessed.

There are systems in place to help protect people from abuse and harm. The home is secure and can only be accessed by staff and people staying there. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Care staff understand their responsibilities around safeguarding procedures and told us they feel confident if they raised an issue with the manager, it would be responded to. Pre-recruitment checks are robust and regular supervision supports continued development. Ongoing specialist training ensures care staff are sufficiently skilled. Incidents and accidents are logged, and appropriate actions taken by the service. The service is proactive in identifying potential risks to people or staff and how to manage these.

We were told the home does not provide a service to people who speak Welsh at the time of the inspection. The service would need to take additional steps to facilitate a service in Welsh if this were needed.

Care and Support

People receive very good person-centred care when they stay at Beech Cottage. People's families told us the service "*keeps them safe*" and "*I'd definitely recommend them*". The service considers compatibility when planning who stays as far as possible. The service takes exemplary measures to assess people's needs and try to ensure as smooth a transition to staying there as possible. This involves assessment and observations of people in other environments and working with specialist learning disability health professionals to ensure support is person-centred. The service tailors the environment to best suit everyone who is staying there. This includes planning where furniture is situated so staff support can be less restrictive and give the person more freedom. It also includes reducing environmental risks and using specialist equipment to lessen the risk of injury. This is very thorough and to be commended. Care staff know the people they support well and provided detailed information about their needs, which corresponded with information in people's care files.

Care staff have up-to-date knowledge of people's needs. The service works closely with people's families and other professionals to ensure they have the correct information to support people. Personal plans are individualised and detailed. Risk assessments are in place covering areas specific to the person's needs. Reviews take place before every stay and plans are updated where necessary. Care files contain assessments and guidance from other professionals, such as learning disability nurses and consultant psychiatrists. Service contact sheets contain detailed information about a person's stay. This information is put into a document and shared with people and their families at the end of their stay. Personal spending records show people are supported to manage their money and are being safeguarded with this.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. There is an infection control policy in place which staff are aware of and understand their responsibilities. Care staff use a cleaning rota to direct them to clean the home daily. The home appeared clean and very well kempt.

There are systems in place for the management and storage of medication. Medication is stored securely. Staff receive medication training. Medication Administration Records (MAR) are free from errors. Medication is checked and audited throughout a person's stay.

Environment

The environment at Beech Cottage is clean, safe, and suitable for people's needs. The service is an adapted property on two levels, located in a residential area of the village of Abercwmboi. The service can accommodate up to four people who have a learning disability and associated needs at any one time, dependent on the compatibility needs of people. The service is secure from unauthorised persons. The home is clean, tidy, and free from malodours. Bedrooms are large and spacious, with specialist tracking hoist equipment and an adjoining bathroom in two of the bedrooms. The décor used throughout the service is minimal with very little on the walls, which aids the needs of some of the people who stay there. The living and dining areas are homely and comfortable. The kitchen facilities are modern and appropriate and enable people to take part in preparing food if they wish. There is a well-maintained secure garden with accessible patio areas for people to use. The manager advised there are plans to paint throughout the service and a new bathroom is to be installed upstairs.

The environment is safe. Substances hazardous to health are stored in cupboards in line with Control of Substances Hazardous to Health (COSHH) regulations. Daily cleaning duties are being maintained. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. There are fitted window restrictors in all bedrooms and bathrooms. Maintenance is managed by the Local Authority's Corporate Estates team. Maintenance records confirm the routine completion of utilities testing. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans are in place and are accessible in the event of an emergency.

Leadership and Management

The recruitment and training of staff is safe and effective. Staff files show the correct recruitment arrangements are in place and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff generally have up to date training in core areas of care. This is an improvement acted upon since the last inspection. Additional training for specialist areas relevant to people who stay at the service is also in place, such as percutaneous endoscopic gastrostomy (PEG) feeding and Positive Behaviour Support. Staff told us they feel well trained.

Care staff feel well-supported in their role. They told us they find it “*rewarding*” working at the service and it “*feels it has a good purpose*” and feel supported by the management in that they “*are really easy to talk to and fair*” and “*approachable*”. The staff team is generally well-settled with some newer staff starting this year and settling in well. Care staff have supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on the level of need of people staying and adjusted as needed. The rota showed target staffing levels was reflective of staffing on the day. Care staff told us they feel there are enough staff working at the service.

Systems are in place to support the running of the service. The service has governance, auditing, and quality assurance arrangements. These help to self-evaluate and identify where improvements are needed. The RI undertakes the legally required three-monthly service visits, and six-monthly quality of care reviews. Policies and procedures, such as for complaints, whistleblowing, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they needed to use the ‘whistleblowing’ procedure. The service gathers the views of people and care staff. Procedures are in place to deal with complaints.

The service provides information to the public. The Statement of Purpose sets out the service’s aims, values, and support provided. A written guide contains practical information about the home and the care provided.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Core training has not been provided to all staff.	Achieved

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