



Inspection Report on

The Beeches

**Doridale Ltd
The Beeches
131 Norman Road
Wrexham
LL13 7BG**

Date Inspection Completed

15 & 19 August 2024

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About The Beeches

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Doridale Ltd
Registered places	12
Language of the service	English
Previous Care Inspectorate Wales inspection	30 June 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

People are happy with the care and support provided at The Beeches care home. People said they are supported to do what matters to them and they enjoy the company from both the care staff and other people living at the home. People are supported to access the community and participate in activities they enjoy. Care staff know people well and are enthusiastic about working at the service. People's views and opinions are sought on the running of the service.

The environment is safe and homely. The service provider is keen to make further improvements within the home and continues to invest in the service. People have access to any equipment they need to support them to achieve their goals.

Most of the care staff have worked at the service for several years and staff turnover is very low. The service provider ensures all staff are robustly vetted before they start working at the service. All staff are supported through regular training, supervisions and annual appraisals. The Responsible Individual (RI) is in regular contact with the manager and visits the service every three months.

Well-being

People have control over their day to day life and independence is promoted. People make their own decisions about how to spend their day, they are supported to do activities they enjoy, including accessing the community. People are approached for their views on the care and support provided and the day to day running of the service. Resident's meetings provide people with the opportunity to share their views on the general running of the service, including menu suggestions and activities. Personal plans promote independence and care staff encourage people to maintain their skills for activities of daily living. People told us they are supported to be as independent as possible. At the time of the inspection there were no Welsh speaking people living at the service, there is one member of staff who can engage in Welsh.

People are supported to maintain their health and well-being. People have their own activities planner and we saw people are supported to participate in activities they enjoy, both at the home and within the wider community. People spoke positively about the opportunities to access the community and said they *"go out to places, [I am] not stuck in all the time"*. People are supported to access educational and volunteering opportunities. The menu is varied and people said they enjoy the food at the service. People are supported to access relevant healthcare services, correspondence and any appointments with health professionals are recorded. We saw referrals are made to relevant services when required and advice obtained from health professionals is included within people's personal plans. People told us they are supported to arrange and attend medical appointments. Care staff enable people to maintain relationships which are important to them, both relatives and people said they can see each other as often as they wish. Relatives told us people are supported to attend important family occasions.

People are protected from abuse and neglect. There are policies and procedures in place to inform care staff how to raise concerns and how these are dealt with. There are systems in place to record and report incidents. All staff are up to date with safeguarding training and care staff we spoke with are familiar with safeguarding procedures. The RI has oversight of any safeguarding referrals and these are reflected upon within their regulatory visits. People told us they feel safe at the service, they said all staff are friendly, approachable and they feel listened to.

The environment is safe and suitable for people living at the service. The environment is clean, tidy and homely. The service provider has further plans to improve some of the facilities at the service. People can personalise their own rooms with their own belongings on display.

Care and Support

People are provided with person centred care and support. We reviewed a selection of personal plans. We found, before moving to the service, a pre-assessment is completed by the service to ensure they can meet people's needs. Personal plans are person centred and include people's wishes, preferences and goals. Independence is encouraged and personal plans are clear to staff how to enable people to be as independent as possible. Communication plans are clear on how best to communicate with people and how to meet their emotional needs. People are allocated a key worker, key workers review people's personal plans on a monthly basis. People told us they are involved in the ongoing development of their care and support and are supported to achieve their personal goals. Relevant risk assessments are in place and these are clear how to reduce risks.

People spoke positively about the service. Comments from people include *"I get on quite well with staff here. We talk about different things"*, *"It's a good environment"* and *"[we] Enjoy each others company."* We spoke with relatives of people who live at the service, feedback includes *"They are all friendly, they know what they are doing"* *"They run a good home"*, *"I think they are all exceptional there"* and *"They look after [my relative] really well"*. Relatives we spoke with said they are involved in reviews of the care and support and are approached on their views on the running of the service. We spoke with visiting professionals, they are very complimentary of the home and said management are *"fabulous"*, *"X is always going out"*, and *"They have been amazing"*.

We observed interactions between care staff and people at the service. Mealtimes are a pleasant experience; care staff share mealtimes with people and they have meaningful conversations with one another.

The service provider promotes hygienic practices and manages the risk of infection. Care staff told us they have plenty of Personal Protective Equipment (PPE) available. The home is clean and tidy throughout and any completed daily cleaning is documented. There is an infection control policy in place which is in line with guidance and all staff are up to date with infection control training.

Environment

People receive care and support in a safe and suitable environment, with facilities and equipment to promote the achievement of their personal goals. The building and facilities are accurately described in the Statement of Purpose (SoP). Overall, the home décor and furniture is well maintained. The environment is clean and free from malodours. People have access to the phone line and Wi-Fi. People have access to specialist equipment, such as mobility aids where required. People have sufficient storage for their belongings. People can choose where they spend their time, communal areas are accessible and offer people the opportunity to socialise with one another. People can also choose to spend time in their own rooms, where privacy is provided. There are systems in place for care staff to record any works required around the home which is documented once completed. There is a private enclosed garden with outdoor seating provided.

The service provider identifies and takes appropriate action to mitigate risks to health and safety. There is a visitor logbook in place for all visitors to sign into, for fire safety purposes. Regular fire drills are completed, and all fire safety equipment is checked regularly. People have personal emergency evacuation plans (PEEPs) in place, these are clear in how people are to be supported to safely evacuate the building in the event of an emergency. There is an up-to-date fire risk assessment in place and nearly all staff have received training in the use of firefighting equipment. Most wardrobes are securely attached to the walls and there are radiator covers in place to protect people. Any specialist equipment is serviced on a regular basis to ensure they are safe to use. Medication is safely stored, and care staff undertake the relevant daily checks. The kitchen is clean and tidy, the service has a rating of five (very good) from the Food Standards Agency.

Leadership and Management

The service provider has good oversight of the service to ensure it continues to run smoothly and meet the needs of the people living at the home. The SoP accurately describes the service provided. There are policies and procedures in place which are accessible to all staff. There are systems in place to review people's personal plans on a regular basis. The manager completes regular infection control audits to ensure the environment remains safe. The RI visits the service every three months and following these visits, document their findings. As part of their visits, the RI seeks the views of people living at the service, their relatives and staff, inspects the premises and reviews a selection of records of events. Quality of care reports are completed every six months and these reflect on feedback from people, their representatives and staff at the service.

The service provider has good oversight of financial arrangements and continues to invest in the service. The service has sufficient supplies of food, PPE and cleaning equipment. The majority of the maintenance works are completed in a timely manner and the provider has the appropriate liability insurance in place.

People are supported by a service which provides the appropriate numbers of staff, who are suitably fit and have the knowledge, skills and qualifications to meet people's needs. Before staff start working at the service, appropriate checks are undertaken. The service provider ensures regular Disclosure and Barring Service (DBS) checks are completed. All staff are registered with Social Care Wales (SCW), the workforce regulator and have completed the relevant qualifications to support them in their roles. Care staff receive regular training, appraisals and supervisions to enable them to undertake their role and support people appropriately. Supervisions and appraisals provide care staff with the opportunity to reflect on their performance and identify any training and development needs. Care staff we spoke with told us daily handovers also take place to share information as required. We reviewed a sample of staff rotas and found the staffing levels provided are in line with the SoP. Both people and care staff spoken with told us there is sufficient staff on duty. Care staff enjoy working at the service, feedback includes *"It's a friendly atmosphere, it's quite relaxed"*, *"[we] Get to know people well. We go out with people, always a lot going on"*, *"They have a lot of fun and it's a nice atmosphere"*.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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