Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Beechwood Court

Beechwood College

Vale of Glamorgan

Date Inspection Completed

18/04/2023

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About Beechwood Court

Type of care provided	Care Home Service Adults and Children Without Nursing
Registered Provider	Beechwood Court Limited
Registered places	57
Language of the service	English
Previous Care Inspectorate Wales inspection	19/10/21
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Beechwood Court provides care and accommodation for up to 57 students aged 16+ who have an autistic spectrum condition, a learning disability with a mental health diagnosis, an acquired brain injury or epilepsy. At the time of inspection 47 students attend the college and live in one of the six residential homes on the campus.

Students receive support and guidance which reflects their positive behaviour support (PBS) plan and risk assessment. Care support staff are attentive and familiar with student's needs, their communication preferences and how they wish to receive support. They take time to communicate and engage with students and encourage their participation in activities and college life.

Care staff have good training opportunities to ensure they have the skills they need to support students. The service has a core group of well-established care staff. However, there continues to be a significant number of staff vacancies despite the success of the college's recruitment strategy and vacancies are managed by care staff working overtime or the use of regular agency staff. Wherever possible, care staff and agency care staff are attached to one home to provide consistent, familiar care for students.

There have been many changes in the college which has resulted in an unsettled time and has impacted on staff morale. CIW have received several concerns about staffing and care practices in the homes which are in the process of or have been addressed by the current senior management team. However, some areas for improvement have been identified.

Well-being

All students have access to education as Beechwood is a college based service. Students live in one of the six houses on site in accommodation broadly suitable for their needs. Activity plans are developed with students to reflect individual preferences and choice. Some students engage with activities better than others. There have been some issues in having sufficient drivers to provide opportunities for students to go out and the provider has taken steps to improve this. The college has developed some after college clubs to increase choices of activities for students and are looking to provide improved access to community-based activities.

We saw care staff being attentive to students and maintaining a presence in the corridors when students are alone in their rooms. We saw some good interaction and care staff taking time to listen and communicate with students.

Students enjoy high levels of family involvement. Team Leaders are responsible for maintaining links with parents and care staff can upload photographs of their son/daughter to share with families. Some parents visit for events such as birthday celebrations, and some have scheduled calls, face time or Teams calls with their children. The manager contacted all parents when they took up their new role and is working to develop and improve communication with the college. Parental feedback about the service is varied. Most are satisfied with the care and support their child receives but some are not. They identified areas for improvement which includes improvements in the school's communication with them and assistance for students when packing for home leave.

Students receive care and attention to promote their health and well-being. Details of student's individual needs are identified within individual PBS plans and are reviewed and monitored through regular multi-disciplinary team (MDT) meetings which offer specialist guidance and support. Student's individual dietary requirements are considered and individualised menus are developed, where necessary, with guidance from a dietician. Concerns have been raised in relation to medication management and the number of care staff trained to manage these processes. Care staff are in post at least six months before they can undertake medication training. The provider has ensured systems have been investigated in the light of the concerns raised. Some areas of concern were founded, and steps have been taken to improve processes and to establish more robust monitoring arrangements.

Students receive care within a safe environment. Clear processes are in place, but the safeguarding policy/procedure needs review/updating. Care staff attend training in relation to safeguarding for adults and children and all care staff have recently been required to refresh this training. Care staff told us they understand their responsibility to report any safeguarding concerns and the college has implemented systems to encourage care staff to raise and report issues. Each house has a poster displayed in the office to inform care

staff who to go to with any safeguarding concerns. The college has a “*speak up*” box to provide care staff with a confidential way of reporting any issues or areas of concern to the responsible individual (RI). Other mechanisms are in place for care staff to raise their concerns, including safeguarding issues, anonymously with other managers within the organisation.

Care and Support

All student referrals to Beechwood are made via the company headquarters and are planned. Referrals are considered by the managers of each of the specialist teams and discussed at a MDT meeting to decide whether to pursue an assessment of suitability. This assessment includes a face-to-face meeting with the family, the student, and a visit to their current home, if in a residential provision. A detailed assessment document is completed, and a meeting is held to discuss the referral. A decision to offer a place and the house most suitable to meet the student's needs is discussed at a MDT meeting.

Whilst a meeting is held in the first week of placement, it does not demonstrate the regulatory requirement for a post placement provider assessment culminating in a review of the personal plan. This is identified as an area for improvement.

Discussion took place about the language used at Beechwood to describe the processes, support arrangements and documentation in place. Regulations require specific documentation to be in place and whilst the documents in place include some very good information, much of what is required it is not presented in a way to demonstrate regulatory compliance such as a personal plan. The service needs to have readily accessible documentation to demonstrate regulatory compliance.

Each house has individual files for each student and a file with a section for each student that holds core information. Information in the main file was difficult to follow and was not well ordered or presented. The information in the house files contain some good information in a more accessible form but needs to be reviewed to ensure it demonstrates compliance with the regulation to have a personal plan, which includes risk assessments. This is the file accessible to care staff and agency staff.

MDT meetings are held each half term for all students and involve the student and family members, where appropriate. A record is made of meetings, although a copy is not routinely located in the file held in houses. Other core documents are not dated to indicate they are reviewed as part of this process. Records need to be developed alongside the student's personal plans, including their risk assessment and plans for independence, and be clearly dated to demonstrate compliance with the regulation to review plans at least every three months. These are identified as areas in need of improvement.

All staff complete accredited behaviour support and management training. Some student's behaviour is complex and can be challenging to care staff and, at times, require physical intervention to keep them safe. The provider has developed individualised behaviour management strategies which are documented in student's PBS plans which aim to reduce the need for physical interventions. Systems are in place to support students and care staff at times of crisis and when students require additional support. The 'rapid response team' can be contacted for immediate support for care staff to help to de-escalate student's

behaviour. Incident reports are completed following an incident. A sample of reports viewed indicate greater detail and clarity is needed to evidence the reason and rationalise for the use of an intervention. Analysis of the provider monitoring records demonstrate a continuing reduction of physical interventions.

Handover meetings are held between team leaders but not the care staff team. Team leaders allocate care staff to support named students, and this is recorded in a book and changes halfway through the shift. Care staff caring for students write a brief overview in a daily logbook for each student.

Environment

Beechwood provides accommodation in six homes which can each care for up to 12 students. Facilities in each home differ and some include flats which are more suitable for some individual's care and support needs.

At the last inspection some areas for improvement were identified. Issues relating to storage and repairs have been addressed. Signs displayed in some homes to provide guidance to care staff need to be removed. This is to promote a less institutionalised approach to providing person centred care to students.

Generally, the environment and facilities meet the individual needs of students. Some bedrooms are sparse whilst others reflect the individuality of students, their interests, and preferences. Some communal areas of the homes are looking tired and in need of decoration and we saw damaged furniture in need of replacement. Some of the furniture was replaced by the time of our second visit and we were advised that decoration and furniture replacement is always ongoing.

The standards of cleanliness in houses varied. One house was identified as in need of greater attention to cleanliness but had improved at the second visit. This needs to be sustained in all houses. Many of the houses had damaged work surfaces in the kitchens; these need renewal. There are no mirrors in the houses. Whilst recognising some students would not like these, others may like them, and they could be very helpful in developing self-image and independence with some personal care tasks.

The location of the service provides students with direct access to the beach for walks. An internal courtyard offers an alternative safe space which is accessible to students. The main area in front of the individual homes is a thoroughfare and provides an area where students can sit and socialise if they wish.

Secure access arrangements are in place. CCTV (closed circuit television) surveillance is located at the arrival gate, reception area and grounds with audio control of the main gate and entrance. House doors have secure access.

Leadership and Management

Beechwood broadly operates within its statement of purpose. It has been through a time of significant change with a new manager in post since February 2023, a high turnover of care staff and a review of care practices in the homes. The manager has responsibility for the residential and education provision and each house has a house manager.

The service has a core group of well-established care staff. The service has a significant number of care staff vacancies although this number has improved since the last inspection and recruitment processes are ongoing. Daily care staff levels are maintained with the use of agency care staff and overtime. The service has a system of “hands free cover” to provide cover for care staff to take breaks and any additional needs in the home. Efforts are made to use the same agency care staff to provide consistency for students. Some agency care staff have been employed at the service long term and some agency care staff have been recruited to permanent posts. The provider uses preferred employment agencies wherever possible, and all agency care staff receive an induction when they start work. Long term agency care staff are provided with supervision if they regularly work at the service. Permanent and agency care staff register with Social Care Wales. Suitable recruitment practices/checks are undertaken on agency care staff.

Feedback from care staff indicate they are committed to student’s progress and well-being. Training opportunities are very good, and this was reflected in their training records. The service provider has ensured a review and updating of training, including areas such as medication and safeguarding. Care staff indicate they work well together, but some do not feel valued by managers or consulted about proposed changes, and this has impacted on care staff’s morale. Concerns have also been raised with CIW from care and agency staff which indicates a lack of mutual respect, understanding and a unified care staff team. This has been escalated to the RI and management team.

The senior leadership at the service is committed to improving the service and have made some changes towards this goal. They have consistently responded pro-actively to the concerns raised, show a commitment to improve the quality of life and outcomes for students and challenge issues when needed. Disciplinary action is taken against care staff, where appropriate, and this information is kept confidential in line with best practice and regulation. Records of team meetings reflect that issues arising from concerns are addressed and discussed at meetings with care staff. The internal complaint records viewed show appropriate actions are taken to investigate concerns raised with them. However, the concerns raised to CIW indicates that care staff do not consistently raise their concerns through the processes that are available in the service for whistle blowing, staff well-being or complaints. The service provider will need to further consider how they can improve communication and develop cohesive, respectful, and effective working relationships with care staff.

The responsible individual (RI) visits regularly and produces a quarterly report of their visits, as required by regulation. The reports show they have good oversight of the service. A review of the quality of care had been undertaken. These processes show good monitoring of the service and include actions to be taken. Communication with the RI in relation to concerns raised with CIW has been positive with them showing concern about the issues raised and a robust response to looking into the issues and taking actions, where appropriate.

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

27	The safeguarding policies and procedures in place need to be reviewed and updated.	New
18	The provider does not have a process in place to demonstrate that a post placement assessment is undertaken within 7 days of placement, have a record of this assessment and demonstrate that it culminates in a review of a personal plan.	New
15	They do not collate information into a personal plan.	New
16	The provider does not have information collated into a personal plan and there is no process to demonstrate that personal plans are reviewed following a post placement assessment within 7 days of placement and at least every three months afterwards.	New
44	The service has signage around the houses that is there for staff guidance and gives an institutional appearance.	New
44	We saw areas of the home looking tired and in need of repair/decoration. We had discussion about the amount and nature of storage to meet individual student's needs and the use of some labelling around the houses. Where labels/notices are not legally required ie those labels/notices that are for staff attention/guidance, consideration needs to be given to locate them more discretely eg in staff rooms or inside cupboard doors. A review of storage arrangements for some students is needed and a review of the promptness of repairs/decoration where it has been identified is needed.	Achieved

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