



Inspection Report on

The Beeches

**The Beeches Nursing Home
1 Bethuel Street
Aberdare
CF44 7HJ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

19 May 2022

19/05/2022

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About The Beeches

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PARKCARE HOMES LIMITED
Registered places	46
Language of the service	Both
Previous Care Inspectorate Wales inspection	11/02/2022
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

We undertook an unannounced focused inspection to consider a Priority Action Notice issued at the last inspection around medication management.

The service completes accurate medication administration records, people receive medication as prescribed. The completion of topical medication records requires further improvement. People appear happy and supported. The environment is homely, secure, and clean.

Well-being

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection visit.

The service supports peoples physical and emotional well-being. We observed care being provided in a timely and appropriate manner. The home environment is pleasant and well maintained and care workers interact with people in a kind and respectful way. Good medication management ensures people remain as healthy as they can be however, the completion of topical medication records would benefit from further improvement.

Care and Support

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection visit.

Medication systems in place are safe. Secure arrangements are in place for the storing of medication. A sample of medication administration charts (MAR's) demonstrate records are completed appropriately. Internal audits identify and address any gaps or errors. Daily medication room temperature checks show improvement. Daily charts recording the administration of topical creams are not completed with the required frequency. We advised the RI this is an area of improvement, and we would expect the service to take action in a timely manner.

Positive care practices within the home support people's well-being. On the day of inspection, we observed staff interacting with people in a kind and supportive manner.

Environment

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection visit.

The environment is well maintained, and people are supported to remain safe. The main entrance to the home is secure and visiting arrangements are in line with COVID guidance. The property is decorated in a manner that suits the people they support. On the day of inspection, we saw good infection control measures and observed PPE used appropriately.

Leadership and Management

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to those areas raised as a Priority Action Notice and general observations made during the inspection.

There are arrangements in place to support the running of the home. Action plans have been developed to improve the management of medication and other supporting documents. Measures include increased auditing and routine monitoring of systems.

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
59	The service does not maintain accurate and up to date records around the application of topical medication.	New

34	There are not always sufficient care staff in place to ensure care and support needs are met and individuals are supported to achieve their personal outcomes.	Reviewed
16	Personal plans are not always updated to reflect current needs.	Reviewed
36	Care staff do not receive appropriate individual supervision.	Reviewed

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