



Inspection Report on

59 Beechley Road

**59 Beechley Road
Wrexham
LL13 7AU**

Date Inspection Completed

17/06/2024

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About 59 Beechley Road

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Fairpark Care Limited
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was registered under the Registration and Inspection of Social Care (Wales) Act 2016.
Does this service promote Welsh language and culture?	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

People living at 59 Beechley Road receive good quality care and support. The service provider ensures people are supported with the transition of moving to the service, at their own pace. People have their own individual living space, consisting of a bedroom, living area and en-suite with shower facilities. People are supported to live their lives the way they wish to, including their chosen activities both at the home and in the wider community. Personal plans are person centred and are clear how best to support people, including their communication and emotional support needs.

Care staff are appropriately vetted before they start working at the service. Care staff know people well, they are enthusiastic about providing the right care and support and increasing people's level of independence. The environment promotes independence and enables people to maintain and improve their daily living skills.

The Responsible Individual (RI) has good oversight of the service. They remain closely involved and are eager to continue to develop the service.

Well-being

People have control over their day to day life and are supported to maintain their independence. Care staff enable people to be as independent as they can by involving them with and encouraging them to carry out activities of daily living, such as meal preparation. Personal plans are person centred and are clear how best to support people to promote their independence. Care staff treat people with dignity and respect, they have meaningful interactions with people. When reviews take place, people and/or their representatives are involved. Relatives told us they are happy with the service and said the service meets people's needs. At the time of the inspection there were no Welsh speaking people living at the service, documentation is not currently available in Welsh.

People are supported to manage their health and well-being. People are supported to access relevant health services and correspondence with health professionals is recorded to show this. Risk management plans are in place which are clear how medical conditions impact the person and how the risks are managed. Care staff follow the personal plans to enable people to complete their preferred daily routines, including activities which are important to them. People are supported to access community activities and local amenities. People are supported to maintain relationships with people who are important to them. We received positive feedback from relatives, they said they are encouraged to visit their relatives and the staff are always friendly and approachable.

People are protected from abuse and neglect. There are safeguarding policies and procedures in place which are reviewed regularly. Many care staff have completed the safeguarding training. There are systems in place to record and report incidents as and when required and these are analysed as part of the quality assurance processes. People are safeguarded under the relevant legal framework, to ensure their rights are protected. We saw people have access to advocates under the relevant legislation. Where people require support to manage their daily expenditures, records are clearly maintained.

The environment is safe, clean, tidy and has been decorated with the consideration of people's needs. People can have their personal belongings on display in their own rooms, if they wish. We saw people have their favourite memorabilia on display in their rooms.

Care and Support

People are provided with care and support through a service which considers their personal wishes. Pre-admission assessments are completed before people move to the service, these gather detailed information to ensure the service can meet their individual needs. People are supported to transition to the service at their own pace, we saw records are kept of any activities completed to help people transition to the service. Personal plans are clear how best to support people, including their preferred routines, likes, dislikes and how to emotionally support them. Care staff understand people's needs and are familiar with their preferences and interests. Care staff document the support provided which shows people receive the right care and support, as set out in their personal plans. We observed interactions between care staff and people, care staff are kind, caring and have meaningful interactions with people.

The service provider ensures people are supported to access healthcare and other services to maintain their ongoing health, development and well-being. We reviewed a sample of care files and found people are registered with a local General Practitioner (GP) service. Care staff told us they regularly support people to attend appointments and people confirmed this. People are supported to access leisure activities in the local area. Where people have a diagnosis of a medical condition, relevant risk assessments are in place which are clear on how the condition is managed.

The service provider promotes hygienic practices and manages the risk of infection. There is an infection control policy in place which is reviewed regularly. There is a sufficient supply of personal protective equipment (PPE). The home is clean and tidy throughout. People are supported to be involved in daily activities, such as tidying up and laundry tasks.

Overall, there are safe systems in place for the management of medicines. The medication policy is in line with guidance and legislation. Care staff complete daily medication counts to prevent medication errors from occurring. Care staff record on the Medication Administration Record (MAR) chart when medication is administered. Medication is safely stored in a locked room. The service provider has implemented a monthly medication audit to ensure medication is being correctly managed.

Environment

The service provider ensures people receive care and support in an environment which supports them to achieve their personal goals. The building and facilities are well maintained, the décor is homely and modern with people's sensory needs considered. People have spacious rooms with sufficient storage for their belongings. We saw people can personalise their rooms to their own personal preference. Each person has their own bedroom, en-suite wet room and a living space which they choose how to utilise. Communal areas are accessible and people can choose where they want to spend their time. The outdoor area is well maintained and the service provider is considering the options for the outside space. Any required works around the home are documented and these are signed off once completed.

The service provider identifies and mitigates risks to health and safety. All visitors to the home sign the visitor logbook for fire safety purposes. Cleaning equipment is safely stored. People have personal emergency evacuation plans (PEEPs) in place, for people to be safely evacuated in an emergency. The home has a rating of five with the food standards agency, which is the highest possible rating. Most staff have completed health and safety training.

Leadership and Management

The service provider has good governance arrangements in place to support the running of the service. The Statement of Purpose (SoP) accurately reflects the service provided. There are policies and procedures in place which are reviewed regularly. Regular audits and observations take place to ensure people receive the right support from the correct number of staff. The RI completes their regulatory visits and keeps a record of their involvement. The RI observes interactions between care staff and people, inspects the premises, reviews relevant documentation and seeks the views of staff and people's representatives. Compliments received are recorded and these highlight the positive feedback received from external professionals and relatives. At the time of the inspection the service had not received any complaints, there is a complaints policy in place which details how to raise a complaint and how they are dealt with. At the time of the inspection, the quality of care review report was not yet due to be completed. We found the service provider has a continuous improvement plan in place which highlights where the service can improve.

People are supported by a service which provides appropriate numbers of staff who feel supported. Before new staff begin working at the service, they are robustly vetted to ensure they are suitable to work with the people living at the service. Nearly all care staff are registered with Social Care Wales, the workforce regulator. Care staff we spoke with told us they are supported through supervisions and training. Supervision meetings provide care staff with the opportunity to discuss their own well-being, reflect on their practice, review development opportunities and to give and receive feedback on their performance. They said regular team meetings take place which provide staff with the opportunity to share information and discuss any issues.

Feedback from care staff includes "*They [management] will do anything for anyone*", "*The opportunities to grow and develop are fantastic and the support from the directors is fabulous*" and "*Staff are great, the residents are fantastic*". The service provider has assured us they have plans to ensure all staff are up to date with training and supervisions. We reviewed a sample of staff rota's and found people receive the correct staffing levels to meet their needs.

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

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