



Inspection Report on

Brocastle Manor Care Home

**Brocastle House
Bridgend
CF35 5AU**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

9 January 2020

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Description of the service

Brocastle Manor Care Centre is set in its own extensive grounds on the outskirts of Bridgend. It is a purpose built care home on two levels. Hafod Care Association Limited is registered with Care Inspectorate Wales (CIW) to provide personal and nursing care for up to 80 individuals. The Responsible Individual who is responsible for the oversight of the service is Jonathon Harker and at present there is no permanent manager in post.

Summary of our findings

1. Overall assessment

People benefit from a service that promotes their well-being. Individuals within the home have some opportunities to take part in activities of interest. People are treated with warmth and kindness by friendly staff and appear well cared for and happy. Personal plans and risk assessments are in place but require further development to ensure they reflect individual needs, goals and desired outcomes. Each person lives in a well-maintained and homely environment with bedrooms that have been individualised to personal taste.

2. Improvements

This was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016). Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of the report sets out areas where the registered provider has been notified they are not fully meeting legal requirements, as well as additional recommendations made to improve the service. Please refer to section five for further details, which includes:

- Standards of Care and Support: We found the provider was not meeting legal requirements in regard to personal plans.

1. Well-being

Our findings

People living at Brocastle do not always have control over their day to day life. People or their advocates were not always involved in the care planning and review process, and therefore had no say on how they would like their care to be delivered. Some care plans were not always person centred and were task orientated rather than outcome focused. People's plans lacked personal histories making it difficult to build a true picture of the person. There was a marked difference in the quality of the plans for people residing on the dementia nursing unit compared to those who resided on the general nursing unit. However, it is evident that people were encouraged to make decisions around the structure of their day. A timetable of activities was on offer for those who chose to participate and regular residents meetings were held where personal preferences were discussed. We recognise that changes are being implemented at the home that will hopefully lead to enhanced levels of autonomy for its residents.

People can be confident that their physical and emotional needs are being met. Staff provided care with warmth and kindness and had a clear understanding relating to the support needs of the people they cared for. People's nutritional needs were met and they could choose their meals. People's weights and fluid intake was monitored in order to ensure they were healthy and hydrated. People had access to a range of health and social care professionals and medications were administered in line with the prescriber's recommendations by competent, trained members of staff. Activities on offer promoted movement and interaction with others. Outside organisations such as the local church were invited to the home to provide residents with the opportunity to address their religious and cultural needs. We conclude that the Brocastle is a place that supports the overall wellbeing of the people who reside there.

Residents at Brocastle are safe and protected from abuse. The organisation had robust policies and procedures in place that act to safeguard the residents in their care. Staff were required to participate in an ongoing programme of development that included safeguarding training. The organisation's recruitment process ensured that staff are well-vetted and meet the legal requirements needed to work in the care sector. Staffing levels at the home were sufficient and staff responded to people in a timely manner. The evidence that we collated indicates that people living at Brocastle are safeguarded from harm.

Individuals are cared for in an environment that is safe and homely. People live in an environment that is clean and maintained to a high standard. People were encouraged to personalise their rooms to their own preference. There was clear signage in situ which helped people to navigate their way around. Communal areas provided space for residents to participate in activities or, on a more personal level, meet with relatives or friends. There were systems in place to ensure that equipment was maintained and serviced. Safety checks were completed periodically and repairs were carried out promptly. We can therefore conclude that Brocastle provides a safe well maintained environment that enhances the lives of its residents.

2. Care and Support

Our findings

People living at Brocastle generally receive good care and support. However, personal plans were not always person centred and goals and outcomes were sometimes unclear. We sampled six residents' files, and found not all of the files contained people's language preference or personal history information. 'Making a difference' logs were being used, however they were not very detailed and would benefit from containing information around emotional wellbeing. There was a lack of evidence that people or their advocates had been involved in care planning or review. Terminology with regard to the domain names in the personal plans varied and some of the files did not incorporate an index system. We informed the provider that they were not meeting legal requirements. They informed us they were in the process of reviewing all personal plans. However, we did note that all residents' files contained an end of life care plan which was individualised. All plans we looked at were reviewed on a monthly basis. We examined risk assessments and found that they were detailed and were reviewed in conjunction with care plans. Deprivation of Liberty authorisations, granted for people who lack mental capacity to make certain decisions, were current and also reviewed periodically. The legal process of making a decision in someone's best interests was followed and recorded. We conclude that although there were inconsistencies in areas of care planning and information in people's files, improvements are being implemented and people residing at Brocastle are generally receiving a good level of care and support.

People receive care from a group of staff who treat them kindly and with respect, promoting their dignity. We found that staff were warm and friendly and there was a good rapport between staff and residents. Residents told us "I get on with all the staff, they are very good" and "staff are marvellous, supportive and always here for you". We were told that people were encouraged to attend residents meetings and we saw copies of minutes from recent meetings and noted that they were set with an agenda. We were told by a resident "*I like the residents meetings we can say how we feel*". This confirmed that people's voices are heard. We recommended that minutes included actions taken from previous meetings. We observed the lunchtime experience and saw that residents were treated with warmth and kindness and that choice was offered during mealtimes. We also spoke to a number of visitors who were happy with the standard of care and support offered at Brocastle and spoke highly of staff members. We conclude that people residing at Brocastle are treated with dignity and respect.

There is a range of activities on offer that occupies residents on a day to day basis. We spoke to the activities co-ordinator who gave us an overview of the activities that were provided at the service. A weekly activities timetable was produced and displayed at strategic locations around the building. Activities that were on offer at the service included; floor games, art & craft sessions, cinema club and armchair aerobics. We were told that a minibus was used every Thursday so that residents were able to access community facilities, and were told by a resident that they were being supported to go out for lunch later on that day. During our inspection, we saw members of the local church had visited and a church service had taken place. We

discussed the recording of activities with the activities co-ordinator and recommended that they review their recording systems, to ensure they were more outcome focused. We conclude that people residing at Brocastle have the opportunity to access a range of appropriate activities that are tailored to their needs.

People are supported to remain healthy and medication, on the whole, is managed effectively. We noted that people's files included records by professionals including GP's and District Nurses. A nurse assessor was present at the time of inspection. They informed us they felt staffing levels were sufficient, and staff "*accept and act on advice and recommendations*". We inspected one of the medication rooms at the service and found medication was being stored appropriately in line with current legislation. We saw there was a medication policy in place and that staff were suitably trained to administer medication, and had undertaken medication competency assessments. We looked at medication administration record charts (MAR) and found these were completed accurately. We discussed the use of PRN (as required) medication with a staff member and were told they used the Abbey pain scale to determine if analgesia was required. The outcome of each PRN (as required) administration was also documented on the resident's MAR chart. We looked at the records of two residents who were prescribed controlled drugs and found that all of the documentation was in order. We can conclude that people are receiving their medication in line with the prescriber's recommendations in order to optimise their health and wellbeing.

3. Environment

Our findings

People residing at Brocastle are cared for in an environment that supports their wellbeing. We saw residents had their own rooms that were personalised with items that were important to them, such as photographs and furniture. We saw that there were a number of communal areas on both floors of the service providing adequate space for residents to engage with each other, take part in activities and meet with visiting relatives and friends. These communal areas included a 'bar' and a 'café'. We spoke to a number of visitors who told us that they were impressed with the environment at Brocastle. One visitor told us "*all the rooms have a purpose and are used for the people living here. The home is spotlessly clean*". We saw residents were able to access the various communal areas freely and that these areas housed furniture that looked clean and comfortable. Corridors in the home were wide, airy and obstruction free making it easy for residents, staff and visitors to navigate their way around. All communal areas and other rooms such as medication rooms and storage rooms carried bi-lingual signage stating their use. The kitchen and laundry were on the lower floor of the home. We noted that the kitchen had a current 5 rating from the Food Standards Agency. There was a dedicated staff room within the home. This room provided adequate space for staff to congregate during their break times. There were also lockable cupboards for staff to keep their personal belongings. We also found that the service was equipped with an onsite training room. In conclusion, we are confident Brocastle offers an environment that enhances the lives of the residents who live there and the staff who work there.

People can be confident that the environment and equipment at the service is maintained to a high standard. We spoke to a maintenance worker who told us he is supported by the management of the home to carry out his role and had access to a corporate credit card that he was able to use in order to purchase materials to undertake repairs. We were also told that external contractors were used for specialist repairs. We examined maintenance records and found equipment was maintained in accordance with legal requirements. Fire safety documentation was all current and included audits undertaken by the home and servicing information undertaken by specialist contractors. Other safety audits we looked at included window restrictor checks, wheelchair checks and sling checks. We inspected the laundry facilities and saw that there was a clear in and out system, in accordance with current infection control procedures. The bathrooms and shower facilities all looked to be in good order and all aspects of the home were very well presented. There were no signs of disrepair and we were told that any maintenance was always carried out promptly. We can conclude that people residing at Brocastle benefit from an environment that is well maintained and safe.

4. Leadership and Management

Our findings

People residing at Brocastle can be assured there are sufficient numbers of staff at the service to provide care and support in a dignified and respectful manner. We spoke to visitors at the service and were told; *“staff are excellent”, “staff are very approachable” and “staff are very good at spotting signs of ill health”*. We spoke to staff members who explained that the structure of staffing had been improved. Staff had been deployed in specific areas within the service, to use their specialist skills. Staff told us *“morale is good”, “I can’t remember the last time we were short staffed”* and *“staff are supporting each other. I like working here”*. One resident told us *“It’s like a 5*hotel here. I get on with all the staff, they are very good”*. We were told that on during periods of sickness or annual leave staffing levels were strained; however we were assured by the management team that agency staff were used during periods where regular staff were unavailable for work. We were also shown monthly dependency assessments that dictated staffing levels. We examined eight staff files and found that some recruitment records were missing, such as two references and a photograph. We discussed this with management and were told that all recruitment was held centrally with the organisation’s human resources (HR) team. We recommended that this information should be made available at the service. The service was being managed by the deputy manager and other senior members of the organisation’s management team. We were told that a new manager had been appointed and would be commencing employment shortly. With this in mind we would expect the management team to facilitate a smooth transitional period allowing the new manager to settle into their new role whilst maintaining current staffing levels, practice and morale. We concluded that staffing levels were appropriate in order for people to be supported to achieve their personal outcomes.

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers to provide the care and support required to achieve personal outcomes. As well as an initial induction when employment has commenced, staff were offered regular refresher training in core areas and had access to some specialist training. All staff were registered to complete the Qualification and Credit Framework (QCF) when their probationary period had ended. Staff were instructed to complete (QCF) modules that were pertinent to their roles, such as dementia care. We saw training had been arranged for January and courses on offer included manual handling, safeguarding and emergency first aid. We were told by a member of staff that training was delivered in a number of formats including face to face training and eLearning. There was a consensus among staff members that the training provided at Brocastle was sufficient. However, a number of staff told us that it would be beneficial if positive behaviour support was incorporated into the training programme, to help them feel confident in situations where people may show distress or physical aggression. We found staff files lacked evidence that training had been completed. We discussed this with the management team and concluded that current recording systems were not fit for purpose. However, it is evident from our findings that staff were trained to undertake their role effectively. We looked at staff supervision records and found that supervision and support at the service was insufficient. We spoke to staff members who told us that

supervisions are conducted, however this seemed to be done on an ad hoc basis. Supervision refers to 1:1 meetings between staff and line management to discuss support needed in fulfilling their role. There were mixed reports from staff members regarding supervisions and the support they receive at work, one staff member told us *"I've not had any supervision for the past 6 months, I don't feel supported the management team"* whilst another told us *"I get regular supervisions, the management team are very approachable"*. We discussed this with the management team and were shown the supervision plan for 2020 which indicated that supervision sessions would be conducted every three months. We examined staff meeting minutes and found improvements were required relating to the frequency of staff meetings. We were informed by the management team that "Huddles" regularly took place at the service. Huddles were described as a group of staff getting together to discuss and reflect on an issue. These had been relating to topics such as medication and person centred care, however were not recorded. We can conclude that improvements with regards to supervision and support are being implemented and there is a team of well-vetted, trained care workers available every day to provide the level of care and support required for people to achieve their personal outcomes.

Policies and procedures are current, factual and support the values of the service. We sampled the service's policies and procedures and found there were robust systems in place that are reviewed and updated in a timely manner. We were shown by the deputy manager how complaints were dealt with and how information regarding complaints was collated and stored. We found this was in line with the organisation's complaints policy. We examined the service's statement of purpose (SOP) and written guide, and concluded that the ethos and overarching principals of the service were clear and actively implemented. However, the SOP required amendment to reflect current legislation with regard to the six monthly quality of care reviews. We also noted the written guide required dating to show when it had been reviewed. Also, consideration should be given to ensuring that information is made available in a format understandable by all people living in the home. Overall, we can conclude that people residing at Brocastle benefit from a service that is clear about how care and support is delivered.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non compliance from this inspection

We found the provider is not meeting legal requirements in relation to the following regulations:

- Regulation 15(1) – The service provider must prepare a personal plan that sets out the individual's care and support needs and how they will be met.

A notice has not been issued on this occasion, as there was no immediate or significant risk for the people using the service: We expect the registered person to take action to rectify this and it will be followed up at the next inspection.

5.3 Recommendations for improvement

- Residents meeting minutes to be more detailed and include any actions undertaken from previous meeting.
- Consider a more manageable way of recording activities undertaken.
- Amendments are required to the statement of purpose to ensure it reflects current legislation and reflects the frequency of the quality of care reports.
- Keep staffing levels under review.
- Introduce Positive Behaviour management training.
- Further consider the Welsh Active Offer
- Written guide to be dated and consider a more appropriate format for people living with dementia.
- A robust system for monitoring and recording of training to be implemented.
- All audits to be completed within company policy guidelines.
- Supervisions to be undertaken regularly in line with new supervision planner.
- System for monitoring and recording of training to be clearer.
- Audit of staff files to ensure all required documentation is available.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors made one unannounced visit to the home on 8 January 2020 between 8.00 am and 4.00pm. A second visit took place on 9 January 2020 between 8.30am and 1pm. We considered all four domains of the inspection framework, the well-being of the people living in the home, the quality of care and support, the environment and the leadership and management.

The following regulations were considered as part of this inspection:

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- A tour of the home.
- Discussions with fifteen staff and management.
- Discussions with four people using the service.
- Discussions with eight relatives/visitors.
- Discussions with two visiting professionals.
- Scrutiny of the care files of six individuals.
- Scrutiny of eight staff files.
- Scrutiny of other documentation, as detailed within this report.
- We reviewed information about the service held by CIW.
- We looked at a sample of policies.
- We looked at a sample of minutes from staff meetings and residents' meetings.
- We looked at the home's statement of purpose.
- We used a Short Observation for Inspection Tool (SOFI). This tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- Information regarding staff turnover and determination of staffing levels.
- Records and systems relating to incidents, accidents and complaints together with a range of internal audits.
- Examination of records relating to health, safety and maintenance, including fire safety.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Hafod Housing Association Ltd
Responsible Individual	Jonathan Harker
Registered maximum number of places	80
Date of previous Care Inspectorate Wales inspection	New registration
Dates of this Inspection visit	08/01/2020
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: This is a service that 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.	

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