



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Brookside Care Home

**Ty Coch
Llangorse
Brecon
LD3 7UA**

Date of Publication

Friday, 10 March 2017

Welsh Government © Crown copyright 2017.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Brookside Care Home is registered to provide nursing care for up to 31 people who are over the age of 65 years. Within this number, up to 10 people may be accommodated who also have a diagnosis of dementia.

The home is situated in the village of Llangorse, near Brecon.

The registered provider is Brookside Care Home Ltd, and the registered manager is Elizabeth Vaughan.

Summary of our findings

1. Overall assessment

Overall, the care provided at Brookside Care Home Ltd is good. People are well presented and appear comfortable, relaxed and warm. However, within some documentation seen we found areas of poor record keeping. People and their relatives told us that they had a high satisfaction with the staff and the service generally. They also informed us that staff are helpful, listen to their views and are kind and caring.

2. Improvements

No areas of non-compliance were identified at the last inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care is not meeting legal requirements. These include the following:

1. Documentation:

Care plans and risk assessments lacked detail and require review and update.

2. Health and Safety:

- We found medication in an unlocked cupboard in a room that could be accessed by people other than the occupant.
- There were no bedrail assessments
- Notifications in line with legal requirements were not being made

3. Staff:

- Supervision needs to be carried out every 2 months
- There were no photographs in staff records
- Staff records and documentation held by the service did not contain evidence of individual training

4. Statement of purpose:

- Room sizes were not specified
- Staff names need to be removed from the document
- All qualifications are labelled 'NVQ' even if they are QCF. These should be amended to reflect their status and the time they were completed

5. Activities

Activities require review especially for people who have a diagnosis of dementia.

6. Décor

A programme of improvement in décor, generally, should be implemented.

1. Well-being

Summary

People are listened to and treated with dignity and respect, and enjoy choice in accordance with their preferences as far as possible. However, activities are limited especially for those with dementia and practices and procedures in this area need to be reviewed to ensure, as far as possible, that people are stimulated and interested.

Our findings

People are supported to make choices and have individual routines identified and respected.

We saw that staff engaged with people and spoke to them on an individual level. We noticed that staff bent down to people who were in chairs so that they were at eye level and were not talking above them. We further noted that staff were patient and kind and took time to ensure that they understood the requirements and preferences of people. People relate well to staff and have good relationships with them.

People enjoy a healthy and nutritious diet. We saw that breakfast was served according to people's individual choice and preference, with a range of cereals and toast. We were informed that a cooked breakfast, boiled or poached eggs, or any other preference was available on request. We witnessed a late breakfast for someone who had wanted a 'lie-in'. We saw that lunch time portions were generous, alternatives available and that food was fresh and appetising. People and their relatives commented upon the food positively, in terms of range of menu and choice preferences, and the quality and presentation of the meals. Drinks were always available and we saw that staff ensured that people remained well hydrated during the day. People are encouraged to eat well and benefit from healthy and nutritious meals and drinks.

People are not involved in communal and community activities to an extent that they are being fulfilled emotionally, socially, physically and intellectually. We found that people who used the service and their relatives with whom we spoke were generally highly satisfied with the service, but most felt that activities were limited. Some told us that their relatives 'just sat there' most of the time and one informed us that they felt that a better range of activities could be introduced, such as 'arm chair aerobics', and 'catching the ball', to motivate, stimulate and help people to move. We did not find any activities geared towards people with a diagnosis of dementia other than one rummage box. We discussed this with the clinical lead nurse and the deputy manager who informed us that there was no activities co-ordinator, but activities were ongoing each day, although they tended to be mostly on a one to one level, 'chatting', or reading the paper'. We saw that staff did engage with people, and spoke with them, and it was clear that people enjoyed warmth from the interactions. One person told us that *"...it is homely, lovely staff, but I wish they had more going on here..."* Another person expressed the view that *"...the care is good, they know what they are doing, but they don't offer any activities"*.

Some group activities included a regular singer/entertainer who attended monthly, and we saw evidence of an arts and crafts corner in one area of the larger lounge/diner. We were informed that local school children visited to sing at various times throughout the year such as Christmas and Easter. During our two visits we saw only televisions in the two lounges

as a stimulus and staff speaking to people here and there. One person had a personal computer, but no formal, arranged activities were ongoing. We saw that there was an area cordoned off for hairdressing/manicure/general purposes but it was close to and just within the lounge area. Anyone having their hair dried in this area, or being attended to in any way would be in full view of everyone in the lounge and the noise of the hair drier would detract from the television. We concluded from our observations and discussions that people currently have an inadequate range of activities based on their individual needs.

2. Care and Support

Summary

People mostly receive a good standard of care which is based on their individual care needs and preferences, but some expected risk assessments and documentation are missing and/or require action.

Our findings

People's care records are not always detailed or reflect individual care needs appropriately. We found that records examined initially appeared to be disordered and risk assessments were either missing or had a more social emphasis on each condition, despite some serious medical conditions. Staff did not have access to a computer so there were no typewritten records, all were handwritten and in some instances were difficult to understand. We did not find evidence of bed rail risk assessments in any of the care plans despite a high number of bed rails being used. In one record viewed we found that there was no record of insulin having been increased in any of the documentation, other than the medication administration record. We also found that not all individual files met legal requirements, such as containing photographs of the person. We saw that some care plans lacked detail although there was some improvement on our second visit to the home. People cannot always be assured that documentation pertaining to them is recorded, actioned and communicated to the relevant people involved in their care.

People have access to appropriate health and social care professionals. During our first visit to the home, one person required urgent medical attention and we saw that the nurse in charge liaised well by telephone with the local GP and remained calm and controlled, facilitating a swift response from the ambulance service, whilst reassuring the person and organising the transfer. This means that people are referred in a timely way to relevant health and social care professionals when their needs change.

Staff treat people with kindness and compassion in their day to day care. We saw that staff were gentle, understanding and appropriate towards people, showed respect and treated them with dignity. We spoke with some staff members who all expressed their satisfaction with the management and the home, generally. One staff member told us *"It's a nice place, really friendly, needs upgrading, but I like working here"*. All staff employed at the home work well as a team with shared values of enhancing the lives of people living at the home.

Safe practices and a culture of safety are mostly promoted within the home. The main medicines room was locked and we checked the processes to safely store and administer medication and found no areas of concern. However, we saw an individual medication cupboard in someone's room which was unlocked and contained their medication. The door to the room was also unlocked. We were informed that this had been an unusual oversight, as the cupboards were always locked following administration of medicines. We checked several other rooms and found that the individual medicines cupboards were all locked and secure, and the deputy manager indicated that she would take the appropriate action to avoid a recurrence of the open cupboard. This indicates that the ethos of the home is to promote good practice and address any issues found immediately.

3. Environment

Summary

People are cared for in comfortable, clean, homely surroundings which provide opportunities both for people to meet communally or to enjoy private spaces. There is a relaxed, friendly ambience, where visitors are welcomed. Some areas of the home would benefit from better heating, and refurbishment is required in most areas of the home.

Our findings

Décor within the home would benefit from upgrading, generally. We found that some areas required painting and decorating, and the dining area in the larger lounge needed new dining furniture. However, although some furnishings were 'tired', the lounges were comfortable, and individual rooms viewed were personalised. We also found that some areas of the home were cold, and not heated, although people did not generally access those areas. During our first visit we saw that items to be disposed of were stored in an area used by people, (just outside their rooms) which also served as a second office. On our second visit the items had been removed but this area also required updating. We also saw that the medicines room floor, although intact, was heavily stained. We saw that the two lounge/diners were appropriately separated and provided choice of purpose, following meals. There were kitchenettes in both dining areas which were useful and could be accessed by visitors.

Externally, we noted that there was ample space to meet the needs of people. The setting was rural, and the position of the building was quiet and tranquil, although close to other properties in the small hamlet. Access to outside space is unhindered and in summer months would be freely available to people and their visitors. However, we found that the court yard on entry and the gardens required attention such as weeding, cutting the lawn, and cleaning of outdoor furniture. Similarly to the internal environment, some painting and decorating externally was required. Upgrading generally, of the internal and external environments is necessary to enhance and uplift the experience of living in the home for people.

People are generally cared for in a clean, safe and secure environment. We saw that fire safety was highly profiled and that each person had a personal emergency evacuation plan in place. We found that the home was clean, and that colour coded cleaning methods were used. Entry was via the side door which had to be answered by staff and each visitor had to sign in. We saw that safety tests and maintenance of all equipment for lighting, (including emergency lighting), gas, and technical issues such as lift and hoists were regular and up to date and any issues were immediately acted upon. This meant that people live in premises that are safe, clean and protected.

4. Leadership and Management

Summary

People are supported by appropriately recruited and trained staff. However, the statement of purpose, quality assurance report, supervision of staff and reporting of adverse incidents need updating and/or correction in line with legal requirements.

Our findings

People receive care and support from staff who have been properly vetted and trained. However, we found that in the four staff records viewed, none contained photographs of the staff member. We also found that training was not being recorded in terms of named staff members, or evidenced within individual files. We were informed that this was because each staff member took their certificates of attendance home with them. All staff spoken with felt valued and supported, but despite evidence of regular, outside training, staff records did not contain proof of attendance, and a training matrix or list could not be produced. Some staff expressed the view that “...*training could be more profiled...*”, but invoices shown to us by the responsible individual contained an eclectic mix of both mandatory and specific training. We saw a programme of upcoming topics such as ‘skin and prevention of pressure ulceration’, ‘dementia’, ‘elimination’, and ‘diabetes’. All were four weekly sessions on each topic, and we saw that previous training on various topics had been carried out over a long period of time. People are cared for by staff who are valued and supported and are regularly facilitated to increase their professional knowledge, understanding and skills which ultimately enhances the health and safety of those for whom they care.

There is an effective system of staff supervision and appraisal that leads to agreed targets. However, we noted that supervision was not always carried out and formally recorded every two months in line with the National Minimum Standards. The responsible individual informed us that this would be addressed and completed by the end of May, 2017. Staff are given the opportunity to agree and achieve challenging and realistic targets for themselves which enhances the service they deliver.

People cannot be assured that the service is compliant with all required regulations and procedures. This is because we noted that in the statement of purpose, the terminology used to describe the social care qualifications of staff had been wrongly recorded, and room sizes were not specified in line with legal requirements. In addition, each staff member was named, which is not a legal requirement but may not be suitable for inclusion in a public document within confidentiality limitations. We found that the quality assurance report had not been completed although the responsible individual assured us that it would be completed by the end of May 2017. Notifications of adverse events were being recorded in an accident book but CSSIW were not being notified in line with legal requirements. Discussions with the responsible individual and the deputy manager indicated that these issues would be immediately addressed. The registered manager was unavailable on both days of our visit.

Clear information needs to be made available for all to understand so that people benefit from a service which acts appropriately in line with legal requirements.

Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

None

4.2 Areas of non compliance identified at this inspection

We advised the registered person that improvements are needed in relation to the following in order to fully meet the legal requirements. A notice has not been issued on this occasion as there was no immediate or significant impact for people using the service.

- Risk Assessment and Care Planning (Regulation 15, 2 (a)): Risk assessments and care plans lack detail and instruction. A new system should be developed which will be in line with best practice and will reflect local authority plans.
- Activities Regulation 16, 2 (m) Activities should be in line with people's preferences and developed to find new, innovative ways of stimulating people, especially those with dementia.
- Statement of Purpose (Regulation 4, 1 (b)) : The statement of purpose should be updated and amended to include room sizes and correct the terminology used to describe staff qualifications. In addition, staff names should be removed from the document.
- Notifications (Regulation 38, 1 (e)): Notifications regarding unexplained falls should be made to appropriate authorities.
- (Regulation 19, Schedule 2, 1): Staff records should contain a recent photograph of each staff member.

4.3 Recommendations for improvement

We recommend the following:

1. Bedrails should be risk assessed as a matter of urgency.
2. Staff supervision should be two monthly in line with National Minimum Standards.
3. Staff should have access to a computer in order to ensure that records are clear.
3. Medication cupboards in people's rooms must be locked especially if their room doors are open.
4. Staff attendance at training events should be recorded on an individual level and dates of the next update due documented.

5. A programme of decoration and refurbishing should be in place to enhance the comfort and ambience for people using the service.

5. How we undertook this inspection

This was a scheduled, full, and initially unannounced inspection, but required a second visit which was announced. The reason for the second visit was due to not having access to key documentation to inform our inspection due to the absence of the registered manager. Our first visit was 19 January 2017 between 9.35 am and 13.30 pm. This was followed up by our second visit on 25 January 2017 between 12.30 pm and 17.20 pm.

The following methods were used:

- We spoke to people living in the home on both our visits.
- We spoke with the deputy manager, the clinical nurse lead, and the responsible individual.
- We spoke with four relatives visiting the care home.
- We looked at a range of documentation and focused on risk assessments and care plans.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	Brookside Care Home Ltd
Registered Manager(s)	Elizabeth Vaughan
Registered maximum number of places	31
Date of previous CSSIW inspection	2 July 2015
Dates of this Inspection visit(s)	19 January 2017 and 25 January 2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: There are no Welsh speaking staff within the home and no Welsh speaking people using the service at the time of this inspection.	