



Inspection Report on

Brookfield House

**Brookfield House
Station Road St. Clears
Carmarthen
SA33 4BZ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

09/10/2023

Welsh Government © Crown copyright 2023.

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.

About Brookfield House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Fronhaul and Brookfield Care Home Ltd
Registered places	23
Language of the service	Both
Previous Care Inspectorate Wales inspection	6 December 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Brookfield Care Home provides care and support to people with complex health needs. People are supported by knowledgeable, passionate and caring staff with whom they have positive relationships with. There is a stable team of managers and staff that help provide a continuity of care for people.

Detailed personal plans are created and reviewed with those receiving support and guide care staff on how their needs and outcomes can be met. People are involved in decisions and have a voice on matters that affect them. Health and social care professionals are closely involved in people's support and there are strong links with the Community Mental Health Team. Well established protocols protect people from having their freedom restricted unnecessarily and risk management plans help keep people safe and as independent as possible.

The Responsible Individual and manager have effective oversight of the service and undertake detailed audits to monitor and review the quality of care provided. Care staff are safely recruited and receive ongoing and regular supervision and training.

Well-being

People have control over their lives. They can make choices in how they spend their day, what they eat, where they go and what they would like to achieve. They are involved in creating their personal plans and care staff support them to do what they want in line with their plans. Staff are respectful and ensure individuals voices are heard. Key workers take time to listen to what is important to people and what their goals, wishes and preferences are. We noted staff politely knock people's doors before entering their room.

People enjoy being part of a community and are supported to visit local shops and restaurants/cafes and groups. They feel safe and have developed links within the community, creating a sense of belonging. A staff member told us, *"It's great because people are well known by the locals in the area"*, whilst a professional told us, *"For some residents, moving to Brookfield House has been life changing and they are now enjoying life in a community setting and feel part of that community"*. People living at the service regularly support their local food bank and feel valued by the community.

People are protected from abuse and neglect. Staff are trained in safeguarding and know the procedure to report any concerns. People's health and wellbeing is promoted because care staff know people well and notice changes that may indicate a decline in their health. People's wellbeing is monitored closely by staff who report any concerns and seek advice and support from health professionals in a timely manner.

The environment supports people to live as independently as possible. Thorough maintenance checks and audits on the building and its contents ensure the safety of people working and living at the service. A daily cleaning schedule keeps the environment clean and hygienic. The building is secure, people are required to ring the bell to be allowed access into the home by a member of staff. A signing in/out book is used by all visitors.

Care and Support

People are happy with the support they receive. The service has a consistent staff team with whom people have built positive working relationships. Care staff know them well and are responsive and sensitive to their needs. We saw relaxed and friendly interactions between staff and people. A professional told us, *“The residents on my caseload always talk of the home and the care given in a positive manner, both residents and staff appear happy and supportive of each other”*.

People are encouraged to do what matters to them. One person is supported to care for their pet cats. Others are encouraged and enabled to have hobbies and interests such as gardening and growing produce in the greenhouse and doing activities in the local community. We saw artwork created by people living at the service displayed on the walls. One individual said, *“It’s ok here, I want to be home though, the staff are good”*. Another person enthusiastically told us, *“Mae’r staff yn gret, maen nwh’n helpu fi, mynd allan a fi, i’r siop neu mas am bwyd”*.

Personal plans are clear, detailed and written with the person, their representatives, and professionals involved in their care and support. Detailed risk assessments are undertaken, and personal risk factors clearly identified. Highly effective personal plans guide staff on the actions to be followed to manage that risk whilst promoting independence. The service has been successful in preventing readmissions to hospital and one person has settled despite having numerous previous placement breakdowns. A professional said, *“The home has played a significant role in easing the revolving door effect for their residents and I would advocate the home to my colleagues”*.

Thorough daily records capture details including people’s ‘mental state’ and presentation. Due to the specific needs of people living at the service, monitoring and identifying any signs of a relapse and seeking additional support in a timely manner is vital to their wellbeing. A recent NHS audit undertaken is very positive and comments on how detailed and person centred the care records are.

Medication is administered safely and reviewed regularly. Any errors are addressed by management, with staff involved receiving support and retraining. People are protected from harm. Staff receive safeguarding and whistleblowing training and are aware of the procedure to follow if they have any concerns.

Environment

The building is spacious and welcoming. There is a mixture of large communal rooms and cosy smaller areas if people want a quieter space to sit and relax. There are large televisions in communal rooms and a computer area that people can use to access the internet for online shopping or various video and music channels. A well-used smoking room is at the rear of the house. A large outside area consisting of a lawn, greenhouse and patio areas enables people to relax outside in the warmer weather. Improvements have recently been made to the outside patio areas, providing a safe space to enjoy.

Inside there is an ongoing decoration and updating plan. There are sufficient communal bathrooms, toilets and a wet room which are kept clean and in good repair. People's rooms vary in size and there is ongoing work to update them with two bedrooms recently fitted with new windows. People are encouraged to decorate their bedrooms as they want, and we saw personalised rooms with items of their choice displayed. One person has pet cats in their room and is supported to look after them.

Call bells are linked to individual pagers. This is less disruptive than bells sounding throughout the building and reduces the risk of people becoming anxious or distressed.

Risks to people's health and safety are identified and there are arrangements in place to reduce these risks. The entrance to the building is locked and visitors are required to ring the bell to be allowed access. A signing in book is used. Firefighting and moving and handling equipment is regularly maintained and we saw up to date audits and service checks. Regular fire drills are undertaken.

The kitchen is kept clean and is sufficiently stocked and equipped. Most people have a small fridge in their bedroom to store their chosen purchased items of food and drink. There is ample storage and Control of Substances Hazardous to Health (COSHH) products are stored safely in line with COSHH regulations.

Leadership and Management

The ethos of enabling, and individuals 'enjoying life to the fullest', is reflected in management and filters throughout the staff team. The RI has good oversight of the service. Effective monitoring and audit systems ensures the care and support delivered is of a high standard and achieves best possible outcomes for people. A health professional told us, *"I know the home follow the care plans to the book, but they certainly go well beyond the care plan to ensure their residents are well care for"*.

The RI and managers provide strong leadership to the staff and are described as helpful and supportive. This is reflected in the stable team of care staff, many of whom have worked for the service for several years. A professional who works closely with the service told us; *"There is clear investment in the staff which supports the wellbeing of staff and the residents they care for"*. The director, who is also a manager, has a background in mental health services and has extensive experience in the field. This expertise provides clear, invaluable guidance and support to people and staff.

A training manager ensures staff are up to date with their mandatory training. Specific training is also delivered by the director to provide staff with the knowledge and skills to effectively support people. Due to most people living at the service having a diagnosis of an enduring mental illness, all staff, including the domestic staff have undertaken psychosis training. One staff member said, *"The psychosis training helped me understand why people do what they do"*.

Records show there is a robust system in place when recruiting new staff. The required references are obtained and checks such as Disclosure and Barring Service (DBS) and identification (ID) are undertaken prior to commencement.

Staff receive regular one-to-one supervision. This provides an opportunity to reflect on practice, to identify areas for training and to raise any issues they may have. Staff meetings are also held regularly and there is an opportunity for staff to bring additional subjects of their choosing to the agenda.

There is continual investment in the service with innovative, long term plans to create self-contained flats with the purchase of another property next door. The provider hopes this will be successful in providing people with better outcomes and empowering them to be more independent.

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
36	Not all staff have received regular supervision and dates/records could not be provided for staff supervision. Ensure all staff receive regular supervision and appraisals.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 12/12/2023