

# 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**

27/10/2022

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## **About Brocastle Manor Care Home**

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hafod Housing Association Ltd
Registered places	80
Language of the service	Both
Previous Care Inspectorate Wales inspection	[Manual Insert] 20/09/2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Increased staffing levels are helping to ensure people receive a good standard of care and support. Nurses and care workers treat people with warmth, kindness and are familiar with people's needs, wants and routines. Feedback from people and their relatives indicate nurses and care workers are respectful and kind. There are measures in place to keep people safe. Up-to-date policies and procedures outline current national guidance. Staff are aware of their safeguarding responsibilities and mostly receive relevant training. Personal plans set out people's care and support needs. Reviews of care documentation are undertaken, however, improvements are required to ensure the relevant people are involved in the review process. Nurses and care workers generally feel supported but the provider must provide the required level of formal supervision and appraisal. People are cared for in a pleasant environment, that is safe and meets their needs. A newly appointed responsible individual (RI) oversees the quality of care while a manager oversees the day-to-day running of the service.

#### Well-being

People living at Brocastle Manor Care Home generally appear happy and well cared for. Person centred plans provide a sense of what is important to people and details the support they require. Good medication management ensures people remain as healthy as they can be. Increased staffing levels mean nurses and care workers can attend to people's needs in a timelier fashion. We saw many genuine and friendly interactions. People have regular contact and visits from friends and family, which supports their emotional wellbeing. Healthy and nutritious meals consider people's dietary needs. The service has improved the opportunities to take part in regular activities.

People live in suitable accommodation, which supports and encourages their well-being. People's own rooms provide the space for people to spend time on their own, if they wish do so. Individual's rooms are personalised, suitably furnished, and encourage their independence. The environment is safe, free from hazards and well maintained. Safety checks are completed as required and there is a fire risk assessment in place. Alarm testing and fire drills take place and people have personal emergency evacuation plans in place.

There are systems in place to keep people safe. Care workers are safely recruited and vetted, and there is an induction process in place. Policies and procedures are up-to-date and promote safe practice. Overall, staff are trained to spot the signs of abuse, neglect and any deterioration and know how to raise a concern if they need to. Medication is stored appropriately and administered in line with the prescriber's recommendations. The service operates good measures to reduce the risk of cross contamination.

There is now a more stable management structure for the service, with a newly appointed deputy and clinical lead. We received mostly positive feedback from the staff we spoke with, who told us they now feel more supported by management. A change in shift times has proved successful. There are effective systems for monitoring and auditing standards of support and the environment, overseen by the responsible individual (RI). The statement of purpose and service users guide are available to individuals or their representatives.

#### **Care and Support**

People's care and support needs are set out in their personal plans. They contain clear guidance for care workers to follow regarding care delivery and are reviewed regularly. However, we found little evidence that people or their representatives are involved in the review process. The management team told us they recognise this issue and are working to resolve the matter. Improved daily charts such as daily personal care, repositioning, food, and fluid charts evidence care given. People's personal plans contain medical correspondence, documented evidence of visits and appointments with various health and social care professionals including, care managers, GP's and community nurses. An optician was visiting the home on the day of inspection. People living in the home told us *"It's my home now, it's lovely here"* and *"It's a lovely place honestly."* The relatives we spoke with said *"absolutely happy with the care, they do a wonderful job"* and *"I am very very happy with the care, I can't commend it more highly."* 

People living at the service receive their medication as prescribed. The service completes checks, which ensures medication is stored at correct temperatures, and therefore remains effective. Medication audits ensure staff maintain good practices and identify any areas of improvement. A sample of medication administration records (MAR) charts we saw contained no gaps or errors; medication is stored safely in a locked facility and controlled drugs and stock checks are managed effectively.

There are safety systems in place to help limit risk to people, such as key fob secured doors and a sign in book for visitors on arrival. Staff have up to date safeguarding training, those we spoke with all confirmed they would raise any concerns about poor practice. People living at the home said they felt safe and well looked after. One person said, "*I feel great here, very safe*". There are policies and procedures to help keep people safe which are reviewed to ensure they remain current.

People experience warmth and kindness. We saw care staff treat people as individuals. Since staffing levels have increased the care workers now respond to people's different needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. Staff speak in a friendly, caring and respectful way and people respond positively. When asked about the staff, relatives told us *"they are very pleasant, friendly, hardworking and have time to speak with you"* and *"they are very conscientious, I am full of admiration for the work they do"*. We witnessed positive interactions during the inspection and saw care staff supporting people in a dignified manner.

#### Environment

People residing at Brocastle Manor Care Home are cared for in an environment that supports their wellbeing. We saw residents had their own rooms which are personalised with items that are important to them, such as photographs and furniture. There are a number of communal areas on both floors of the service providing adequate space for people to engage with each other, take part in activities and meet with visiting relatives and friends. These communal areas include a 'bar' and a 'café', however they are not often being used and the manager is currently considering ways this can be improved. Corridors in the home are wide, airy and obstruction free making it easy for residents, staff and visitors to navigate their way round. All communal areas and other rooms such as medication rooms and storage rooms have bi-lingual signage stating their use. We noted that the kitchen has a current 5 rating from the Food Standards Agency, which is 'very good'.

The home provides a clean and well-maintained environment with adequate equipment to meet people's needs. Systems are in place to routinely check and service the environment and equipment. We saw that people have suitable equipment in place to help keep them safe and prevent injury from falls. A passenger lift is available and in working order. All areas are presented as clean with procedures to prevent the spread of infection followed. Cleaning materials are available and managed safely, with storage areas kept locked.

The home has security systems so units on the two floors can only be accessed by authorised people, and only people who understand the risks around leaving the home can do so without support. People have 'Personal Emergency Evacuation Plans' in place that explain how they will be supported if evacuation is required. Regular fire drills take place, though records could be more detailed.

#### Leadership and Management

The previous inspection identified there were insufficient staff on shift to ensure care needs are delivered as described in people's personal plans. At this inspection we saw significant improvements have been made. A new deputy manager and clinical lead are in post. There has been a change to the shift times and the staff we spoke with told us this has been the biggest improvement and is working well. It now means that by mid-morning everyone is offered breakfast, fluids and personal care. We saw this was the case on the day of inspection. An ongoing recruitment drive has resulted in several new nurses and care workers being employed. The human resource team have confirmed that all new staff undertake a thorough vetting process that meets regulatory requirements. The number of staff rostered has been increased and the care workers we spoke with told us they are now able to spend more time with people. All care workers are either registered or have made an application to register with Social Care Wales.

Training and supervision for nurses and care workers needs improving. Staff spoke highly of the manager and their new deputy; saying they work well together. They told us they feel well supported, but records we viewed showed a number of nurses, nurse assistants and care workers do not receive supervision and appraisals regularly enough. We expect the provider to take action to address this and we will follow this up at the next inspection. Training is completed through e-learning, but face-to-face practical sessions also take place. Some people have gaps in their overall training. We were shown this is being addressed and saw evidence of upcoming training which has been booked. We saw there are robust company policies and procedures for staff to follow. We looked at a selection of policies including admissions, Covid 19, whistleblowing, medication and safeguarding and found them to be up to date.

There are systems and processes in place to monitor, review and improve the quality of care and support provided. The newly appointed responsible individual (RI) spends time at the home regularly to undertake quality monitoring visits. Information about the quality of care is gathered and reviewed for improvement purposes. We found overall, feedback is positive from people, families and professionals about the care provided. Staff told us that regular staff shortages affect morale. Management recognises the recent staffing issues. There is an ongoing staff recruitment programme, agency staff are used and communication has improved. There have also been new recruitments within the management team. The service appropriately notifies relevant regulatory bodies and statutory agencies, when there are concerns and significant events, which might affect the well-being of individual's receiving care.

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	
34	People are at risk because staffing levels are not consistently adequate to meet personal outcomes for people.	Achieved	
21	The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Achieved	

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	
36	The service has not ensured care staff have received supervision in line with their statement of purpose.	New	
36	Training matrix does not evidence that mandatory and specialist training for staff is up to date.	Achieved	
44	The service provider has not ensured the home has been kept free from hazards and risks eliminated as far as reasonably practicable.	Achieved	

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