



# 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**

28/06/2024

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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	28.9.2023
Does this service promote Welsh language and culture?	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

People and their relatives are generally satisfied with the care and support provided at the home. People have accurate and up-to-date personal plans that detail their individual care needs. At times there are insufficient care staff to meet people's assessed needs. Nurses and care workers are knowledgeable, respectful, and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities. Pre-employment checks are completed prior to staff commencing their role. Equipment is in good working order and is serviced as required. Staff receive training to help them carry out their work safely and efficiently, but the frequency needs improving. Supervision is offered on a regular basis. Up to date policies and procedures support good practice. Governance and quality assurance arrangements are in place and enable the service to reflect and develop. The responsible individual (RI) oversees the quality of care while the manager oversees the day-to-day running of the service.

## Well-being

Care documentation within the service is informative and up to date. Personal plans are person centred, detailed and provide clear guidance to follow. Equipment such as a call bell system is available but hourly checks are not always undertaken. Staffing levels must be increased to ensure people get the right care at the right time. People remain as healthy as they can be because of referrals to healthcare professionals and effective administration of medication.

People have access to various health and social care services. Information regarding their physical and emotional health, well-being and behavioural support needs are identified within their care files. The regular staff team know people very well and are able to recognise any physical or mental health issues quickly, adapt their approach and ask for advice from medical professionals in a timely way if required.

The service has measures in place to protect people from abuse and harm. Staff have received training in safeguarding vulnerable people and there is a safeguarding policy in place to guide staff. People are supported to maintain and improve their health and well-being through access to specialist care and advice when they need it. Referrals are made to professionals in a timely way and there is evidence of healthcare professionals visiting residents. The recruitment process is undertaken by the human resources (HR) department, ensuring that care workers recruited are fit and suitable to work in the care sector.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. The buildings are well-maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as possible. The front door is kept locked, and visitors are required to sign in to a visitors' book, so staff know who is in the service at all times.

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 user guide are available to individuals or their representatives. Individuals can access independent advocacy services.

## Care and Support

The standard of care and support provided by the service requires improvement. Consideration needs to be given to staffing levels during the morning personal care routine to ensure that people receive care and support that meets their individual needs. Personal plans and risk assessments are clear and provide staff with information to support and care for people in line with their identified needs. Daily notes and charts show people do not always receive the care they need when it is required. Personal plans are reviewed and updated to reflect current needs of people using the service. However, work to ensure that people or their advocates are involved in the review of the plans is ongoing. People do not always have control over their day to day lives, for example not being able to get up and go to bed when they wish. A significant number of people living in the home are fully dependent on staff to ensure they have sufficient food and fluid intake, repositioning, and continence care. The daily recordings do not evidence that personal outcomes are achieved regarding this. This is an area for improvement and will be followed up at the next inspection. The management team have taken immediate steps to address this by increasing staffing levels.

There are safety systems 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 observed poor practice and understand how to raise a concern. People living at the home said they felt safe and well looked after. One person told us "*We are all safe here*". There are policies and procedures to help keep people safe that are reviewed to ensure they remain current.

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

Hygienic practices are promoted, and the service manages risk of infection. The service has an infection control policy, which includes an infection prevention strategy. Discussions with staff confirmed they have an adequate supply of personal protective equipment and cleaning products. Observations during the tour of the home showed staff were wearing personal protective equipment when required.

## Environment

People living at the home are cared for in an environment that supports their wellbeing. There is evidence the service provider is investing in the environment. Some bedrooms on the general nursing floor are being redecorated, with new flooring and chairs. There is a new 'Tea Room' on the general nursing floor and a new activity room on the dementia community. The laundry facilities are suitable to meet the needs of people living in the home. Substances hazardous to health are stored safely and communal areas are uncluttered and free from hazards. The kitchen is inspected by the Food Standards Agency and currently holds a rating of 5 (very good).

Confidentiality is maintained throughout the home. People are safe from unauthorised visitors entering the building, as all visitors must ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. There are electronic care records and devices which are stored safely in the nurses office and are only available to authorised staff.

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.

## Leadership and Management

People can access information to help them understand the care, support, and opportunities available to them. The statement of purpose and service user guide accurately describe the current arrangements in place regarding the service's accommodation, referral, and admission process. In addition, the type of care and support available and ways in which it is working towards providing a Welsh language service provision. The statement of purpose also includes details of the service's supervision and training arrangements for care and nursing staff.

Appropriately recruited and supported staff care for people living in the home. The HR department confirm that the staff recruitment process meets all regulatory requirements. New care staff receive an induction in line with Social Care Wales's requirements and all nurses are registered with the workforce regulator. There are robust company policies and procedures for staff to follow. We looked at a selection of policies: complaints, whistleblowing, infection control, medication and safeguarding and found them to be up to date. Nurses and care workers have regular supervision and annual appraisals, and regular staff meetings are held to keep people up to date.

People receive support from staff who appear knowledgeable, however the frequency of training requires improvement. Discussions with staff evidence they have a good understanding around safeguarding and would approach management with any concerns. Overall, staff have a good understanding of key policies and told us they feel skilled in carrying out their duties. However, the training matrix we viewed did not evidence all staff have completed core training, which is essential to ensure staff maintain safe practice. This is an area for improvement we expect the provider to take action to rectify this and we will follow this up at our next inspection.

There are systems and processes in place to monitor, review and improve the quality of care and support provided. Information about the quality of care is gathered and reviewed for improvement purposes. We found overall, people, family/advocates and professionals give positive feedback 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. 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
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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

21	Care and support is not being provided in a way which best promotes people's well-being and safety.	New
36	The current training matrix does not include all face to face training.	Not Achieved



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