



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

05/10/2023

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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	27.10.2022
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 receive a service where staff understand their needs. Personal plans are clear and informative, enabling care workers to deliver support in a way that meets people's needs and preferences. There is a programme of activities in the service which people enjoy. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. Families, friends, and representatives are supported to visit the service and have good relationships with the management, nurses and care workers.

Nurses and care staff are recruited safely but evidence provided did not show that nurses and care staff have received core and specialist training appropriate to the work being performed. Staff are mostly available in sufficient numbers and have a mix of skills to adequately provide support to people. The provider has an ongoing staff recruitment programme in place. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales. Routine audits are carried out to ensure the smooth running of the service and regulatory reports are being completed as required at the appropriate times.

The home is secure, clean, and tidy. People have access to communal and personal spaces. The lounges and gardens provide opportunities for people to socialise and enjoy activities together. There is work underway to redecorate parts of the home.

Well-being

People generally have support and opportunity to have control over their lives. Personal plans are clear and reviewed regularly. Staff need to ensure improvements previously made around supplementary paperwork and record keeping is consistent and continues. A new electronic care planning system is being introduced at the end of the year. A statement of purpose and written guide is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. The management team deal with complaints appropriately.

People are encouraged and assisted by care staff to be as healthy as they can be. People have developed good relationships with established staff which helps to support people's well-being and emotional health. People have access to GP services. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. We saw evidence of communication with professionals around people whose needs have changed. There are effective procedures in place for the management of medication in the service.

People are protected from harm and neglect. There are up to date policies and procedures in place to safeguard people in the service and these reflect the Welsh legislation. There are good procedures in place for safe recruitment of staff. Care staff undertake mandatory training in safeguarding and are aware of their responsibilities. The service is well maintained and there are security arrangements in place to enter and exit the building safely. There is a domestic team in place who ensure the service is clean and any risk of cross infection is kept to a minimum.

The home is maintained to a good standard and is comfortable and clean. The ground floor units have recently been redecorated to make the environment more engaging for people living with dementia. There are plans to do the same on the upper floor. Specialist equipment is available for those who need it. People can exercise choice in relation to their personal living space by personalising it to their preference. Environmental safety is managed by an ongoing programme of maintenance, checks and servicing.

Care and Support

People are supported to participate in activities that they enjoy when possible. There are three activity coordinators at the service. Care workers told us that they do not have time to spend time just 'chatting' with people like they would wish to. We saw evidence of people enjoying music sessions, special events and trips out. The day after this inspection Alpacas visited the home. The provider is aware that larger group activities do not suit everyone in the service and more meaningful one to one activities are being planned. When asked about activities people and relatives told us "*There's loads of them*", "*there's plenty going on*" and "*It's nice to have an afternoon out*". The service promotes people's health and well-being. The service capture details about who people are and how they like to be supported. Each plan covers the core areas of an individual's care and support and details how staff can support them safely, for example, supporting a person at risk of falls or skin damage. Regular reviews take place but work to ensure that people or their advocates are involved in the review of the plans is required. Records show that the relevant health and social care professionals are involved in people's care. Feedback from health professionals include "*we have noticed an improvement generally day to day visits and paperwork*" and "*I currently do not have any concerns*". Improvements made during our last inspection need to continue including completing supplementary documentation such food and fluid and repositioning charts. To address this the service plans to implement electronic files, therefore, entries will be made by all staff in real time. Relatives told us "*The care is absolutely fantastic*" and "*Can't fault them, I think they are exceptional*".

There are systems in place for the management of medication. Medication is stored securely and can only be accessed by authorised nursing staff. Records show staff administer medication in line with the prescriber's directions and were free from gaps or errors. They help manage people's pain by completing an assessment tool and monitoring how effective their pain relief is. Medication is audited regularly, with additional external auditing also carried out by a local pharmacy.

Environment

People living at Brocastle Manor Care Home are cared for in an environment that supports their wellbeing. We saw residents have 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 the new 'Manor Tearoom' on the lower floor. A bus stop area has been created with a bench for people to sit on. Significant environmental improvements have been made in the ground floor units with plans to extend these on the upper floor. 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. '

There are measures in place to promote people's health and safety. The home uses a fob system that prevents visitors gaining unauthorised entry to the premises. The service keeps a record of visitors entering and leaving the building. We looked at a wide range of documentation that relates to health and safety and the maintenance of the service. The information provides a detailed overview of a rolling programme of safety checks, servicing and maintenance of equipment and facilities. Effective and efficient fire procedures, testing and training take place to protect people. Records confirmed fire alarm tests take place weekly. We saw that windows are fitted with restrictors to reduce the risk of falls from height. A call bell system enables people to request assistance from staff. We saw that chemicals are stored securely.

The service promotes hygienic practices to minimise the risk of cross infection. We saw the domestic team hard at work throughout the inspection. There was a good standard of cleanliness throughout the service. There is an infection control policy in place which reflects the current guidance. There has been a recent inspection by environmental health, where the kitchen was awarded a food hygiene rating score of 5 which implies standards are very good in the service.

Leadership and Management

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 suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. The human resource team have confirmed that all new staff undertake a thorough vetting process that meets regulatory requirements. New staff complete an induction programme. Care staff are supported to register with the workforce regulator, Social Care Wales. New staff members have to complete a structured induction and get to shadow experienced members of the team in order to familiarise themselves with the service and people residing there. All staff had received formal supervision within the last three months and team meetings are held, to inform and update staff.

There is a well-established management team in place. There is a manager, deputy manager and two clinical leads. Some care workers spoken with do not feel valued in their roles. They told us they do not feel supported and that morale at the home is low. Other feedback included *"I love my job"* and *"I love my residents, it's what keeps me here"*. Staffing levels were below those expected on the day of our inspection due to last minute sickness. The provider recognises that increased use of agency staff is not ideal and are actively trying to recruit permanent staff. Current staff told us that new members of staff require additional support and guidance, which is an added pressure. The environment was busy at times, but people's basic care needs are being met. Staff told us they were often busy and felt rushed. We observed variations in the level of engagement and stimulation people received. We were told that management are looking to address any current issues and are increasing staffing levels in the mornings.

The vision, values and purpose of the service are clear and actively implemented. The Responsible Individual carries out three monthly and six monthly quality assurance visits. These visits involve talking to people and support workers to gain their views on the service provided. The six monthly quality assurance reviews involve a detailed look at other aspects of the way the service is delivered such as environmental assessments, and sets out areas of improvements that have been identified.

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

36	The current training matrix does not include all face to face training.	New
36	The service has not ensured care staff have received supervision in line with their statement of purpose.	Achieved

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