



# Inspection Report on

**Brookside Care Home**

**Brookside  
Brecon  
LD3 7UA**

**Date Inspection Completed**

*27/03/2023*

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## About Brookside Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	BROOKSIDE CARE HOME Limited
Registered places	31
Language of the service	English
Previous Care Inspectorate Wales inspection	28.9.2022
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

People look relaxed in the company of care staff who have positive relationships with the people they support. Interactions are kind with care staff respecting people's day to day choices. Activities are available for people to join in if they wish to.

Personal plans and risk assessments are in place for staff to follow. Further work is needed to ensure these are person centred and reflect people's involvement in planning and reviewing their care and support needs. Recruitment processes help to keep people safe. Some improvements are needed in the management of medication. Training and support opportunities for staff help to make sure they have the skills and knowledge needed to support people in their care.

There is an ongoing programme of redecoration in the home. Plans are in place to improve the outside space so people can enjoy and make full use of the garden area.

There is good oversight of the service by the management team. Quality monitoring reviews take place regularly. The responsible individual (RI) visits the care home and has good oversight of the service.

## Well-being

People have choice and control over their daily life. Where needed, they have support to make decisions including where they want to spend their day and what they want to eat and drink. The RI and staff regularly ask people their views on the service. Resident meetings will be implemented once the new activity coordinator starts work in Brookside. This will give people more opportunity to give their views on the service and contribute to the day to day running of it. Improvements are needed to make sure people are consulted regularly about the care and support they receive to make sure their personal outcomes are being met.

People's physical health and emotional wellbeing is supported by staff who are kind, friendly and respectful. We saw people are comfortable in the presence of staff who know them well. Visitors are welcome throughout the day. We saw them spending time in the privacy of people's bedrooms or in the communal areas. Referrals to health professionals are made in a timely way. Improvements are needed to how medication is managed.

People are supported to remain as safe as possible. Access to the home is by authorised personnel only. Deprivation of Liberty Safeguards authorisations are applied for when needed to protect people's rights. Risk assessments are in place where a risk to a person is identified. Care staff have training to make sure they have the skills and knowledge to support people safely.

People live in an environment to suit their needs. There is a programme of ongoing improvement. Systems are in place to make sure equipment remains suitable and in good working order. Improvements are being made to the outside area to make it more accessible for people to enjoy.

## Care and Support

People are supported by care staff who have good knowledge of people's care and support needs. They demonstrate a willingness to make sure people are happy and interactions are respectful and kind. We saw care staff being attentive and friendly and people responded well to this. Call bells are answered promptly when people ring for assistance. This was confirmed through observation and discussion with people who spent time in their bedrooms. Activities are provided for people to join in if they want to. A new activity coordinator is due to start work which will give people further opportunities to do things they are interested in.

Assessments are completed prior to people moving into the home. This is to make sure the home is suitable and can meet people's individual care needs. Care plans and risk assessments are developed and give care staff good information about how the person wants to be supported, including their likes and dislikes. These are reviewed regularly. However, there is little evidence people are involved in developing and reviewing their personal plans in line with the regulations. Personal outcomes are not always recorded. The manager agreed the information needs to reflect personal preferences and be more outcome focused. We expect the provider to take action to address this and we will follow this up at the next inspection.

Processes are in place to identify and prevent the possibility of abuse. Care staff have safeguarding training and regular support from the management team. Staff spoken with know the process to follow if they suspect a person's wellbeing is compromised. Policies and procedures are in place to guide practice. Risk assessments show how identified risks should be managed to keep people as safe as possible.

People are supported with their physical and emotional well-being. Referrals to health professionals are made in a timely way. Systems are in place to make sure medication is managed safely but some improvements are needed. For example, we found some prescribed medication had been left out in a person's room and not locked away. On a handwritten medication administration record, not all entries had been signed by the person making the entry and there was no signature list of staff who could administer medication. We shared our findings with the RI and manager. We expect the provider to take action to address this and we will follow this up at the next inspection.

## Environment

People live in an environment which is undergoing a programme of improvement. The RI and manager have plans in place to improve all parts of the care home both inside and out. This work has started and is ongoing. We saw flooring in some bedrooms has been replaced and bedrooms decorated. The conservatory has been cleared out and new furniture purchased making this a lovely space for people to sit and enjoy. We noted some bedrooms had personalised name plates on them with information about the person. This helps new staff to know what is important to people and generate conversation. Bedrooms we saw were personalised with items important to people. However, not all bedrooms had signs on so people can easily identify their room. The RI and manager are aware of these issues and are researching ways to improve the environment, particularly for people living with dementia.

People are safe from unauthorised visitors entering the building. Access is by ringing the doorbell. Our identification was checked on arrival. Visitors are asked to sign the visitor's book when they enter and leave the building.

Health and safety measures are in place to mitigate risks to people. There is a rolling programme of safety checks, maintenance and servicing of the home's equipment and facilities. Improvements have been made to fire safety procedures. Staff have had training, there are dedicated fire marshals, regular checks of the fire safety equipment and the fire safety policy has been updated. Fire drills are not taking place, but an assurance was given by the RI this will be addressed.

## Leadership and Management

People have information about the service and how to raise any concerns they may have. The statement of purpose (SOP) and guide to the service are both available in Welsh for people who want this. These documents accurately describe what people can expect if they choose to live at Brookside.

We found there are enough staff on duty to make sure people get care and support when they need it. The RI confirmed staffing levels have increased and are kept under regular review. There is a core team of staff who are supplemented by agency staff. Whilst we could see staff were very busy, they told us they do have time to spend with people. One person told us staff “*pop in an out*” all day to check on their wellbeing and always stop for a “*chat*”.

People are mainly recruited appropriately for the safety of people living in the home. References and DBS checks are completed before new staff start work. However, gaps in applicant’s employment records are not always checked and references for people who have previously worked in care need to be verified. Not everyone has a contract of employment, the provider assured us they are in the process of issuing new contracts to all staff.

People are supported by staff who have training relevant to the role they perform in the home. They are supported to gain the skills and knowledge needed to register with Social Care Wales. Agency staff have an induction when they start work but this was not being recorded. Agency staff profiles stating training they have undertaken were not all up to date. The RI gave an assurance this is being addressed and will ensure agency staff have sufficient training to support people living at Brookside.

Care staff told us they feel very well supported by the management team and their colleagues. Comments from care staff we spoke with include, “*I love my job,*” “*good management and colleague support*” and “*always feel listened to*”. The manager confirmed annual appraisals of staff roles will take place in June 2023. Records show staff have regular one to one supervision meetings; staff spoken with confirmed this.

There is good management oversight of the service. The RI visits regularly. We saw them taking time to speak to residents, visitors, and care staff. The manager told us they feel very well supported in their role and staff felt very well supported by the management team. Audits of the service are carried out regularly so the service can continue to improve. Documentation seen shows the quality of the service is assessed regularly.





### 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
36	Training should be given to staff in line with the company policies and procedures.	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
58	Not all medication is stored correctly in people's rooms and records fully completed.	New
16	There is no evidence people and/or their representatives are involved in reviewing their personal outcomes at least once every three months.	New
57	The home's fire risk assessment has not been reviewed, fire checks not completed and fire drills not undertaken.	Achieved

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