



Inspection Report on

Brookside Care Home

**Brookside
Brecon
LD3 7UA**

Date Inspection Completed

05/12/2023

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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	27 March 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

Brookside Care Home accommodates people requiring nursing and non- nursing residential care within two separate units. People have mixed experiences of the service. The manager is absent and at the time of our visit interim management arrangements had not been secured. The use of agency staff is impacting on the care and support people receive. There is a lack of regular stimulation for people with activities conducted on an infrequent, ad hoc basis as they have to fit in with staff's regular duties. Staff work collaboratively with healthcare professionals to support people living at the service Since our last inspection, medication arrangements have been strengthened. The roll out of a revised plan of care for each person has not been achieved. People's plans are routinely reviewed although residents and their relatives are still not engaged in the process. The responsible individual (RI) does not have sufficient oversight of the management of the service. Further improvements are needed to people's care and support, the health and safety of the environment and strengthening staff recruitment practices.

Well-being

People have limited control over their daily lives. People's personal plans do not clearly set out how care and support should be provided in accordance with their wishes. As people are not involved in the review process the service cannot assess if their personal outcomes are being met. The service provider has systems to capture the views of people which afford them a voice and contribute to the development of the service. We received mixed responses from people. One told us, *"The carers are exemplary"* whilst another said, *"Experienced carers are under pressure because agency staff are not trained. This can put vulnerable people at risk."*

People receive the support they need to maintain their health and wellbeing. Staff work collaboratively with healthcare professionals to support people living at the service in the form of chiropodists, dieticians, and community nurses. One professional told us, *"All my patients love this home."* Routine healthcare checks are taking place for people although, there is a general lack of oversight of the care and support they receive. We found people can experience different levels of care and support depending on which of the two units they live.

People receive minimal stimulation as there is no regular activity provision. There is an expectation care staff will provide activities as part of their role. Staff told us this can be difficult to achieve. We saw individuals living in the residential unit, had participated in some activities whilst people being nursed in bed are isolated despite personal plans recognising the benefits of stimulation for their wellbeing. The RI told us they are actively trying to recruit an activity worker.

Systems are in place to safeguard people although they are not always sufficiently robust. Accidents and incidents are monitored. Staff receive safeguarding training to report incidences of harm and abuse although we noted appropriate action was not always taken. Complaints are reported and investigated. Risk management needs to be strengthened to ensure people are supported to stay safe, and their freedoms respected. Staff recruitment practices need improvement to ensure vulnerable people are protected.

The environment needs further work and improvement. There are insufficient hygiene and infection control measures in place. There has been some investment to the property, but further improvement is needed to ensure the service is clean and safe. Systems which show the service complies with health and safety standards need to be developed.

Care and Support

The organisation previously identified shortfalls in people's personal plans. The rollout of a revised plan for each person has not been achieved. We viewed a sample of individuals plans and found they continue to contain insufficient information to direct staff to provide consistent care. People are at risk of having their dignity and respect compromised due to the lack of paperwork to support their personal wishes. This is an area for improvement, and we expect the service provider to take action.

People's plans are routinely reviewed although the individual and their relatives are not engaged in the process. This was identified at our last inspection and requires further improvement.

Routine reviews of people's needs are taking place although we found inconsistency in the oversight of people's service delivery across the two units. A clinical lead is responsible for overseeing the care for people living on the nursing unit. In the residential unit we saw no evidence that people's service delivery is under review. This would involve evaluating people's healthcare to determine if timely referrals are being made to other professionals. For example, during one person's monthly review it was recorded they were having difficulty taking their medication. There was no further report to show any advice was sought to consider other options. Another person's daily notes reported they had experienced an accident resulting in a head injury. This was not recorded in accordance with the service's protocols. We were assured this incident will be fully investigated.

There are a core group of staff who work at the service. They are made up of permanent nurses and care staff who work in the residential unit. Agency workers mainly supplement the team who support people living on the nursing unit. Staff told us, there is little opportunity to build relationships with people as there can be different staff working at the service every day. They said, "*More permanent staff are needed.*" During our visit, we observed a clear difference in the way staff interacted with people. In the nursing unit there was little communication between staff and residents which contrasted with the residential unit which had a warm and comfortable atmosphere. Relatives told us the lack of staff continuity impacts on people's experiences. We discussed our findings with the RI who assured us staff recruitment of permanent staff will be prioritised.

The service providers recognise the importance of regular stimulation for people. In the absence of an activity worker there are no regular activities planned for people. Individuals are not being supported to do things that matter to them, maintain their hobbies, and join in with community activities. We were told entertainers will be visiting the service over the festive period. This is an area for improvement, and we expect the service provider to take action.

Medication systems have been strengthened. Trained staff administer people's medication. Arrangements for the storage of medicines have been reviewed. Audits were routinely taking place although this had temporarily stopped due to the managers absence. We were assured audits will recommence with the appointment of a new clinical lead. We discussed with the RI a regular audit conducted by the pharmacy. To ensure systems remain compliant the introduction of future medication audits by the supplying pharmacy was proposed.

Environment

Improvements are needed to the environment to make sure it is safe, clean and hazards are identified. A full time maintenance person is employed to carry out health and safety checks and attend to repairs. There has been investment in the property with the redecoration of some people's rooms. There is a programme to change all divan beds to profiling beds and for bathrooms to be upgraded. The service provider has made a commitment to make the internal environment more inviting and dementia friendly. We asked to see a copy of the planned redecoration and refurbishment schedule, but it was not available to us.

People's rooms reflect their individuality with their possessions and keepsakes on display. Communal areas enable people to meet with others and or spend time alone. People with dementia live at the service. We found signage around the service to support people with orientation is limited. During our walk around the property, we noted uneven flooring in the residential unit without any warning or handrails to support people who could be at risk from falls. We saw various areas that needed repair and identified general clutter in the garden. We were assured the maintenance person would deal with such issues.

Systems to show the service complies with health and safety standards need to be more robust. The service has a current food standards agency (FSA) rating of five which defines hygiene standards as very good. The service's Fire risk assessment has been reviewed. Contractors oversee the servicing of fire equipment. Routine fire drills are conducted although, records do not show the type of evacuation or include the names and numbers of people involved. Records of health and safety checks carried out are retained although, we noted a lack of audits to validate records are accurate. As a visual examination of radiator covers found a number were incomplete which poses a scalding risk for people. Whilst the records did not report actions were required. We discussed our findings to the RI.

The service does not have sufficient hygiene and infection control measures in place. Personal Protective Equipment (PPE) and hand sanitising stations are located around the home. Relatives told us the service is not always clean and tidy. We found some bedrooms were odorous. The service is reliant on agency cleaners and cleaning schedules are not routinely completed. An appointment is arranged with a cleaning specialist to discuss the future purchasing of cleaning supplies. The RI gave an undertaking permanent cleaning staff will be appointed at the service. The health and safety of the service is an area for improvement, and we expect the service provider to take action.

Leadership and Management

There are insufficient arrangements to support the operation of the service. Interim management arrangements had not been secured despite the manager being absent from October 2023. We found day to day management of the service is haphazard. Routine audits, staff meetings and staff supervision have been suspended. Improvements introduced at the service have not been sustained. The roll out of the revised care plan format has not been achieved. Routine care plan reviews continue without any involvement from residents and relatives. The service continues to experience staff recruitment issues and is reliant on agency workers. People are at risk of services not being delivered in a safe way and in line with policies and procedures.

The RI is responsible for providing assurance that the service is well run and complies with the Regulations. This includes ensuring the service has a manager, sufficient resources, and support. The RI conducts quarterly visits to the service to monitor quality assurance. A quality of care report dated October 2023 was available. We found systems and processes do not always identify when quality and or safety at the service is compromised. This is an area for improvement, and we expect the service provider to take action.

Staff recruitment needs strengthening. We sampled staff personnel files and found pre-employment checks such as Disclosure and Barring (DBS) checks in place. Although, processes need to be more robust to ensure people are suitable to work with vulnerable adults. Full employment histories including satisfactory references from previous employers should be available. In addition, evidence of people's proof of identity must be maintained. This is an area for improvement, and we expect the service provider to take action.

All staff receive an induction to the service. Staff have opportunities for updating their knowledge via internal and external training. Staff are supported to gain a recognised care qualification to enable them to register with Social Care Wales, the workforce regulator. The service provider needs to improve procedures surrounding agency staff including induction and gaining full training records. We discussed our findings with the RI who assured us this would be addressed.

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
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15	People's plans do not always clearly direct staff how to support them to meet their care and support needs. The plans do not consider their personal outcomes. Each person's plan should have sufficient information to direct care staff how to meet their care and support needs in accordance with their likes and preferences.	New
21	There is a lack of sufficient staff with the knowledge, skills and competency to meet individuals well being. Staff should be employed who can meet peoples personal wishes, outcomes and any risks.	New
35	The service provider fails to retain the necessary records for employees to establish they are fit to work with vulnerable people. Staff recruitment practices need to be strengthened.	New
66	The responsible individual has failed to address issues until they are pointed out by external professionals/ others. Internal systems and processes should provide oversight of the management, quality and safety of the service for necessary action/s to be taken.	New
57	The service provider has failed to identify risks and reduce them as far as practicable. The service provider must ensure risks to people's health and safety are identified and mitigated.	New
16	There is no evidence people and/or their representatives are involved in reviewing their personal outcomes at least once every three months.	Not Achieved
58	Not all medication is stored correctly in people's rooms and records fully completed.	Achieved
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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