



Inspection Report on

Brookfield

Bangor

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

28/10/2022

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About Brookfield

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|--|--|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Cartrefi Cymru Co-operative Ltd |
| Registered places | 3 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | First inspection since re-registration under RISCA |
| Does this service provide the Welsh Language active offer? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

The people who use the service experience positive respite stays at a service that knows them well. Whilst at the service they are supported to continue following their day to day routine or they are supported to try new things.

A consistent care staff team provides stability and routine. They plan to meet the people's needs, however record keeping requires improvement. The environment is comfortable and meets the people's needs.

Management have oversight of the running of the service, however improvements are needed to ensure care staff are provided with regular structured support.

Well-being

People using the service are treated with respect and dignity. Their individual circumstances are carefully considered, and their respite periods are planned in line with what is important to them and how their time at the service can best benefit them. During their respite stays, people continue to engage in their daily routine and activities. For example, they partake in work placements, day centres and college courses.

Weekends are an opportunity to relax, and people are encouraged to spend time doing the things that make them happy. The house can accommodate up to three people, meaning there are times when agreements between different people will need to be reached, as to what they will be doing on specific days. However, this rarely impacts on what they can do, because the service knows the people well and those with similar interests will often be offered respite services at the same time.

The needs of the people who use the service vary in the amount of support they need. Where possible people complete tasks for themselves. At the start of each stay meals are planned, and care staff will plan for the shopping to be done.

The respite provided is a valuable resource to people and their families. The experiences provided mean people benefit from the rest and a short break from the stresses of day-to-day life. When required the service monitors individual health needs and shares information with families and relevant agencies. If needed, support can be provided to attend medical appointments.

Those using the service are safe and protected from abuse. Care staff are in regular contact with families, and professionals responsible for their care. Personal well-being is monitored. Before a respite period, care staff will consult with families and gather up to date information about their needs and check if there are any changes. At the end of the respite period a detailed feedback form is completed and shared.

The accommodation is homely with all the comforts expected in a family home. Care staff know which bedroom the people like to stay in, and their needs are accommodated. Meals can be enjoyed in the kitchen or in the separate dining room, and they can watch television and socialise in the main living room. There is one adapted bedroom on the ground floor, and this supports people with additional physical needs.

Care and Support

The local authority commissions the service through a service level agreement, and placements are considered and discussed as part of the local authority resource panel. Prior to offering a package of respite care, and agreeing suitable dates, the service provider considers how they will meet an individual's identified care and support needs. Verbally, care staff and managers have extensive knowledge of individual care and support needs and can ensure different stays do not impact on one another. However, the success of the matching process is dependent on the care staff and their experience. Information is not documented meaning in the absence of specific care staff the service would fail to suitably plan.

People have a basic initial personal plan; information is passed on from the local authority. Based on the information provided by the local authority the information is reviewed and updated before every respite stays. Management contact family members prior and gather additional information, this provides added information to enable the service to meet individual care and support needs. However, personal plans are not revised to reflect the possible changes in circumstances and personal well-being outcomes are not updated. If there is a significant change in a person's needs this information needs to be documented. Personal files contained out of date and old information, meaning that the information care staff had access to was not always relevant and this could impact on their ability to meet people's needs. Provider assessments are not completed. These would enable the service provider to formally assess how and if needs have changed before a new respite episode and assess whether the service is no longer able to meet needs as they become more challenging or complex.

Care staff work hard to support people, they are caring, and their approach is in line with the service's statement of purpose. They recognise what is needed by a person who may be experiencing difficulties and they respond positively and make a difference. The consistent staff team know the service well, nearly all are experienced and have worked at the service for several years. This provides stability and consistency for families. Those wanting to receive a service in Welsh would be able to do so, because several the care staff are Welsh first language.

Care staff's rota and working pattern reflects the importance of valuing individual preferences, and their dignity and privacy. Care staff's focus is to provide care and support in line with individual's preferences, needs and wants. They regularly advocate on their behalf to make sure they have access to any additional resources they may need. If required meetings with external agencies are arranged and further assessments of need completed to assess whether specialist equipment can be provided.

Environment

The location and design of the premises are suitable for the service. Its location means there is easy access to public transport and local amenities such as shops and places of interest. They also have access to two company vehicles. The service provider will also work closely with families to arrange transport when needed.

There is an individual bedroom for each person, and they have use of a shared bathroom upstairs, and an en-suite bathroom in the downstairs bedroom. The nature of the service makes it difficult to personalise bedrooms. However, where possible the service provider makes sure those using the service are allocated the bedroom of their choice. They usually return to the same bedroom they will have been allocated on their first stay. Care staff have their own bedroom upstairs. To allow for a quiet space for care staff to complete paperwork there is a computer and a desk in the staff bedroom. However, it remains a comfortable space to rest. People living at the service can keep their personal belongings safe and secure in an appropriate location and there is a process for the safe storage of medication,

There is access to some specialist equipment, such as hoists and grab rails. However, the service provider makes sure the environment remains a homely space, and this suits the needs and lifestyles of those staying for respite. Individuals can choose to socialise in the communal areas, or they can choose to spend time on their own. If needed there is access to the service provider's main office in the nearby town, this provides a space for confidential meetings without impacting on the routines and privacy of those using the service.

There is a service level agreement with the building owner and any work needing to be done is reported promptly and is addressed in a suitable time frame. The building has recently been painted. Care staff are responsible for the cleaning, and as in a family home they are helped by individuals who are there. Some of the furniture is dated, however they remain fit for purpose.

Risks to the health and safety of the individual are as far as possible identified and reduced. The service provider checks food and fridge temperatures, but we found food in the fridge had not been labelled to record when they had been opened, the fire alarms are tested weekly, however there were no recorded fire drills.

Leadership and Management

Overall, the service is provided with sufficient care and competence. The service provider maintains oversight of the service. The aim of the service is clear in the statement of purpose and the people are at the centre of the service. The statement of purpose was updated during the inspection.

Consistent staffing arrangements ensure those using the service are cared for by staff that know them well and are familiar with their needs. This familiarity enables the care staff to identify changes in needs. The newly appointed responsible individual (RI) has a vision for the direction of the service and has worked with the area manager to develop a strategic plan to drive improvement.

The service provider ensures appropriate staffing levels. All are experienced and familiar with their roles. Care staff are confident in their abilities and work well together as a team. There have been limited opportunities for the team to meet for the purpose of team meetings, however this has been addressed in recent months with the aim being to continue having regular team meetings. Detailed handover books enables easy access to the information care staff need to be aware of at the start of each shift. There are suitable arrangements to cover absences and there is always advice and support available in an emergency.

Information available on staff files evidence a robust and safe recruitment process. Improvements are needed to the frequency of one-to-one supervision and annual appraisals. Care staff are not provided with regular one to one supervision to allow time for reflection and feedback on their performance. Neither have annual appraisals been completed, meaning training, learning and development needs have not been identified and considered.

There is a newly appointed manager and deputy manager. Both are supported in their roles by the area manager and the previous registered manager. Their knowledge and experience supports the day to day running of the service. The service provider has structures in place which provides a suitable and effective deputising system when the manager is not available or absent for a period of time.

The responsible individual was appointed to the role in September, however visits to the service have not been completed. The last recorded visit to the service is March, and this was done by the previous RI. The RI has information from monthly audits completed by the

area manager which constitutes their oversight of the service. A quality of care report was completed during the summer.

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 | Care staff are not receiving regular one to one supervision with their line manager. Supervision is required to help them reflect on their practice and to make sure their professional competence is maintained. The lack of supervision means they do not have an opportunity to receive feedback about their performance. Care staff have not had an annual appraisal to provide feedback on their performance and identify areas for training and development to support them in their role. | New |
| 16 | Personal plan's are not being reviewed at least every three months, or sooner if there is a change in an individual's circumstances. The plan's do not take in to reflect if there have been any changes to how the service supports an individual to achieve positive well-being outcomes. | New |
| 14 | The service provider fails to evidence how they have assessed how they will meet the needs of the individual using the service. There is no evidence to show how they have assessed the impact and suitability of individuals using the service at the same time will have on well-being and achieving positive well being outcomes. Discussion with care staff and area manager evidenced that care staff are aware of the impact, however a formal process is not followed, and the matching of individuals is completely dependant on the information and knowledge that specific care staff about those people who use the service. | New |
| 18 | The service provider has failed to complete provider assessments, as required by regulations for those people who are being provided with a service. | New |
| 73 | The RI has not completed visits to the service in line with regulations. | New |

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